SCHOOL-BASED RTI TEAM - INTERVENTIONS

SCHOOL RECORDS REVIEW

STUDENT NAME:	**DATE:**
STUDENT NUMBER:	**DATE OF BIRTH:**
TEACHER/ROOM:	**STUDENT AGE:**
CASE MANAGER:	**GRADE/TRACK:**
PARENT NAME & DAYTIME PHONE:	

CUMULATIVE FOLDER REVIEW/RECORDS REVIEW
*(For each item, please circle either **YES** or **NO** and define or explain every **"YES"**)*

YES NO Prior Special Education*:*

YES NO Remedial Programs:

YES NO Retention *(Indicate grade level):*

YES NO Attendance, Truancy or Transiency Problems*:*

YES NO Detention and/or Suspension Problems *(MS & HS: attach Dean's Chronology):*

YES NO Unsatisfactory Notices for Grades(specific when and what subjects):

YES NO Other Agencies Involved*:*

YES NO From Health Records - Health Problems/Medications *(specify):*

EDUCATIONAL HISTORY (Note: The student may have received instruction in both English and Spanish (i.e., a Dual Language Program) or in another school district, primary instruction in Spanish or another language.

School Year	Language of Instruction	Grade	Name of School	Location/City	Days Absent	Grades Received: Reading	Writing	Math