



SAMPLE MATERIAL

## School Leadership Team Process

Durham Elementary School, Oregon

**Topic:** Response to Intervention in Primary Grade Reading

**Practice:** Universal Screening

Administrative leadership is essential to ensure effective instructional delivery and program fidelity in RtI implementation. Like other Oregon schools, Durham Elementary School created a building-level leadership team to facilitate implementation through the systematic Effective Behavior and Instructional Support (EBIS) process.

In addition to the school principal, the team includes classroom teachers, the literacy/Title I specialist, school counselor, and special education and ELL specialists. The team uses the EBIS process to:

1. Review schoolwide behavior and academic data to evaluate core program effectiveness,
2. Screen and identify students needing additional academic and/or behavior support, and
3. Plan, implement, and modify interventions for these students, including formal referral for special education if required.

The materials included in this resource—an outline of how the EBIS process works, the Individual Problem Solving Worksheet (File Review

and Problem Identification), and the Developmental History Form (English and Spanish versions)—have been developed by the Tigard-Tualatin School District to help schools in the EBIS process.

The EBIS model is predicated on the notions that all students can make adequate growth and core programs should meet the needs of at least 80% of students. Schoolwide planning for all students is conducted three times a year.

At least every six weeks, the team convenes to review progress monitoring data of student groups targeted for interventions, including students who receive special education services, those scoring in the lowest 20% in grade-level screening measures, and those with other significant academic, behavioral, or attendance problems.

If a student fails to make adequate progress after two interventions, additional information is collected. The team schedules a parent meeting and designs an intervention specifically targeted to the student's needs based on a review of the student's Individual Problem Solving Worksheet, developmental history, ELL information, and progress monitoring data.

Further information about this process is available in *Creating a Building-Level Team*, an audio interview with Durham Elementary School principal Joyce Woods.

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## HOW THE EFFECTIVE BEHAVIOR AND INSTRUCTIONAL SUPPORT (EBIS) TEAM PROCESS WORKS

### The EBIS team has three purposes:

1. To review school-wide behavior and academic data in order to evaluate the effectiveness of core programs.
2. To screen and identify students needing additional academic and/or behavior support.
3. To plan, implement and modify interventions for these students. Depending on each student's "response to intervention," a formal referral for special education evaluation may result.

EBIS is intended to be a structured, systematic process involving the following features and activities: team membership, school-wide planning, planning for the 20%, monthly meetings, and individualizing-intensifying interventions.

**Team membership:** Leadership by the principal is essential. EBIS Team membership also must include classroom teachers representing grade levels, the Literacy/Title I Specialist, School Counselor, and specialists from Special Education and ELL programs. Teams often also benefit from including a member from the classified staff.

**Planning for all students (School-wide):** Three times a year, in fall, winter and spring, EBIS teams review data on student performance (e.g., DIBELS, behavior referrals, attendance) in order to evaluate the effectiveness of the core programs. The EBIS model is predicated on the notion that all students can make adequate growth and that the core programs should meet the needs of at least 80% of the student population. If this is not the case, the team needs to plan and implement professional development to shore up the core program. It is vital to have building administrative leadership on the team to ensure that instructional delivery is effective and the program is delivered with fidelity.

**Planning for the 20% (Targeted groups):** The lowest 20% of students at each grade level on DIBELS and/or who have other, significant academic, behavioral or attendance problems, are listed on the EBIS Group Intervention & Planning Form. This is usually best accomplished by grade level teacher teams with core members of the EBIS team assisting them. These EBIS teams choose interventions from the appropriate Standard Protocol (Reading, Math, Writing, or Behavior) for groups of students with similar needs. They also decide on what progress data to collect and the person responsible for collecting the data. Begin the appropriate EBIS Student Intervention Profile for all students in interventions. The documents listed above are available on IPAS. Students in reading intervention groups are progress monitored weekly using grade level passages. If a student's skill level is well below grade level, then the EBIS team may choose to progress monitor the student at his or her instructional level as well as at grade level; only grade level norms should be used in making high-stakes decisions.

**EBIS 20% team meetings:** EBIS teams convene at least every 6 weeks to evaluate the progress of the lowest 20% of students at each grade level who are involved in interventions including those students who receive services through Special Education. The team reviews progress monitoring data for each student, analyzing *aimlines* and *trendlines* (see Decision Rules for Kindergarten and Grade 1-5). Using the decision rules, one of four different decisions may be made at this meeting for each student being reviewed:

- 1) the group intervention has been successful and the student no longer needs small group instruction,
- 2) the intervention is working for the student and should be continued and monitored,
- 3) the group intervention is not working for the student and should be revised or refined; or,
- 4) the student has not made adequate progress during two intervention periods and therefore the team will proceed to the Individualized, Intensified Intervention described on the following page.

