La Center School District

RTI SUMMARY

Student Name:_____**Teacher:**_____ **Age:**_____**Gr:**_____**Date**_____

Concerns	**Known Information:** (strengths, background info., etc)	**Proposed Interventions**	**Response to Interventions** (Re-Eval. meeting)
□ Academic □ Behavior □ Other **Goals:**		□ Academic □ Behavior □ Other	Is the intervention(s) working? What Evidence do you have to support this? Do you plan to change anything at this time?