

HUNTINGTON HIGH SCHOOL

RtI MEETING REQUEST

Name of Student _____ Grade _____

Counselor Name _____ D.O.B. _____ Age _____

Referring Staff Member _____ Date of Request _____

Reason for requesting an RtI

Attach RtI form marked "Gathering Information"

What interventions/actions have been taken to date regarding this student? _____

PLEASE RETURN THIS FORM TO STUDENT'S GUIDANCE COUNSELOR

FOR GUIDANCE USE ONLY

Please check all that apply:

- Student is a _____ A 504 Student
_____ An ESL Student
_____ General Education Student

Person chairing this meeting: _____

Please check staff members that MUST attend:

- _____ Counselor
_____ Social Worker
_____ School Psychologist
_____ Special Education Chairperson
_____ Special Education Coordinator
_____ Special Education Teacher - Name _____
_____ Math Teacher
_____ Science Teacher
_____ Social Studies Teacher
_____ English Teacher
_____ Specialist (Area) _____
_____ Other - Name _____

PLEASE ATTACH A COPY OF THE STUDENT'S CURRENT SCHEDULE TO THIS REQUEST ALONG WITH A "GATHERING OBSERVATION" FORM FOR EACH ATTENDEE