**Hamblen County Schools**

**Referral Decision Tree**

*(To be completed at follow-up RTI2* *Team meeting prior to making a Special Education Referral)*

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Review: \_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Tier III Intervention(s) have occurred daily for 45 minutes in addition to core instruction □ Intervention logs attached□ (5) Fidelity checks completed and attached | □ Yes □ No |
| Implementation integrity has occurred with at least 80% fidelity | □ Yes □ No |
| Student has been present for majority of intervention sessions (at least 80% of the time) | □ Yes □ No |
| Tier III intervention(s) adequately addressed the student’s area of need | □ Yes □ No |
| Tier III intervention was appropriate and research-basedResearch based interventions are:□ Explicit□ Systematic□ Standardized□ Peer reviewed□ Reliable/valid□ Able to be replicated | □ Yes □ No |
| Progress monitoring has occurred with at least 10-15 weekly data points –OR- 8-10 bi-monthly data points at Tier III □ Progress monitoring graphs attached□ Parent notification letters attached | □ Yes □ No |
| Gap analysis indicates that student’s progress is not sufficient for making adequate growth with current interventions | □ Yes □ No |
| The following have *preliminarily* been ruled out as the *primary* cause of the student’s lack of response to intervention□ Visual, motor, or hearing disability□ Emotional disturbance□ Cultural factors□ Environmental or economic factors□ Limited English proficiency□ Excessive absenteeism | □ Yes □ No |

\*\* If the Intervention team answered, “Yes” to all of the above questions, the team should consider referring for a psycho-educational evaluation. If the Intervention team answered “No” to any of the questions, that area should be addressed prior to referral.

**Team members involved in approving this plan with name and relationship to the student:**

**Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interventionist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal/Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**