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***Individualizing, Intensifying Intervention:*** If the student has failed to make adequate progress (see decision rules) after two interventions, additional information must be gathered in order to select an intervention that is specifically targeted to the student's needs. At this point, EBIS teams fill out and send the EBIS Team Meeting Notice to parents inviting them to attend a meeting to gather information and begin planning for a more individualized intervention. A Developmental History should be completed at this time and the parents should be given the RTI Parent Brochure describing how the Response To Intervention process works. If the student is an English Language Learner (ELL), the ELL teacher should also obtain information about the child's language development at this time and evaluate how the student's cohorts are progressing as well. See page 13 for more information regarding individualizing for ELL students.

Prior to the parent meeting, teams review each student's cumulative record using the Individual Problem Solving Worksheet. Although time consuming, this level of evaluation is typically necessary for only a small percentage of students. It provides detail on the student's history and needs and is important for designing an effective, individualized intervention. Another resource for students with behavioral issues is the brief Functional Behavior Assessment protocol, which can easily be completed by the team.

At the individualized planning level, it is also necessary to assign a case manager for each student. The case manager's responsibility is to ensure that the intervention is implemented correctly and that progress is monitored according to the schedule agreed upon by the team. In addition, the case manager continues to track intervention details using the EBIS Student Intervention Profile. Case managers report back to the EBIS team on the progress of the students under their supervision at each EBIS 20% meeting.

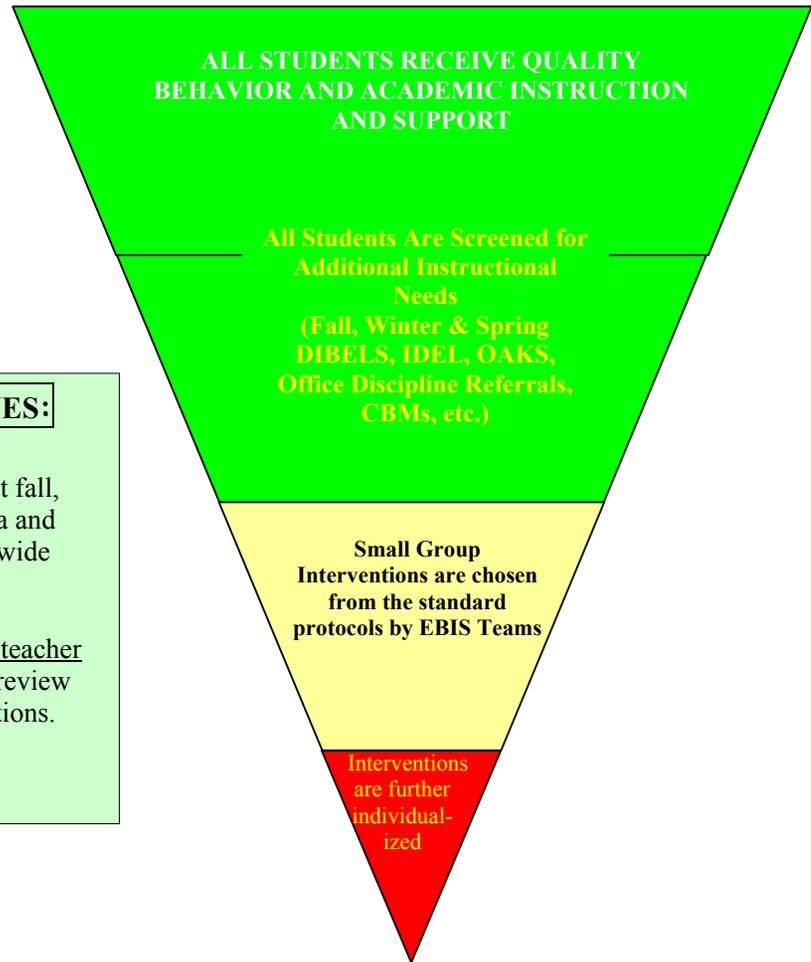
Based on the developmental history, Individual Problem Solving Worksheet, ELL information, and progress monitoring data, the EBIS team designs an intervention that is specifically targeted to the student's needs.

Progress monitoring continues and after 6 weeks in the individualized intervention, the team will determine whether:

- a. The student has improved substantially and no longer needs to be included in an intervention group.
- b. The student has improved substantially and the team reduces the intensity of the intervention and continues to monitor progress.
- c. The student is an English Language Learner and is struggling with **reading comprehension** in comparison with his or her ELL Cohort. The intervention designed to improve comprehension will be continued for one additional 4 to 6 weeks period prior to referring to Special Education.
- d. A referral for a formal special education evaluation is appropriate. The information from the intervention profile, progress-monitoring information, developmental history, and individual problem solving worksheet should be included with the referral as they provide evidence regarding the student's responses to various interventions. While RTI is used only for Specific Learning Disability identification, the information collected may be useful for any special education referral. See the most current Special Education Procedures Manual for details on the special education process.

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**EBIS EARLY IDENTIFICATION PROCESS**  
**Tigard-Tualatin School District, Tigard, Oregon**



**DECISION RULES:**

**80% Decision Rule:** If 80% of students are not meeting benchmarks, review core program(s).

**20% Decision Rule:** The lowest 20% of students at each grade level based on school-wide screening measures and/or with chronic behavior needs\* will receive strategic group intervention(s)

**Change Small Group or Individual Interventions Rule:** When progress data is below the aimline for 4 consecutive points or when the slope is flat or decreasing

**Individualize Instruction Rule:** When students fail to make expected progress after two (2) consecutive small group interventions gather appropriate data and move to the individual level.

**Refer for Special Education Evaluation Rule:** When students fail to make expected progress after one individually designed intervention.

**TEAMWORK TIMELINES:**

School-wide EBIS teams meet fall, winter & spring to review data and make decisions about school-wide progress.

EBIS 20% teams/Grade level teacher teams meet every 6 weeks to review data, plan and adjust interventions.

\*See Behavior Protocol

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## INDIVIDUAL PROBLEM SOLVING WORKSHEET

### File Review and Problem Identification

Date:	School:	Grade:	Teacher:	Person completing this form:
Student Name:	Case Manager:	Current Services (circle): Sp. Ed., ELL, Title 1, 504, other: _____		

#### ATTENDANCE REVIEW

(based on an average of 171 school days per year)

Grade	K	1	2	3	4	5
School Year						
School(s) Attended						
Days Total	171	342	513	684	855	1026
Days Present per year						
Days Absent per year						
Student Total for all Years						

Grade	6	7	8	9	10	11	12
School Year							
School Attended							
Days Total	1197	1368	1539	1710	1881	2052	2223
Days Present per year							
Days Absent per year							
Student Total for all Years							

Grand Total of Days of School Attended: \_\_\_\_\_ Divide by 171: \_\_\_\_\_. Years + Months of Actual Attendance: \_\_\_\_\_

Review of report cards, progress reports, and teacher remarks by grade level significant for:

<i>Reading achievement:</i>
<i>Math achievement:</i>
<i>Behavior (including attending skills):</i>
<i>Language skills:</i> Significant difficulty (2's or less on report card) in writing, speaking skills, organization, social skills, following directions, or difficulty across subject areas requiring comprehension that can not be explained by other factors.
<i>Hearing Screening Results:</i>
<i>Vision Screening Results:</i>
<i>English Language Development:</i>
<i>Other:</i>

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**INDIVIDUAL PROBLEM SOLVING WORKSHEET – CONTINUED**

**STUDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ACHIEVEMENT REVIEW – READING**

Grade	K	1	2	3	4
BENCHMARKS	PSF: 35 NWF: 25	NWF: 50 (Winter) ORF: 40-60	ORF: 90	ORF: 110 OAKS: 204	ORF: 118 OAKS: 211
EXPECTED GAINS	N/A	ORF: 1.9 Words per Week	ORF: 1.2 Words per Week	ORF: 1.1 Words per Week	ORF: .9 Words per Week OAKS: 7 points
STUDENT SCORE	PSF: NWF:	ORF:	ORF:	ORF: OAKS:	ORF: OAKS:

Grade	5	6	7	8	10
BENCHMARKS	ORF: 124 OAKS: 218	ORF: 125 OAKS: 222	OAKS: 227	OAKS: 231	OAKS: 236
EXPECTED GAINS	ORF: .9 Words per Week OAKS: 7 points	ORF: .7 Words per Week OAKS: 5 points	OAKS: 6 points	OAKS: 5 points	OAKS: 8 points
STUDENT SCORE	ORF: OAKS: %ile:	ORF: OAKS: %ile:	OAKS: %ile:	OAKS: %ile:	OAKS: %ile:

Other information: Summary of teacher concerns, referral questions, etc.

