TITLE I REFERRAL

Student Name __________________________ Referral Date ________

Classroom Teacher ______________________ Grade ____________

School _________________________________

Reason for Referral
________________________________________
________________________________________
________________________________________

Specific Classroom/ELO Interventions Outcomes
________________________________________
________________________________________
________________________________________

Current (or most recent) Reading Checklist Information (Please attach a copy.)

Level ______ Oral Reading Accuracy ______ Comprehension ______
Date administered _______________________

Instructional Recommendation ____________
Sub-Test Scores:
Letter Naming Fluency ______
Phoneme Segmentation Fluency ______
Nonsense Word Fluency ______
Oral Reading Fluency ______

Proficiency Level ________________________

SCREENING OUTCOME

____ Student qualifies for Title 1 Services

____ Student does not qualify for Title 1 Services at this time

Comments:
________________________________________
________________________________________
________________________________________

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DISCLAIMER: This tool has not been reviewed, vetted, or endorsed by the Center on Instruction or the U.S. Department of Education. It was developed as a resource for use by the schools or districts we visited and was not intended to have a broader use. It is provided here simply as a way to fulfill a commonly received request for examples of tools that schools and districts use in their RTI implementation. Practitioners wishing to use this tool in their own schools or districts should consider modifying it to meet the unique needs of their educational setting(s).