

FORM # 4 - TO BE FILLED OUT AT SCREENING RESULTS MEETING



Parent / Guardian Information for RTI Tier: 2 3 Interventions or KIT Intervention.

Student: _____ School: _____

RTI/KIT Team Member Contact (case manager): _____

Grade: _____ DOB: _____ Teacher: _____

Parents: _____ Home Phone: _____

Referred By: _____ Date of Referral: _____

Reason For Assistance:

The following intervention service options are recommended:

Intervention	Minutes per Week	Time of day	Location	Individual responsible

The data being collected for this intervention will be reviewed by the school RTI team and parent(s) during a meeting scheduled on (date) _____ at (time) _____. The information will become a part of your student's educational record. To let us know you have received this information, please sign below and return a copy to the school. If you have any questions or suggestions, please contact the Rtl/KIT Team at RTIKIT@hhs328.com or call the high school office and ask for the Rtl/KIT chair.

I have received and understand this information.

X _____ **Date:** _____
 Parent Signature

Date Received by RTI/KIT Team _____