

EVALUATION CHECKLIST NAME _____

TEACHER _____ DATE _____ GRADE LEVEL _____

RTI FORM RECEIVED DATE _____ INTERVENTIONS TRIED INCLUDED LIST:

1 _____ HOW LONG? _____

_____ HOW OFTEN? _____

2 _____ HOW LONG? _____

_____ HOW OFTEN? _____

3 _____ HOW LONG? _____

_____ HOW OFTEN? _____

F&P LEVEL: _____ WPM _____ %ACCURACY _____

DIBBLES LEVEL: _____ WPM _____ %ACCURACY _____

OTHER MEASURE: LEVEL: _____ WPM _____ %ACCURACY _____

PROTOCOL RECEIVED? Y N

AUTHENTIC WRITING SAMPLE OBTAINED? Y N %correctly spelled _____

%phonemic errors _____ %phonic _____ %morphological _____

WORD LEVEL WRITING ASSESSMENT COMPLETED? Y N %correctly spelled _____

%phonemic errors _____ %phonic _____ %morphological _____

STUDENT READ OBSERVATION? Y N WPM _____ %accuracy _____

BLEND: % _____ automatic? