



# Brownsville Independent School District

## RESPONSE to INTERVENTION (RtI) CHECKLIST

Student Name: \_\_\_\_\_

ID #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Campus: \_\_\_\_\_

PLEASE PROVIDE THE DATE FOR THE FOLLOWING REQUIRE FORMS:

DATE	FORMS	√	TITLE	PERSON(S) RESPONSIBLE
BEFORE THE MEETING:				
	Parent Form		Receipt for Parent Information/Notice Letter Parent Information and Notice Letter	Teacher / Parent
	Parent Form		Parent (Background) Information	Parent
	Rtl - 1		Initial Referral	Teacher
	Rtl - 2		Student Health Information	Nurse
	Rtl – 3A ( <i>All students</i> )		Screening for Language Dominance	Teacher
	Rtl – 3B ( <i>LEP students ONLY</i> )		BICS/CALP Checklist	Teacher
	Rtl -- 4		Minutes and Meeting Log	Rtl Coordinator
COLLECT STUDENT'S DATA: (right side of folder)				
	Achievement Scores		STAAR, TELPAS, Stanford, and etc.	Rtl Core Team Members
	Grades		Current Grade Speed / TPRI / TEJAS LEE / TMSFA	
	Input from parents		Parent Information Form	
	Attendance reports		Report from Data Entry	
DURING Rtl CORE TEAM MEETING:				
ACADEMIC Concern:				
	Rtl -5		Individual Intervention Plan	Rtl Core Team Members
	Rtl -6		Signature of Receipt	Teacher(s)
	Rtl -7		Progress Monitoring Record	TLI / Teacher(s)
SPEECH Concern:				
	Rtl - 14A		Speech/Language Teacher Interview	Teacher
	Rtl – 14B		Teacher Observation of Std. Oral Lang.	Teacher
	Rtl – 14C		Speech/Language Parent Interview	Parent
BEHAVIOR Concern: (Review360)				
	• Rtl-10		• PBSP Checklist	Teacher / Counselor
	• Rtl-11		• Classroom Behavior Observation	Teacher
	• Rtl-12		• Functional Behavior Assessment	Teacher / Counselor
	Review360 (Rtl -13)		Tier II & III – Student Rtl Plan	Rtl Core Team Members