



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

Table with 2 columns: 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.

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.

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.

Parent/Guardian Signature Date

Principal Signature Date

District 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.