

Barrow County School System Pre-K Program
RTI Teacher-Parent Contact Form

Student Name: _____ Date of Birth: ____/____/____

Teacher Name: _____ School: _____

Date: ____/____/____

Classroom concern: (Include the context in which the behavior or developmental concern typically occurs)

1. Inform parent/guardian of concerns via: Phone _____ Note _____ Conference _____
*Explain the RTI Process Other _____

Ask Parent/Guardian

2. Is this your child's first experience away from home? Yes No
If no, inquire about previous daycare experience:

Ask Parent/Guardian

3. Has your child received prior services (Babies Can't Wait, IEP, etc.)? Yes No
Explain:

Ask Parent/Guardian

4. Does your child have any significant health concerns? Yes No
Explain:

Ask Parent/Guardian

5. Does the family notice any similar behaviors or have any concerns? Yes No
Explain:

Ask Parent/Guardian

6. Has anything changed at home (death, divorce, moving, new baby, etc)? Yes No
Explain:

Ask Parent/Guardian

7. What strategies work best at home?

8. Has the child passed the following screenings?

Vision Yes/No Date passed: _____

Hearing Yes/No Date passed: _____

Dental Yes/No Date passed: _____

****Explain to the parent/guardian what two areas you will be targeting with the student and gathering data.***

List one skill or target behavior to focus on: (What will be taught?)

Skill or Behavior to Target	Strategy	Type of Documentation

List one skill or target behavior to focus on: (What will be taught?)

Skill or Behavior to Target	Strategy	Type of Documentation

List home strategies that will support the new skill or behavior that you encouraged the parent/guardian to use:
