

RESPONSE TO INTERVENTION PROCESS

Gorham School Department Referral to R.T.I. Team for Tier Two

Person Referring: _____ Date: _____

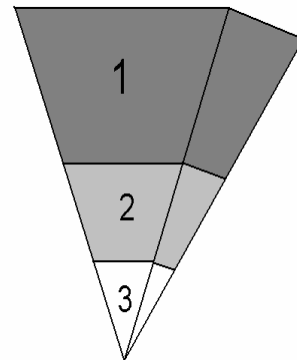
Student Name: _____ School: _____ Grade: _____

Area(s) of Concern:

- Academic
- Behavioral
- Social/Emotional

Suggested Team Members:

- Another teacher _____
- Special Education
- Psychological Staff
- School Counselor
- Nurse
- Literacy Specialist
- Math Specialist
- Instructional Strategist
- Other



Preferred Meeting Date/Time:

Attach Tier One Form and bring any other supporting data