



**Broward County Public Schools
Diversity, Prevention & Intervention
RtI Problem-Solving Checklist
2016 - 2017**



Request Date: _____	Champion: _____	
Student Name: _____	Grade: _____	Student ID #: _____
Review Date: _____	Student Group: _____	

Prior to requesting an academic/behavior Collaborative Problem Solving (CPS) Team review, complete the following:

- Ensure high quality instruction is effective for approximately 80% to 100% of the students
- Deliberately implement and monitor supplemental supports and strategies in the area(s) of concern
- Document all supplemental supports and strategies in BASIS 3.0
- Collect, document, and analyze outcome data (Minimum 4 – 8 data points/4 – 6 weeks of support)
- Upload supporting documentation in the area(s) of concern in BASIS 3.0 (Graphs, charts, and reports)

ITEMS	RESOURCE	EVIDENCE
<input type="checkbox"/> Supplemental Supports and Strategies <ul style="list-style-type: none"> <input type="checkbox"/> Academic and /or Behavioral Strategies <input type="checkbox"/> Minimum three (3) supports/strategies documented prior to request 	BASIS 3.0 Tier 1 Strategies	Anecdotal notes Lesson plans Fidelity Implementation Worksheet Observations Pinnacle Report
<input type="checkbox"/> Parent/Guardian Communication <ul style="list-style-type: none"> <input type="checkbox"/> Minimum of two (2) parent/guardian contacts prior to request 	BASIS 3.0 Tier 1 Strategies	Conference forms Parent letters Emails Agenda Notes Progress reports Report cards/Interim
<input type="checkbox"/> Health Screenings <ul style="list-style-type: none"> <input type="checkbox"/> Current Hearing & Vision Screening <input type="checkbox"/> Health Related Conditions 	Records Review	Hearing: PASS/FAILED Vision: PASS/FAILED Other: _____
<input type="checkbox"/> Attendance <ul style="list-style-type: none"> <input type="checkbox"/> Tardies <input type="checkbox"/> Absences <input type="checkbox"/> Mobility 	BASIS 3.0 (Attendance tab)	Number of tardies: _____ Number of absences: _____ Number of schools: _____
<input type="checkbox"/> Academic History <ul style="list-style-type: none"> <input type="checkbox"/> Retention <input type="checkbox"/> Overage <input type="checkbox"/> Course Recovery <input type="checkbox"/> Previous Year Assessment Score/Level <input type="checkbox"/> Universal Screening Data <input type="checkbox"/> PMP (Progress Monitoring Plan) <input type="checkbox"/> Current Course Grades <input type="checkbox"/> Previous RtI History 	BASIS 3.0 (Risk Factors, Academic History) Pinnacle	Number of overage: _____ Number of retention(s): _____ Number of good cause promotion(s): _____ Retention/Grade level: _____ Assessment Score/Level : _____ Universal Screening: _____ PMP: _____ Number of course failure(s): _____ GPA: _____ Previous RtI Outcome: _____

<input type="checkbox"/> Behavior/Discipline <ul style="list-style-type: none"> <input type="checkbox"/> Referrals <input type="checkbox"/> Incidents <input type="checkbox"/> AES <input type="checkbox"/> PROMISE Incidents <input type="checkbox"/> Internal Suspensions <input type="checkbox"/> External Suspensions <input type="checkbox"/> Expulsion Abeyance 	BASIS 3.0 (Risk Factors) Behavior Dashboard	Number of referrals: _____ Number of incidents: _____ Number of AES: _____ Number of PROMISE: _____ Number of internal suspensions: _____ Number of external suspensions: _____ Number of expulsion abeyance: _____ Leaps assessment: _____ Functional Behavioral Assessment (FBA): _____ Positive Behavior Intervention Plan (based on FBA) _____
<input type="checkbox"/> Observations	BASIS 3.0 Tier 1 Strategies	Observation Narrative Observations (Instructional rounds, Classroom Walk-Through)
<input type="checkbox"/> Professional Collaboration	BASIS 3.0 Tier 1 Strategies	Instructional /Behavioral Support Department/Grade Chair Support ESE/ESOL Contact School Counselor Social Worker Family Counselor Psychologist Administration
<input type="checkbox"/> Social and Emotional <ul style="list-style-type: none"> <input type="checkbox"/> Family Information <input type="checkbox"/> Developmental Information <input type="checkbox"/> Social Information <input type="checkbox"/> Community Information 	Parent Student Social Worker Counselor Community Agency Mentor	Psycho-Social Report Student Registration Form/Information Card Interest Inventory Interviews Home Visits Naviance Leaps assessment
<input type="checkbox"/> Other Factors <ul style="list-style-type: none"> <input type="checkbox"/> 504 Plan <input type="checkbox"/> ESOL/ELL <input type="checkbox"/> Exceptional Student Education (ESE) 	BASIS 3.0 (Risk Factors) Records Review	504 Plan: _____ Level: _____ Entry Date: _____ Classification date: _____ Consent for evaluation: _____ Area(s) of eligibility: _____ Review current IEP: _____