

**Valley Springs Elementary
Tier 3 Teacher Referral Form**

Date of Referral _____ Classroom Teacher _____

Student Name _____ Date of Birth _____ Grade _____

Medical/Health Concerns:

Hearing: Date screened _____ pass/fail

Vision: Date screened _____ pass/fail

Diagnosis (ex ADD, ADHD, ODD, Dyslexia, etc) _____

Current Support Services in place (counseling, tutoring, etc) _____

Number of Days absent this school year _____

Number of Days tardy this school year _____

What obstacles is this student experiencing that inhibits learning?

Academic - [Fill out Data Collection for RTI](#)

Behavior - [Fill out Behavior Checklist](#)

Social/Emotional (describe) _____

Other (describe) _____

COMPLETED RTI PACKET INCLUDES:

Appropriate forms completed

Writing sample (if appropriate)

CGI sample (if appropriate)

Copy of report card/current grades

Behavior Documentation (if appropriate)

[Protocol for making a Tier 3 Referral](#)