

**Brookwood School District 167**  
**Response to Intervention (RTI)**  
**Tier I. TEACHER Documentation Form**

Student \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Date \_\_\_\_\_

*Please Complete Sections That Apply:*

**Reading:**

From (Dates)	To (Dates)	Teacher Strategies Attempted	Area of Concern
			Difficulty with letter names
			Difficulty with letter sounds
			Difficulty with phonemic awareness
			Difficulty with phonics
			Limited reading vocabulary
			Non-fluent reading
			Difficulty with reading comprehension
			Other

**Written Expression:**

From (Dates)	To (Dates)	Teacher Strategies Attempted	Area of Concern
			Difficulty with writing speed
			Difficulty with spelling
			Difficulty with writing mechanics
			Difficulty expressing thoughts in writing
			Difficulty organizing thoughts in writing
			Other

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**Mathematics:**

From (Dates)	To (Dates)	Teacher Strategies Attempted	Area of Concern
			Difficulty understanding number sense
			Difficulty with basic operations
			Difficulty with Addition fact fluency
			Difficulty with Subtraction fact fluency
			Difficulty with Multiplication fact fluency
			Difficulty with Division fact fluency
			Difficulty with solving word problems
			Other

**Listening Comprehension:**

From (Dates)	To (Dates)	Teacher Strategies Attempted	Area of Concern
			Difficulty understanding spoken language
			Difficulty following verbal directions
			Other

**Oral Expression:**

From (Dates)	To (Dates)	Teacher Strategies Attempted	Area of Concern
			Difficulty expressing thoughts and ideas
			Limited speaking vocabulary
			Other

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**Verbal Communication (Speech):**

From (Dates)	To (Dates)	Teacher Strategies Attempted	Area of Concern
			Stutters
			Difficulty articulating speech sounds
			Other

**Memory:**

From (Dates)	To (Dates)	Teacher Strategies Attempted	Area of Concern
			Difficulty retaining information over time
			Difficulty remembering what is seen
			Difficulty remembering what is heard
			Other

**Perceptual/Motor Skills:**

From (Dates)	To (Dates)	Teacher Strategies Attempted	Area of Concern
			Difficulty with coordination
			Difficulty with body space awareness
			Difficulty with letter formation
			Difficulty with spacing
			Letter/number reversal
			Difficulty copying from the board/book
			Difficulty with directional tracking
			Other

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**Attention &/or Organization:**

From (Dates)	To (Dates)	Teacher Strategies Attempted	Area of Concern
			Difficulty with organization
			Easily Distracted
			Difficulty beginning a task
			Difficulty completing a task
			Under active/lethargic
			Loses or forgets work/materials
			Overactive/excessive motor movements
			Difficulty following classroom routines
			Homework not completed and turned in
			Other

**Social Emotional:**

From (Dates)	To (Dates)	Teacher Strategies Attempted	Area of Concern
			Lacks Motivation
			Lacks Self-Control
			Easily Frustrated
			Sudden Changes in Mood
			Inconsistency in performance
			Seeks frequent approval
			Interrupts/distracts class
			Verbally aggressive toward others
			Physically aggressive toward others
			Difficulty interpreting social cues
			Difficulty making/keeping friends
			Difficulty accepting responsibility for behavior
			Easily influenced by others
			Poor self-concept
			Expresses thoughts of dropping out/running away
			Sleeps in class/lethargic
			Poor hygiene or deterioration in appearance
			Home support concerns
			Wellness concerns briefly explain
			Seems tense and edgy
			Frequent psychosomatic complaints/nurse visits
			Other

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