

**Private School RESPONSE TO INTERVENTION FORM**

Student \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Date: \_\_\_\_\_  
 ELL: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Previous Special Education referrals or evaluations: Yes \_\_\_\_\_ No \_\_\_\_\_

|  |
|--|
| <b>Problem Definition</b>  |
| Student Strengths:   |
| Review existing data: Be sure to attach all assessment/current data which may include: NWEA, AIMS WEB, CSAP, CELA, Writing Assessment, Current Grades, Cognitive Abilities Test (GT), etc. |
| Review strategies implemented to date:   |

|  |  |                |                 |                  |                  |  |
|--|--|----------------|-----------------|------------------|------------------|--|
| <b>Intervention</b>                        | <b>Specific Area of Concern:</b>   |                |                 |                  | <b>Date:</b>     |  |
|  | <b>Research-based Intervention:</b><br>(Specific Curriculum Program and/or Instructional Strategy) |                |                 |                  |                  |  |
|  | <b>Date From:</b>  | <b>Setting</b> | <b>Provider</b> | <b>Hours/Wk.</b> | <b>S/T Ratio</b> |  |
|  | <b>To:</b>   |                |                 |                  |                  |  |
| <b>Specific Measurable Outcome (Goal):</b> |  |                |                 |                  |                  |  |

|                            |                                  |  |  |             |              |  |
|----------------------------|----------------------------------|--|--|-------------|--------------|--|
| <b>Progress Monitoring</b> | <b>Measurement Tool:</b>         |  |  |             |              |  |
|                            | <b>Frequency of Measurement:</b> |  |  |             |              |  |
|                            |                                  |  |  | <b>Date</b> | <b>Score</b> |  |
|                            | Baseline Data                    |  |  |             |              |  |
|                            |                                  |  |  |             |              |  |

|                                       |   |   |  |  |  |
|---------------------------------------|---|---|--|--|--|
| <b>RTI</b>                            | Was the intervention carried out as planned: Yes _____ No _____     |   |  |  |  |
|                                       | Why or why not:   |   |  |  |  |
|                                       | Has the student benefited from the intervention? Yes _____ No _____ |   |  |  |  |
| Recommended Action:                   |   |   |  |  |  |
| _____ Continue Current Intervention   |   | _____ Alternative Intervention (Describe under Details) |  |  |  |
| _____ Return to Universal Instruction |   | _____ Other (Describe under Details)                    |  |  |  |
| Details:                              |   |   |  |  |  |
| School Team Facilitator:              |   |   |  |  |  |

|                                  |              |
|----------------------------------|--------------|
| <b>Specific Area of Concern:</b> | <b>Date:</b> |
|----------------------------------|--------------|

|                     |  |                |                 |                  |                  |
|---------------------|--|----------------|-----------------|------------------|------------------|
| <b>Intervention</b> | <b>Research-based Intervention:</b><br>(Specific Curriculum/Program and/or Instructional Strategy) |                |                 |                  |                  |
|                     | <b>Date From:</b><br><b>To:</b>  | <b>Setting</b> | <b>Provider</b> | <b>Hours/Wk.</b> | <b>S/T Ratio</b> |
|                     | <b>Specific Measurable Outcome (Goal):</b>   |                |                 |                  |                  |

|                            |                                  |  |             |              |
|----------------------------|----------------------------------|--|-------------|--------------|
| <b>Progress Monitoring</b> | <b>Measurement Tool:</b>         |  |             |              |
|                            | <b>Frequency of Measurement:</b> |  |             |              |
|                            |                                  |  | <b>Date</b> | <b>Score</b> |
|                            | <b>Baseline Data</b>             |  |             |              |
|                            |                                  |  |             |              |
|                            |                                  |  |             |              |
|                            |                                  |  |             |              |
|                            |                                  |  |             |              |

|  |   |  |
|--|---|--|
| <b>RTI</b>   | Was the intervention carried out as planned: Yes _____ No _____     |  |
|  | Why or why not:   |  |
|  | Has the student benefited from the intervention? Yes _____ No _____ |  |
| Recommended Action:  |   |  |
| <input type="checkbox"/> Continue Current Intervention <span style="margin-left: 200px;"><input type="checkbox"/> Alternative Intervention (Describe under Details)</span> |   |  |
| <input type="checkbox"/> Return to Universal Instruction <span style="margin-left: 200px;"><input type="checkbox"/> Other (Describe under Details)</span>                  |   |  |
| Details:   |   |  |

**Problem Solving Team Meeting Notes (to be completed when Public School and Private School reps meet)**

| Meeting Dates | Notes and Participants |
|---------------|------------------------|
|               |                        |
|               |                        |
|               |                        |
|               |                        |

I have been informed that my child has not met CBLA/Graduation Proficiency (grades 3-12) requirements and therefore this plan will be implemented to assist my child to achieve these proficiencies.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_