



**ABRAHAM LINCOLN HIGH SCHOOL
RtI Referral**



**CONTACT COUNSELOR OR NURSE IMMEDIATELY FOR
ANY MENTAL HEALTH, MEDICAL OR SAFETY CONCERN.**

Date: _____ **Student:** _____

Referring Teacher: _____ **Grade:** _____

In which class do you have this student: _____ **Period:** _____

REFERRAL CONCERN

Please ✓ **all that apply.** Please provide additional details below.

- Academic Difficulty (reading, written language, math ability, processing/memory, organization).
- Attendance/Truancy
- Work Effort/Motivation
- Other: _____
- Behavior
- Suspicion of Substance Abuse

Frequency of this behavior or concern:

- Daily
- Weekly
- Monthly
- Sporadic

Please provide a brief description of the concern or event that led to this referral:

Please identify the Tier II academic and behavior supports you have implemented (attach Exceed documentation and work samples). * Items need to be attempted before making referral.

- Conference with student*
- Referral to Dean or Administrator
- Other: _____
- supports*: _____
- Parent contact/conference*
- Conference w/student's other teachers
- Tier II

Please briefly describe the expectations you have for this student that are not being met:

Why do you think the student is not meeting your expectations?

Please provide any other information that you feel would be helpful to the RtI Team: