

Somerset High School

Response to Intervention Application

Person(s) Requesting Interventions:	Submission Date:
Signature:	Relationship to Student:
Student Name:	DOB: Age: Gender:
Child Lives with:	Date Guardian/Parent was Contacted:
Address:	Social Security #
Mother's Name:	Father's Name:
Home Phone #: Work #:	Home Phone #: Work #:
Current Teacher:	Grade:

Indicate the student's area of weakness(es):

<input type="checkbox"/> Cognitive Functioning (a)	<input type="checkbox"/> Communication	<input type="checkbox"/> Hyperactivity/Inattention (p)
<input type="checkbox"/> Basic Reading (b)	<input type="checkbox"/> Language (i)	<input type="checkbox"/> Motor Skills (q)
<input type="checkbox"/> Reading Comprehension (c)	<input type="checkbox"/> Articulation (j)	<input type="checkbox"/> Vocational Functioning (r)
<input type="checkbox"/> Basic Math (d)	<input type="checkbox"/> Fluency (k)	<input type="checkbox"/> Health (see p.2)
<input type="checkbox"/> Math Reasoning (e)	<input type="checkbox"/> Voice (l)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Written Expression (f)	<input type="checkbox"/> Adaptive Behavior/Self-Help (m)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Oral Expression (g)	<input type="checkbox"/> Behavior (n-1 & n-2)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Listening Comprehension (h)	<input type="checkbox"/> Social-Emotional (o)	<input type="checkbox"/> Other _____

Which of the above areas are of the greatest concern? (Rank from greatest to least concern.)

1: _____ 2: _____ 3: _____

Describe in detail individualized interventions tried prior to the RTI meeting (including duration of each):

To be completed by the Team Leader and the Person Requesting Interventions upon receipt of the application:

_____ received page 2 and the following checklists: _____.

(Signature of Person Making Request)

Signature of RTI Team Leader: _____ (Date)

Date of Initial RTI Team Meeting: _____

Each team member should receive completed pages 1, 2 and checklists by _____ (at least one week before the initial RTI team meeting). (Date)

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Record Review

Student's Name _____

Attendance Record (list all years available):

School Year					
School					
Days Enrolled					
Days Absent					
Days Tardy					

Has the student previously been referred for 504 or Special Education and Related Services? yes no

If yes, when and where? _____

What were the results (i.e., dismissed, did not qualify)? _____

Currently receiving (mark all that apply):

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Title I | <input type="checkbox"/> Individual Counseling | <input type="checkbox"/> Preschool/Head Start | <input type="checkbox"/> Success Maker (Math program) |
| <input type="checkbox"/> Fast ForWord | <input type="checkbox"/> Great Leaps | <input type="checkbox"/> Reading Recovery | <input type="checkbox"/> ESS (Academy) |
| <input type="checkbox"/> OT/PT | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Speech/Language Therapy | <input type="checkbox"/> Agency Services _____ |
| <input type="checkbox"/> KY Reads | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Screenings	Date <small>(Data must be less than 1 year old)</small>	Pass	Fail
Hearing		<input type="checkbox"/>	<input type="checkbox"/>
Vision		Near <input type="checkbox"/> Far <input type="checkbox"/>	Near <input type="checkbox"/> Far <input type="checkbox"/>
Communication (If available)		<input type="checkbox"/>	<input type="checkbox"/>

Does the student wear: Glasses for reading yes no
 Glasses for distant vision yes no
 Hearing aids yes no

Does the student take medication? yes no If Yes, specify type, dosage, and purpose: _____

Does the student have any health/developmental/physical problems? yes no
 If Yes, explain (specify & include physicians' name(s) and relevant medical reports if available):

Describe any specific home factors that might affect the student's performance in school (separation/divorce; recent relocation; illness/death of family member; financial hardship, etc.):

Describe the student's strengths and interests: _____

To be completed by Team Leader:

_____ received pages 1, 2, and checklists on _____.

(Team Leader Signature)
(Date)

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Cognitive Functioning Checklist

Check all that apply and be sure to compare the student to similar-age peers.

Has poor comprehension of material	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has poor short-term memory for verbal stimuli	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has poor short-term memory for nonverbal stimuli	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has limited attention span	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty understanding oral directions	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty understanding written directions	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty following a sequence of directions	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Misunderstands material presented at a fast rate	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty recalling story sequences	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty with multi-dimension thinking	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty reasoning abstractly	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty conceptualizing (making sense of) material	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses problem-solving strategies inefficiently	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Learns very slowly	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has poor long-term memory	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Forgets newly learned skills	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Difficulty understanding teacher when he or she moves around the room	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty perceiving information in more than one way	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern

Other Cognitive Functioning-related concerns:

Provide specific examples of difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior:

Attach all of the following that apply or additional relevant records or documentation: typical work samples, progress reports, previous psychological evaluation reports, PAC, ACT, PLAN, SAT, etc...

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Basic Reading Skills Checklist

Check all that apply and be sure to compare the student to similar age peers.

Avoids reading	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Demonstrates a change in behavior when asked to read silently	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Demonstrates a change in behavior when asked to read orally	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Names alphabet letters correctly	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Recognizes his/her name in print	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Matches letters	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Guesses words from:	
a. initial letters	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
b. pictorial clues	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
c. context clues	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Sounds out:	
a. vowels correctly	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
b. consonants correctly	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
c. words correctly	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Blends sounds correctly	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Has an adequate sight word vocabulary	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Substitutes:	
a. sounds	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
b. words	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
<i>Omits:</i>	
a. sounds	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
b. words	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Repeats:	
a. sounds	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
b. words	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Reads from left to right	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Skips lines	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Moves head excessively when reading	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Moves lips excessively when reading	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Uses finger to anchor self when reading	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Reads high frequency sight words correctly (the/ and / but)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Drops voice at the end of a sentence	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Reads orally with expression	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Reads word-by-word	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Reads faster silently than orally	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Observes small differences between words (plurals, verb-endings, possessives)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Corrects his/her own errors	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Applies rules of syllabication	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Demonstrates knowledge of prefixes, suffixes, and compound words	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern

Other Basic Reading-related concerns:

Provide specific examples of difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior:

Attach all of the following that apply or additional relevant records or documentation: typical work samples, progress reports, word lists, AR tests, state/district assessment results, PAR, GRADE, STAR, DIBELS, etc...

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Reading Comprehension Checklist

Check all that apply and be sure to compare the student to similar age peers.

Orients book in proper position and turns pages left to right	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Attempts to read, using picture and context clues	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Recognizes common word in stories	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Automatically recognizes previously taught vocabulary in print (sight and reading vocabulary)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Demonstrates fluent oral reading	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Comprehends complex sentence structure:	
a. understands passive voice (Mice were eaten by the cat.)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
b. understands relative clauses (the cake that Mac ate)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
c. understands direct and indirect quotes within a passage	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
d. understands pronoun reference (he=Billy)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Recognizes different uses of words depending on context:	
a. recognizes meanings of antonyms and synonyms	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
b. recognizes multiple meanings (fly---a fly, to fly)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
<i>c. understands figurative language (hold your horses)</i>	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
d. differentiates homonyms (rode---road)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Comprehends age- and/or grade-appropriate passages:	
a. summarizes a story or passage	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
<i>b. identifies the main idea of a selection</i>	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
c. identifies supporting detail	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
d. compares and contrasts stories, characters, events, etc.	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Uses printed materials for a variety of purposes:	
<i>a. makes and confirms predictions</i>	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
b. understands author's purpose	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
c. locates details and facts to answer questions and draw conclusions	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
d. uses printed material to gather information (for reports, personal interests)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Comprehends material from a variety of sources (newspaper, magazine, trade books, reference materials)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Follows a sequence of written directions to complete a task (work sheet directions, recipes, directions for building a model)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern

Other Reading Comprehension-related concerns:

Provide specific examples of difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior:

Attach all of the following that apply or additional relevant records or documentation: typical work samples, progress reports, word lists, AR tests, state/district assessment results, PAR, GRADE, STAR, DIBELS, etc...

Somerset High School

Basic Math Checklist

Check all that apply and be sure to compare the student to similar age peers.

Counts by rote to 20	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Counts by tens	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Understands one-to-one correspondence	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Reads numbers to 20	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Completes addition correctly with:		
a. one digit numbers	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
b. two or more digit numbers	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Completes subtraction with:		
a. one digit numbers	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
b. two or more digit numbers	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
c. borrowing	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Completes multiplication correctly with:		
a. one digit numbers	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
b. two or more digit numbers	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Completes division correctly with:		
a. one digit numbers	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
b. two or more digit numbers	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Confuses operational signs	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses fingers for computation	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses manipulatives for computation	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Reverses numbers	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Keeps columns straight	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
<i>Copies problems with adequate spacing</i>	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Finds page numbers correctly	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses place values correctly	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
<i>Completes problems involving more than one mathematical operation</i>	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Completes problems very slowly	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Avoids the use of math	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Changes behavior when required to do math	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
<i>Completes math problems "in his/her head"</i>	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Shows more ability in reading than in math	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Shows more tension during math than other subjects	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Completes math assignments at his/her level	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
<i>Corrects his/her own errors</i>	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern

Other Basic Math-related concerns:

Provide specific examples of difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior:

Attach all of the following that apply or additional relevant records or documentation: typical work samples, accelerated math reports, progress reports, previous psychological evaluation reports, ACT, PLAN, SAT, PAM, etc...

Somerset High School

Math Reasoning Checklist

Check all that apply and be sure to compare the student to similar age peers.

Applies math operations to real life problems	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Completes word problems	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Understands basic math concepts, such as more/less	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Recognizes and names basic shapes (circle, square, diamond)	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Experiences some success with puzzles, codes, and card games	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Understands basic time concepts (yesterday, before)	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Names the days of the week correctly	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Names months correctly	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses the calendar correctly	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Tells time to the nearest half-hour	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Tells time correctly	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses basic money terms correctly (penny, dime, dollar)	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Makes change correctly	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses basic measurements correctly	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses tables and/or graphs correctly	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Chooses appropriate operations to complete math problems	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Guesses at answers instead of trying to solve problems	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Solves problems with missing elements	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Differentiates between essential and nonessential information in solving problems	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Solves problems with a rote, inflexible approach	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses manipulatives creatively to solve problems	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Asks for assistance from the teacher instead of attempting to solve a problem	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Asks for assistance from other students instead of attempting to solve the problem	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Solves problems involving a sequence of steps	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern

Other Math Reasoning-related concerns:

Provide specific examples of difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior:

Attach all of the following that apply or additional relevant records or documentation: typical work samples, accelerated math reports, progress reports, previous psychological evaluation reports, ACT, PLAN, SAT, PAM, etc...

Somerset High School

Written Expression Checklist

Check all that apply and be sure to compare the student to similar age peers.

Copies materials correctly from the board	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses correct spacing for letters and words	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Writes letters on – not below or above- the baseline	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Writes fluently, is not slow and labored	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses a variety of sentence structures	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Recognizes own letter/numeral reversals	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses correct capitalization and punctuation in daily written work	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses correct grammar in written work for the following:		
- uses plurals correctly; regular and irregular	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- uses subject and verb appropriately	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- expresses questions correctly; yes/no and “wh” questions	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- uses negation correctly	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- uses pronouns correctly – personal, demonstrative, and reflexive	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Writes to communicate information for the following:		
- provides reader with appropriate amount of information (detail, background, context)	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- uses appropriate degree of familiarity (e.g., business vs. friendly letter)	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- approaches written tasks in prescribed format using appropriate conventions (e.g., fiction, information, requesting, personal)	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses content skills appropriately:		
- writes about a single event, experience, or point of view	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- adds descriptive detail	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- expresses original ideas, humor, and imagination	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Evidences overall organizational pattern in written composition for the following:		
- sequences events or points logically within paragraphs and/or Composition	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- reports a clear beginning, middle, and end	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- uses topic statements and maintains topic	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- uses age-appropriate vocabulary	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- avoids fragments and run-on sentences	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- presents details and facts to develop and support the main idea	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses effective writing process for the following:		
- pre-writing activities (e.g., topic choice)	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- demonstrates use of drafting	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- uses proofing skills (e.g., precise phrasing)	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- shares written work (e.g., peer editing)	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern

Other Written Expression-related concerns:

Provide specific examples of difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior:

Attach all of the following that apply or additional relevant records or documentation: typical work samples, progress reports, previous psychological evaluation reports, open response, writing samples, etc...

Somerset High School

Oral Expression Checklist

Check all that apply and be sure to compare the student to similar age peers.

Mispronounces sounds and words	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Omits words endings, such as plural –s and past tense –ed	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Omits small unemphasized words, such as auxiliary verbs and prepositions	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses an immature vocabulary, overuses empty words, such as one and thing	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Seems to have difficulty recalling or finding the right word	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Sentence structure seems immature or over-reliant on forms, such as subject-verb-object	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty relating sequential events	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Questions are often inaccurate or vague	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty answering questions	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Comments are often off topic or inappropriate for the conversation	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Long pauses between a remark and the child's reply or between successive remarks by the child	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Does not alter speech for different audiences and locations	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Does not seem to consider the effect of language on the listener	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has verbal misunderstandings with others	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Can use language socially for the following purposes:		
- Request Needs	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- Greet	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- Respond/Reply	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- Relate events	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- Pretend/imagine	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- Request information	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- Share ideas, feelings	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- Entertain	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- Protest	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- Gain attention	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- Clarify	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
- Reason	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
States identifying information: name, age, b-day, phone #, address	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Labels common objects correctly	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Makes eye contact when speaking	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Carries on a conversation with appropriate voice level	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Knows how to begin, maintain, and end a conversation	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Restates thoughts in alternative form	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Tells stories or relates information in the proper sequence with beginning, middle, and/or end	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses gestures rather than speech to express self	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Speaks easily without seeming to be frustrated	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern

Other Oral Expression-related concerns:

Provide specific examples of difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior:

Attach all of the following that apply or additional relevant records or documentation: previous communication written report, progress reports, communication screenings, etc...

Somerset High School

Listening Comprehension Checklist

Check all that apply and be sure to compare the student with similar age peers.

Has difficulty following directions	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Has difficulty answering questions appropriately	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Has verbal misunderstandings with others	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Comments are often off topic or inappropriate for the conversation	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Long pauses between a remark and the child's reply or between successive remarks by the child	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Appears to be attending to communication but remembers little of what is said	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Enjoys having stories read aloud	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Restates thoughts in alternative form	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Has attention span for verbal presentation adequate for age level	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Tends to "tune out" portions of what is said	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Is able to ignore auditory distractions	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Faces source of sound directly – does not tilt one ear toward teacher or other source	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Responds after first presentation - does not often ask for things to be repeated	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Needs materials presented through the visual channel (written/drawn)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Follows two-or three-step directions	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Demonstrates understanding (verbally or nonverbally) of the main idea of a verbal presentation	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Comprehends who, what, where, why, and how questions appropriate for age-level	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Demonstrates understanding of temporal (before/after), position (above/below), and quantitative (more/several) concepts	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Understands subtleties in word or sentence meaning (idioms, figurative language)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Can interpret the following:	
- Figurative Language	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
- Humor	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
- Emotions	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
- Gestures	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
- Body Language	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern

Other Listening Comprehension-related concerns:

Provide specific examples of difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior:

Attach all of the following that apply or additional relevant records or documentation:
previous communication written report, progress reports, communication screenings, etc...

Somerset High School

Communication Checklist (Language)

Check all that apply and be sure to compare the student to similar age peers.

Semantics	
Answers yes/no questions	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Names objects, actions, or events	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Classifies items into categories	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Identifies opposites	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Identifies and explains cause and effect	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Sequence pictures or words	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Follows directions	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Retells a story	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Answers questions	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Has age appropriate concepts (spatial, temporal, quantity, ordinal)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Understands synonyms, antonyms, multiple meaning words, and word association.	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Understands main idea	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Paraphrases story or passage	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Answers inferential questions	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Predicts the content of a passage	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Compares and contrasts items	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Predicts the outcome of a passage	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Draws conclusions from a passage	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
<i>Distinguishes between facts or fiction</i>	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Identifies and describes literary elements	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Explains idioms and figurative language	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Syntax	
<i>Uses correct noun and verb agreement</i>	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Correctly uses past tense words	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Correctly uses pronouns	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Correctly uses plurals	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Correctly uses prefixes and suffixes	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Combines sentences	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Identifies grammatical errors	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Pragmatics	
Establishes and maintains eye contact	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Initiates, maintains, and terminates conversations	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Demonstrates understanding of age appropriate humor, idioms, social language	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Uses negotiation skills	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern

Other Language-related concerns:

Provide specific examples of difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior:

Attach all of the following that apply or additional relevant records or documentation: progress reports, previous communication written report, communication screenings, etc...

Somerset High School

Communication Checklist (Articulation)

Check all that apply and be sure to compare the student to similar age peers.

Omits, substitutes, or distorts speech sounds	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Avoids speaking in class or appears frustrated by his/her difficulty in speaking	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Is difficult to understand even when the listener knows the content	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Exhibits speech errors that are noticeably different from same age peers	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern

Other Articulation-related concerns:

Provide specific examples of difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior:

Attach all of the following that apply or additional relevant records or documentation: previous communication written report, progress reports, communication screenings, etc...

Communication Checklist (Fluency)

Check all that apply and be sure to compare the student to similar age peers.

Stutters, repeats words, hesitates, or prolongs words when speaking	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
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Other Fluency-related concerns:

Provide specific examples of difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior:

Attach all of the following that apply or additional relevant records or documentation: previous communication written report, progress reports, communication screenings, etc...

Somerset High School

Communication Checklist

(Voice)

Check all that apply and be sure to compare the student to similar age peers.

Exhibits a voice quality that is significantly different from that of similar age peers	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has a low voice, high vocal pitch, chronic hoarseness, or is very nasal	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Is consistently too loud or too soft when speaking	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern

Other Voice-related concerns:

Provide specific examples of difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior:

*Attach all of the following that apply or additional relevant records or documentation: **previous communication written report, progress reports, communication screenings, etc...***

Somerset High School

Adaptive Behavior/ Self Help Checklist

Check all that apply and be sure to compare the student to similar age peers.

Communication (Ability to comprehend and express information)	
Expresses needs/wants appropriately	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Comprehends or receives a request appropriately	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Communicates and responds to emotions appropriately	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Self-Care (Ability to care for oneself)	
Uses utensils properly	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Dresses self	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Has adequate grooming	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Personal Responsibility	
Demonstrates responsibility with age appropriate tasks	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Independently follows schedule	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Is aware of home safety precautions	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Social Skills (Ability to engage in socially appropriate behaviors)	
Understands/Responds appropriately to social cues	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Has meaningful relationships	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Develops and maintains friendships	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Demonstrates age appropriate interactions	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Leisure (Ability to pursue leisure and recreational activities related to personal preferences)	
Chooses and initiates preferred activities	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Engages in and enjoys home and community leisure and recreational activities	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Engages in leisure activities with others	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern

Other Adaptive Behavior/Self-Help-related concerns:

Provide specific examples of difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior:

Attach all of the following that apply or additional relevant records or documentation: discipline reports, progress reports, etc...

Somerset High School

Behavior Checklist

Check all that apply and be sure to compare the student to similar age peers.

Avoids doing work in class	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Gives up easily	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty beginning, persisting with, or completing tasks on time	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Asks questions constantly	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty changing from one assignment to another	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Shifts often to other activities	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty working independently	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty playing quietly	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Doesn't seem to listen or attend to teacher during instruction	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Shows physically aggressive behavior	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Shows verbally aggressive behavior	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Talks excessively	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Interrupts others often	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Speaks out of turn (often blurts out answers)	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Makes comments not related to topic being discussed	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Fidgets in seat	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Does not arrive on time for class	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Fails to return on time to class	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Fails to do homework	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Loses homework	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Seeks attention constantly	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Uses obscene/profane language	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Is unorganized	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Suspected use of drugs or alcohol	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Hurts others	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Is cruel to animals	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Talks about suicide	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Destroys property	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Is out of chair when supposed to be doing work	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has constant and repetitive inappropriate behavior(s)	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Perfectionism	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Shouts or yells for no apparent reason	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has hallucinations	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Injures self often	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Nervous habits (such as bites nails, wrings hands, etc.)	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Bangs head	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Holds breath	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Does not tolerate changes in routine	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Wanders aimlessly around room	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Appears to daydream frequently	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Tires easily	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Tells lies	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Steals	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has numerous physical complaints	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Requires constant supervision	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Engages in dangerous behaviors	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Prefers not to try new activities	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern

Somerset High School

Other Behavior-related concerns:

Describe difficulties as indicated above, including frequency, severity, and under what conditions/settings the behavior(s) occur(s):

How do the difficulties affect performance in the curriculum and/or behavior:

Attach all of the following that apply or additional relevant records or documentation: discipline records, progress reports, previous psychological reports, behavior plans, etc...

Somerset High School

Social Emotional Checklist

Check all that apply and be sure to compare the student to similar age peers.

Acts immature	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Acts stubborn	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has low self-esteem	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Is socially isolated	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has few friends	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty sharing interests	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty accepting criticism	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has limited social perceptiveness	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Gives in to negative peer pressure	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Is uncooperative	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has poor social skills on playground	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Is overly compliant	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Seems suspicious of other people	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Refuses to share	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Demonstrates sexually provocative behavior/language	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Blames others for problems	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty seeking help	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Does not get along with peers	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Does not offer opinions and answers when asked	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Does not enjoy group activities	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Does not show concern for others' feelings and property	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Solves conflicts by shouting, fighting, or intimidating others	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has difficulty making constructive contributions during group activities	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Establishes and maintains appropriate eye contact	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Displays inappropriate humor	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Seeks to manipulate others	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Is rigid and opinionated	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Has unusual interests	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Is fascinated with violence-filled entertainment	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern

Other Social Emotional-related concerns:

Describe difficulties as indicated above, including frequency, severity, and under what conditions/settings the behavior(s) occur(s):

How do the difficulties affect performance in the curriculum and/or behavior:

Attach all of the following that apply or additional relevant records or documentation: discipline reports, progress reports, behavior plans, etc...

Somerset High School

Hyperactivity/Inattention Checklist

Check all that apply and be sure to compare the student to similar age peers

Often fails to give attention to details or makes careless mistakes in schoolwork, work, or other activities	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Often has difficulty sustaining attention in tasks or play activities	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Often does not seem to listen when spoken to directly	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Often has difficulty organizing tasks and activities	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Often loses things necessary for tasks or activities, such as toys, school assignments, pencils, or books	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Often is easily distracted by extraneous stimuli	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Often is forgetful in daily activities	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Often fidgets with hands or feet or squirms in seat	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Often leaves seat in classroom or in other situations in which remaining seated is expected	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Often runs about or climbs excessively in situations in which it is inappropriate	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Often has difficulty playing or engaging in leisure activities quietly	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Often is "on the go" or acts as if "driven by a motor"	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Often talks excessively	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Often blurts out answers before questions have been completed	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Often has difficulty awaiting turn	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern

Other Hyperactivity/Inattention-related concerns:

Describe difficulties as indicated above, including frequency, severity, and under what conditions/settings the behavior(s) occur(s):

How do the difficulties affect performance in the curriculum and/or behavior:

Attach all of the following that apply or additional relevant records or documentation: discipline reports, progress reports, behavior plans, etc...

Somerset High School

Motor Skills Checklist

Check all that apply and be sure to compare the student to similar age peers.

Gross Motor Skills	
Seems weaker or tires more easily than peers	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Difficulty with hopping, jumping, skipping, or running compared to peers	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Appears clumsy or appears to not know how to move body, bumps into things, or has difficulty with force	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Hesitates to climb or play on playground equipment	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Reluctant to participate in sports or physical activity	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Seems to have difficulty learning new motor tasks	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Poor desk posture (e.g., slumps, leans on arm, head too close to work)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Fine Motor Skills	
Difficulty drawing or writing	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Poor pencil grasp	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Fatigues quickly during writing or other pencil and paper tasks	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Applies too much or too little pressure when writing	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Hand dominance not well established (after age six)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Difficulty with cutting, clothing fasteners, shoe tying, drink containers, etc.	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Sensory	
Seems overly sensitive to tactile or other stimuli (i.e. touch, noise smell, taste)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Becomes over stimulated in busy or group situations (e.g., cafeteria, circle time)	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
<i>Trouble keeping hands to self as compared to peers, will poke or push</i>	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Reacts to pain differently than others	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Visual Perception	
<i>Difficulty lining up math problems</i>	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Spacing and size of letters	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Spacing and size of words	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Difficulty copying from blackboard	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
Difficulty keeping place while reading	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern
<i>Reversals in words or letters after age eight</i>	<input type="checkbox"/> Area of Concern <input type="checkbox"/> Non-Concern

Other Motor-related concerns:

Provide specific examples of difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior:

Attach all of the following that apply or additional relevant records or documentation: typical work samples, progress reports, previous psychological evaluation reports, PAC, ACT PLAN, SAT, etc...

Somerset High School

Vocational Functioning Checklist

Check all that apply and be sure to compare the student to similar age peers.

Attention to tasks	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Work rate	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Work organization	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Attendance	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Punctuality	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Physical stamina	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Dexterity	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Following directions	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Working independently	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Interpersonal relationships	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Appropriate use of time	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Appropriate dress	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Assistance seeking	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern
Persistence	<input type="checkbox"/> Area of Concern	<input type="checkbox"/> Non-Concern

Other Vocational functioning-related concerns:

Provide specific examples of difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior:

Attach all of the following that apply or additional relevant records or documentation: [typical work samples](#), [progress reports](#), learning styles, ASVAB, discipline records, etc...

Somerset High School

Response to Intervention Plan and Data Collection

Student's Name: _____

Date of meeting: ___/___/___

Complete a copy for each area of concern noted on page 1.

Area of Concern: _____

Strategies:	Person Responsible:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Planned Intervention Beginning Date: ___/___/___ Planned Intervention Ending Date: ___/___/___

Materials/Equipment Needed: _____

Location of Intervention Implementation: _____

Desired Outcome: _____

If using alternate data collection methods, attach and specify type: _____

Type of Assessment	*Baseline Before Intervention	Week 1 After Interventions have begun	Week 2 After Interventions have begun	Week 3 After Interventions have begun	Week 4 After Interventions have begun	Week 5 After Interventions have begun	Week 6 After Interventions have begun

** If behavior is a concern consult with the school psychologist on data collection methods*

Explain Outcome Data and Results of Interventions for Area of Concern:

The Team has reviewed the data and determined the student has made:

- Adequate Improvement
 Some Improvement
 No Improvement

Somerset High School

Response to Intervention (RTI) Team Meeting Agenda

School: _____

Date: _____

Purpose of meeting:

- Review/Discuss RTI Applications, record review forms, and checklists
- Develop intervention strategies (page 22 of RTI forms)
- Review and discuss intervention data/student progress (page 22 of RTI forms, work samples, data sheets, etc)
- Complete a Summary of Action (page 24 of RTI forms)
- Other: (Briefly describe Team activity)

Signatures of Members in Attendance:

RTI Team Leader

Classroom Teacher

Classroom Teacher

Classroom Teacher

Other & Title

Other & Title

Other & Title

Other & Title

Somerset High School

Summary of Action

Student's Name: _____

Complete a copy at each team meeting.

Recommendations for Action (more than one may apply):

<input type="checkbox"/> Implementation of Initial Planned Interventions <input type="checkbox"/> Trial of more intervention(s) <input type="checkbox"/> Refer for evaluation <input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education Suspected Disability: _____ <input type="checkbox"/> Exit RTI Process	<input type="checkbox"/> Continue successful interventions and monitor progress <input type="checkbox"/> Refer to Family Resource Center/Student Services <input type="checkbox"/> Functional Behavior Analysis <input type="checkbox"/> Refer to School Counselor <input type="checkbox"/> Refer to Mental Health Counseling <input type="checkbox"/> Other: _____
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Reason for exiting RTI services/monitoring:

Plan/Intervention Successful

Student moved/transferred to another school/district
 If so, where and when (if known): _____

Other _____

Notes: _____

Signature of RTI Member	Title/Relationship	Date