**RTI Team Discussion Form**

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| **Student:** | | **Date:** | | **Advisor:** | |
| **Instructional** | | **Attendance** | | **Well Being, Emotional, Social, Behavioral** | |
| Comments: | | Comments: | | Comments: | |
| **Recommended Action** | | | | | |
|  | Parent/Guardian Phone Call |  | Parent/Guardian Phone Call |  | Parent/Guardian Phone Call |
|  | Preventative Classroom Interventions |  | Preventative Classroom Interventions |  | Preventative Classroom Interventions |
|  | Flex Intervention Class |  | YSC Referral |  | YSC Referral |
|  | Advisory Pullout |  | Guidance Counselor Referral |  | Guidance Counselor Referral |
|  | Lunch Intervention |  | Truancy Referral |  | Security Referral |
|  | ESS |  | Behavior Referral |  | Behavior Referral |
|  | PLATO |  | Other: |  | Neighborhood Place Referral |
|  | Academic Refusal Referral |  | |  | Other: |
|  | Other: |  | |

**\_\_\_\_\_ It is recommended that this student stay on the Watchlist**

**\_\_\_\_\_ It is recommended that this student be removed from the Watchlist.**