**ACHIEVEMENT REVIEW – ELL LANGUAGE**

Grade	K	1	2	3	4	5	6	7	8	9	10
ELPA benchmarks											
Early Intermediate level 2	483	492	495	501	497	497	497	497	499	491	493
Intermediate Level 3	492	507	508	514	508	508	506	507	508	501	501
Early Advanced Level 4	498	514	514	521	514	516	515	517	518	515	516
Advanced Level 5- EXIT	507	523	523	529	521	523	522	524	526	526	527
TOTAL Student Score	T ___										
Reading	R ___										
Writing	W ___										
Listening	L ___										
Speaking	S ___										
Comprehension	C ___										

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**INDIVIDUAL PROBLEM SOLVING WORKSHEET - CONTINUED**

**STUDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ACHIEVEMENT REVIEW - MATH MULTIPLE CHOICE**

Grade	3	4	5	6	7	8	10
<b>BENCHMARKS</b>	OAKS: 205	OAKS: 212	OAKS: 218	OAKS: 221	OAKS: 226	OAKS: 230	OAKS: 236
<b>EXPECTED GAINS</b>	N/A	OAKS: 6 points	OAKS: 7 points	OAKS: 5 points	OAKS: 6 points	OAKS: 5 points	OAKS: 8 points
<b>STUDENT SCORE</b>	OAKS: %ile	OAKS: %ile	OAKS: %ile	OAKS: %ile	OAKS: %ile	OAKS: %ile	OAKS: %ile

Other information: Summary of teacher concerns, referral questions, etc.

**ACHIEVEMENT REVIEW - WRITING**

	Grade 4	Grade 7	Grade 10
<b>COMPOSITE BENCHMARK</b>	32 to 39 (28 to 31 may conditionally meet. The district may declare the student met if all work sample requirements are met)  Minimum of 3 in each trait.	40 to 49 (35 to 39 may conditionally meet. The district may declare the student met if all work sample requirements are met)  Minimum of 3 in each trait.	40 to 49 (35 to 39 may conditionally meet. The district may declare the student met if all work sample requirements are met)  Minimum of 3 in each trait.
<b>STUDENT SCORE</b> (Note areas of concern by traits)			

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**INDIVIDUAL PROBLEM SOLVING WORKSHEET**  
**PAGE 4 TO BE COMPLETED WITH THE TEAM PRIOR TO DESIGNING THE INDIVIDUALIZED INTERVENTION**

**STUDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**TEAM MEMBERS:** \_\_\_\_\_

**HYPOTHESIS DEVELOPMENT**

**Summarizing evidence above, address questions below:**

1. Does evidence support that the student's problems may be primarily due to problems with attention, motivation, or other behavioral difficulty? Include data along with progress monitoring of behavioral supports.

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2. Does evidence support that the student's problems may be primarily due to attendance problems, or frequent school interruptions? If so, indicate reasons for absences and interruptions. What interventions have been put in place to address this issue?"

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3. Does evidence support that the student's problems may be primarily due to other concerns like trauma, economic or cultural disadvantage, or other disabilities? Describe. Be sure to note *when* these issues occurred and their correlations with any academic concerns. What will be done to help the student be more successful?

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4. Does the evidence support that the child's difficulties may be the result of language difficulties in areas such as language processing, social language, or articulation? Indicate next steps.

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5. Does the evidence support the hypothesis that the difficulty is due to limited English proficiency? Indicate next steps.

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6. Does the evidence suggest that the student has low skills and slow progress despite intensive interventions?

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**DEVELOPMENTAL HISTORY**

Page 1 of 3

(To be completed through an interview with the counselor or school psychologist)

Student's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
 Person Interviewed: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Interview Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Language Spoken in Home: \_\_\_\_\_ Interpreter (If used): \_\_\_\_\_

**Birth History**

1. How often did you see a doctor while you were pregnant? Regularly \_\_\_ A few times \_\_\_ Not at all \_\_\_
2. Were you sick or did you have any complications while you were pregnant? Yes \_\_\_ No \_\_\_  
If yes, what did you have? \_\_\_\_\_
3. Did you have measles or any other childhood disease while you were pregnant? Yes \_\_\_ No \_\_\_  
If yes, what did you have? \_\_\_\_\_
4. Did you have trouble giving birth? Yes \_\_\_ No \_\_\_  
If yes, what was the trouble? \_\_\_\_\_
5. Was your child born earlier than you expected? Yes \_\_\_ No \_\_\_  
If yes, how many weeks early? \_\_\_\_\_
6. Was there anything unusual or wrong with the birth? Yes \_\_\_ No \_\_\_  
If yes, please explain. \_\_\_\_\_
7. Was your child born in a hospital? Yes \_\_\_ No \_\_\_
8. In what country was your child born? \_\_\_\_\_
9. What age were the mother and father at the birth? Mother \_\_\_ Father \_\_\_\_\_
10. Is there a family history of any genetic conditions? Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_  
Was genetic testing completed for your child? What were the results? \_\_\_\_\_

**Health History**

11. Did your child have any illness or other concerns during the first year? Yes \_\_\_ No \_\_\_  
If yes, what was the illness or concern? \_\_\_\_\_
12. Have any of the following happened to your child?
 

a. had a temperature over 104 degrees for more than a few hours?	Yes ___	No ___
b. had to go to the hospital because of a temperature?	Yes ___	No ___
c. ever been knocked unconscious?	Yes ___	No ___
d. ever had a concussion?	Yes ___	No ___
e. ever been in a coma?	Yes ___	No ___
f. ever had any kind of an operation?	Yes ___	No ___
g. ever been to a hospital for any other sickness or trouble not mentioned above?	Yes ___	No ___
h. ever had problems with hearing or vision	Yes ___	No ___
i. had frequent earaches?	Yes ___	No ___

if yes, were tubes installed? \_\_\_\_\_ at what age? \_\_\_\_\_

If you answered yes to any of these questions, please tell about it: \_\_\_\_\_

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**Developmental History**

**Page 2 of 3**

13. Does your child take any kind of medicine or pills regularly for some condition? Yes \_\_\_ No \_\_\_  
 If yes, please tell what the medicine is for and how long your child has been taking it. \_\_\_\_\_  
 \_\_\_\_\_

14. Has the child been diagnosed with any health problems? If so please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Developmental Milestones**

15. At what age did your child:  
 a. sit alone \_\_\_\_\_ b. walk \_\_\_\_\_ c. speak single words \_\_\_\_\_ d. speak 2-3 word sentences \_\_\_\_\_

16. When was your child completely toilet trained? \_\_\_\_\_

17. At the present time, does your child ever have toileting accidents? Yes \_\_\_ No \_\_\_

18. Does the child have any brothers or sisters? If so, list ages, gender, and whether they live at home.  
 \_\_\_\_\_

19. Has your child’s speech and/or language development been significantly different than his or her siblings?  
 (i.e. simpler vocabulary, later to begin speaking, difficulty following directions) Yes \_\_\_ No \_\_\_  
 If yes, please explain \_\_\_\_\_

20. Do people outside the family understand what your child says? Yes \_\_\_ No \_\_\_  
 If no, please tell about it. \_\_\_\_\_  
 \_\_\_\_\_

21. What language(s) is (are) spoken in the home? \_\_\_\_\_  
 What language does your child speak most often with friends? \_\_\_\_\_ siblings? \_\_\_\_\_ What language does your  
 child hear most often at home? \_\_\_\_\_ In which language does your child generally respond? \_\_\_\_\_

22. Do both parents live at home? Yes \_\_\_ No \_\_\_

23. Is there any history of learning problems and/or speech/language difficulties in the family? Yes \_\_\_ No \_\_\_  
 Please explain \_\_\_\_\_

24. Is there any family history of physical or mental health problems? Yes \_\_\_ No \_\_\_  
 If so please describe: \_\_\_\_\_  
 \_\_\_\_\_

25. Please tell us about your (parents) reading habits. How often and what types of materials do you usually read. Do you  
 read with your child? Do you read in English? In your native language if it is other than English? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

26. How many different schools has your child attended? \_\_\_\_\_  
 If your child’s primary language is not English, has your child had any formal schooling in their native language? \_\_\_  
 For how many years? \_\_\_\_\_

27. Would you describe the child’s school attendance as poor, fair, or good? \_\_\_\_\_ If there have been any  
 interruptions in your child’s school experience, please explain. \_\_\_\_\_

28. Has your family experienced homelessness? \_\_\_\_\_

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**Developmental History**

**Page 3 of 3**

29. Did your child attend preschool? Yes \_\_\_\_\_ No \_\_\_\_\_ Please list frequency, duration, and types of activities.  
\_\_\_\_\_  
\_\_\_\_\_
30. Now or in the past has your child been involved in any activities outside of school such as sports, playgroups, library visits, or scouts? Please list: \_\_\_\_\_  
\_\_\_\_\_
31. What does your child like to do with just you? \_\_\_\_\_
32. What does the whole family like to do for fun together? \_\_\_\_\_
33. How much “screen time” or media does your child have access to daily? \_\_\_\_\_
34. When you want your child to do something, do you feel you have to repeat yourself more often than you would like to or feel that you should have to? Yes \_\_\_\_\_ No \_\_\_\_\_
35. How does your child respond when you have to speak a second or third time, and what do you do?  
\_\_\_\_\_  
\_\_\_\_\_
36. What kinds of things do you expect or ask that your child do such as chores or responsibilities around the house (for example: cleaning his/her room, emptying the trash, answering the phone, etc.)? Is this routine or when he/she feels like it? \_\_\_\_\_  
\_\_\_\_\_
37. What does your child do which pleases you the most (those things that make you proud as a parent)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
38. Does your child experience difficulty doing or completing homework? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
39. Has there been anything unusual that occurred to you and your family within the last five years, such as a major illness, death in the family, change of residence, divorce, moving away from family, etc? If so, please explain and list when these things occurred. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
40. At present time, do you have any concerns about your child? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**DEVELOPMENTAL HISTORY (HISTORIA DEL DESARROLLO)**

