***Elementary school***

Address

Phone

**Principal:**

**Response to Intervention Monthly Parent Progress Report**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian,

Our building response to intervention (RTI) team recently met to discuss the progress of your child. The following outlines their progress and any suggested changes that were identified to better meet the individual needs. We value family support in this process and recognize that regular input from parents/guardians is key in the success of a student’s academic intervention plan. We welcome any comments or concerns that may aid us in helping your child to achieve success.

Thank you,

Elementary RTI Team

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Academic Area** | **Tier****Level** | **# of sessions attended** | **Making progress-Continue current intervention** | **Making minimal progress-Continue current intervention** | **Recommended change in intervention** | **Recommended removal from RTI** | **Recommended referral for further educational assessment** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Comments:

**Area:** Goal Score **Area:** Goal Score

**Homeroom Teacher Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_