

**Response to Intervention (RtI)/Early Intervention/Problem-Solving Process
Assessment/Intervention Form**



Student's Name:	Student ID#
Date of Birth:	Grade:
School:	Date of Meeting:

(Please note: This form is to be reviewed and discussed with a parent as a component of ongoing communication and student success planning.)

Dear Parent/Guardian:

Our schools are committed to supporting the success of all students. If a student experiences a specific need in academics or behavior, it is important for school personnel and parents to work together. The earlier a concern is addressed, the greater the chances that the student will meet or exceed grade level expectations and/or performance goals. We want to include you in the planning and monitoring of your student's targeted interventions.

At this time, we may conduct a variety of assessments to specifically plan an intervention for your student. As a result of these assessments, our school staff may provide interventions to assist your student. It is our sincerest belief that the quality and effectiveness of these interventions will be strengthened by your involvement. You will be given feedback as to the meaning and results of the assessments and interventions and will receive information/ideas on how to support school success at home.

Specific Area of Concern: Check those that apply:

- Basic Reading Skills
 Reading Fluency Skills
 Reading Comprehension
 Written Expression
 Mathematical Calculation
 Mathematical Problem Solving
 Oral Expression
 Listening Comprehension
 Others-list here _____

Assessments/ Staff Involved: _____

Interventions/ Staff Involved: _____

Purpose of Assessment or Intervention: _____

I understand that my child will be participating in a targeted assessment/intervention with the appropriate school staff, which could include: classroom teachers, GATE teachers, instructional aides, title or literacy teachers, special education/resource teachers, and related service providers such as speech therapists, school psychologists or occupational therapists. I understand that I am invited to participate in the problem-solving meetings concerning my student's achievement related to these assessments and interventions.

Parent/Guardian Signature _____

Date _____

Principal Signature _____

Date _____

School Contact Person _____

Telephone: _____

A copy of this parent permission form is to be given to parents and the original is placed in the student's cumulative file.