Page 1 of 4

(To be completed through an interview with the counselor or school psychologist)

Name of Student (*Nombre del Estudiante*) \_\_\_\_\_  
 DOB (*Fecha de Nacimiento*) \_\_\_\_\_ Age (*Edad*) \_\_\_\_\_ Grade (*Grado*) \_\_\_\_\_  
 Person Interviewed (*Persona Entrevistada*): \_\_\_\_\_  
 Relationship to Student (*Relación con el Estudiante*): \_\_\_\_\_  
 Interview Completer by (*Entrevista Completada por*): \_\_\_\_\_  
 Date (*Fecha*) \_\_\_\_\_ Language Spoken in Home (*Idioma Hablado en Casa*) \_\_\_\_\_

**Birth History (Historial de Nacimiento)**

1. How often did you see a doctor while you were pregnant? *¿Qué tan frecuente visito un doctor mientras estaba embarazada?*  Regularly (*Regularmente*)  A few times (*Algunas veces*)  Not at all (*Nunca*)
2. Were you sick or did you have any complications while you were pregnant? *¿Estuvo enferma o tuvo complicaciones durante su embarazo?*  Yes (*Sí*)  No  
 If yes, what did you have? *Si sí, ¿Qué tuvo o cuales fueron las complicaciones?* \_\_\_\_\_
3. Did you have measles or any other childhood disease while you were pregnant? *¿Tuvo sarampión u otra enfermedad de niñez mientras estaba embarazada?*  Yes (*Sí*)  No  
 If yes, what did you have? *Si sí, ¿qué es lo que tuvo?* \_\_\_\_\_
4. Did you have trouble giving birth? *¿Tuvo problemas al dar a luz?*  Yes (*Sí*)  No  
 If yes, what was the trouble? *Si sí, ¿cuál fue el problema?* \_\_\_\_\_
5. Was your child born earlier than you expected? *¿Nació su niño(a) antes de lo que esperaba?*  
 Yes (*Sí*)  No If yes, how many weeks early? *Si sí, ¿cuántas semanas antes?* \_\_\_\_\_
6. Was there anything unusual or wrong with the birth? *¿Hubo algo inusual o mal con el parto?*  
 Yes (*Sí*)  No If yes, what was wrong? *Si sí, ¿qué estuvo mal?* \_\_\_\_\_
7. Was your child born in a hospital? *¿Nació su hijo(a) en un hospital?*  Yes (*Sí*)  No
8. In what country was your child born? *¿En qué país nació su hijo(a)?* \_\_\_\_\_
9. What age were the mother and father at birth? *¿Cuál era la edad de la madre y el padre cuando nació su hijo(a)* Mother (*Madre*) \_\_\_\_\_ Father (*Padre*) \_\_\_\_\_
10. Is there a family history of any genetic conditions? *¿Hay algun historial de condiciones geneticas en la familia?*  
 Yes (*Sí*)  No If yes, please explain. *Si sí, por favor explique* \_\_\_\_\_  
 \_\_\_\_\_  
 Was genetic testing completed for your child? What were the results? *¿Se les hicieron pruebas genéticas a su hijo(a)? ¿Cuáles fueron los resultados?* \_\_\_\_\_
11. Did your child have any illness or any other concerns during the first year? *¿Tuvo su hijo(a) enfermedades o algo malo durante el primer año?*  Yes (*Sí*)  No If yes, what was the illness or concerns? *Si sí, ¿cuál fue la enfermedad o que tenía mal?* \_\_\_\_\_

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**Health History (Historia de la Salud)**

Page 2 of 4

12. Have any of the following happened to your child? *¿Algo de lo siguiente le ha sucedido a su hijo(a) alguna vez?*
- a. had a temperature over 104 degrees for more than a few hours?  
*¿ha tenido temperatura sobre 104 grados F° (40 grados C°) por más de unas cuantas horas?*  Yes (Sí)  No
- b. had to go to the hospital because of a temperature?  
*¿ha tenido que ir al hospital por razón de una temperatura?*  Yes (Sí)  No
- c. ever been knocked unconscious? *¿ha perdido la consciencia?*  Yes (Sí)  No
- d. ever had a concussion? *¿ha tenido una concusión cerebral?*  Yes (Sí)  No
- e. ever been in a coma? *¿ha estado en un coma?*  Yes (Sí)  No
- f. ever had any kind of an surgery? *¿ha tenido algun tipo de cirugía?*  Yes (Sí)  No
- g. ever been to a hospital for any other sickness or trouble not mentioned above?  
*¿ha visitado un hospital por cualquier otra enfermedad que no ha sido mencionada arriba?*  Yes (Sí)  No
- h. ever had problems with hearing or vision? *¿ha tenido problemas de oído o la visión?*  Yes (Sí)  No
- i. had frequent earaches? *¿ha tenido dolor de oídos frecuentemente?*  Yes (Sí)  No  
if yes, were tubes installed? *Si sí, ¿se instalaron tubos?*  Yes (Sí)  No  
at what age? *¿a qué edad?* \_\_\_\_\_
- If you answered yes to any of these questions, please tell about it. *Si contesto sí a una de estas preguntas, por favor escriba sobre ello:* \_\_\_\_\_

13. Does your child take any kind of medicine or pills regularly for some condition? *¿Toma su hijo(a) cualquier tipo de pastillas o medicina regularmente para alguna condición?*  Yes (Sí)  No  
If yes, please tell what the medicine is for and how long your child has been taking it. *¿Si sí, por favor diga para qué es la medicina y por cuánto tiempo lo ha estado tomando su hijo(a)?* \_\_\_\_\_

14. Has the child been diagnosed with any health problems? If so tell about them: *Ha sido diagnosticado su hijo(a) con cualquier problemas de salud? Si sí, escriba sobre ello:* \_\_\_\_\_

**Developmental Milestones Etapas de Desarrollo**

15. At what age did your child *¿A qué edad su hijo(a)?*:  
a. sit alone *se sento solo* \_\_\_\_\_ b. walk *camino* \_\_\_\_\_ c. speak single words *dijo sus primeras palabras* \_\_\_\_\_  
d. speak 2-3 word sentences *hablo oraciones de 2-3 palabras* \_\_\_\_\_
16. At what age was your child completely toilet trained? *A que edad fue entrenado completamente su hijo(a) para usar el baño?* \_\_\_\_\_
17. At the present time, does your child ever have toileting accidents? *Actualmente, ¿ha tenido su hijo(a) accidentes en usar el baño?*  Yes (Sí)  No
18. Does the child have any brothers or sisters? If so, list ages, gender, and whether they live at home. *¿Tiene su hijo(a) hermanos o hermanas? Si sí, haga lista de las edades, sexo, y si viven en casa o no.* \_\_\_\_\_
19. Has your child's speech and/or language development been significantly different than his or her siblings? (i.e. simpler vocabulary, later to begin speaking, difficulty following directions). *¿Ha sido significativamente diferente el habla o el desarrollo del lenguaje de su hijo(a) al de sus hermanos? (Por ejemplo usa vocabulario más sencillo, demora mas en hablar, o se le dificulta seguir instrucciones).*  Yes (Sí)  No  
If yes, please explain. *Si sí, por favor explique:* \_\_\_\_\_

Tigard-Tualatin School District/Oregon RTI Project

**Developmental History (*Historia del Desarrollo*)**

**Page 3 of 4**

20. Do people outside the family understand what your child says? *¿Entienden las personas fuera de su familia lo que dice el niño(a)?*  Yes (Sí)  No  
 If no, please tell about it. *Si no, por favor escriba sobre ello.* \_\_\_\_\_  
 \_\_\_\_\_
21. What language(s) are spoken in the home? *¿Que idioma(s) se hablan en casa?* \_\_\_\_\_  
 What language does your child speak most often with friends? *¿Qué idioma usa mas su hijo(a) con amigos/amigas?* \_\_\_\_\_  
 \_\_\_\_\_ with siblings *¿con sus hermanos/hermanas?* \_\_\_\_\_  
 What language does your child hear most often at home? *¿Qué idioma escucha mas su hijo(a) en casa?* \_\_\_\_\_  
 In which language does your child generally respond? *¿En qué idioma generalmente responde su hijo(a)?* \_\_\_\_\_
22. Do both parents live at home? *¿Viven ambos padres en el hogar?*  Yes (Sí)  No
23. Is there any history of learning problems and/or speech/language difficulties in the family? *¿Hay problemas de familia en el aprendizaje y/o dificultades de idioma?*  Yes (Sí)  No  
 Please explain. *Por favor explique* \_\_\_\_\_  
 \_\_\_\_\_
24. Is there any family history of physical or mental health problems? *¿Hay historial de problemas mentales o físicos en la familia?*  Yes (Sí)  No  
 If so, please describe (*Si sí, describalo*): \_\_\_\_\_  
 \_\_\_\_\_
25. Please tell us about your reading habits of the adults in the home. How often and what types of materials do you usually read? Do you read with your child? Do you read in English? In your native language if it is other than English? *Diganos acirca de sus hábitos de lectura (de los padres). ¿Que tipo de lecturas lee y con que frecuencia? ¿Leé usted con sus hijo(s)? ¿Leé usted en Ingles? ¿Leé usted en Español?* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
26. How many different schools has the child attended? *¿A cuántas escuelas ha asistido el niño(a)?* \_\_\_\_\_  
 If your child's primary language is not English, has your child had any formal schooling in their native language? *Si el idioma principal de su hijo(a) no es el ingles, ¿ha recibido instrucción formal en su idioma nativo?*  
 Yes (Sí)  No For how many years? *¿Por cuantos años?* \_\_\_\_\_
27. Would you describe the child's school attendance as poor, fair, or good? *¿Cómo describiría la asistencia escolar del estudiante: Bueno, Regular, Malo?* \_\_\_\_\_ If there have been any interruptions in your child's school experience, please explain. *Si ha habido interrupciones durante la experiencia escolar de su hijo(a), por favor explique* \_\_\_\_\_  
 \_\_\_\_\_
28. Has your family experienced homelessness? *¿Ha experimentado su familia el quedarse sin hogar?*  Yes (Sí)  No
29. Did your child attend preschool? *¿Su hijo(a) asistió a la pre-escuela?*  Yes (Sí)  No  
 Please list frequency, duration, and types of activities. *Por favor haga lista de la frecuencia con que asistió, la duración y las diferentes actividades que hacían* \_\_\_\_\_  
 \_\_\_\_\_

Tigard-Tualatin School District/Oregon RTI Project

**Developmental History (*Historia del Desarrollo*)**  
**Page 4 of 4**

30. Now or in the past has your child been involved in any activities outside of school such as sports, playgroups, library visits, or scouts? *Está o ha estado su hijo(a) envuelto en alguna actividad fuera de la escuela tal como en deportes, grupos de juego, visitas a la biblioteca o ha sido excursionista/scout?*  
 Please list . *Por favor haga mencionelos* \_\_\_\_\_  
 \_\_\_\_\_

31. What does your child like to do with just you? *¿Qué le gusta hacer a su hijo(a) con usted solamente?* \_\_\_\_\_  
 \_\_\_\_\_

32. What does the whole family like to do for fun together? *¿Qué le gusta hacer a la familia para divertirse juntos?*  
 \_\_\_\_\_

33. How much screen time or media does your child have access to daily? *¿Qué tanto tiempo pasa en la pantalla o que tanto acceso diario tiene al medio de comunicación?* \_\_\_\_\_

34. When you want your child to do something, do you feel you have to repeat yourself more often than you would like to or feel that you should have to? *Cuando usted quiere que su hijo(a) haga algo ¿siente que tiene que repetírselo más de lo que quisiera o que debería hacerlo?*  Yes (Sí)  No

35. How does your child respond when you have to speak a second or third time, and what do you do? *¿Cómo responde su hijo(a) cuando usted tiene que hablarle una segunda o tercera vez, y que hace usted?* \_\_\_\_\_  
 \_\_\_\_\_

36. What kinds of things do you expect or ask that your child do such as chores or responsibilities around the house (for example: cleaning his/her room, emptying the trash, answering the phone, etc.)? *¿Qué clase de cosas espera usted o le pide a su hijo(a) que hagan como quehaceres o responsabilidades alrededor de la casa (por ejemplo: limpiar su cuarto, tirar la basura, contestar el teléfono, etc.)?* \_\_\_\_\_  
 \_\_\_\_\_

37. What does your child do which pleases you the most (those things that make you proud as a parent)? *¿Qué hace su hijo(a) que le agrada a usted (esas cosas que lo enorgullecen como padre/madre)?* \_\_\_\_\_  
 \_\_\_\_\_

38. Does your child experience difficulty doing or completing homework? *¿Experimenta dificultad su hijo(a) para terminar la tarea?*  Yes (Sí)  No Please explain. *Por favor explique* \_\_\_\_\_

39. Has there been anything unusual that occurred to you and your family within the last five years, such as a major illness, death in the family, change of residence, divorce, moving away from family, etc.? *¿Ha habido algo inusual que le haya ocurrido a usted y a su familia dentro de los últimos cinco años, tal como una enfermedad grave, una muerte en la familia, cambio de residencia, divorcio, o que se hubieran mudado lejos de la familia, etc.?*  Yes (Sí)  No (No)  
 If so, please explain and list when these things occurred. *Si así fue, por favor explique y haga lista de cuando ocurrieron estas cosas.* \_\_\_\_\_  
 \_\_\_\_\_

40. At present time, do you have any concerns about your child? *Actualmente, tiene usted preocupaciones sobre su hijo(a)?*  Yes (Sí)  No If so, please describe *(Si sí, descríbalos):* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_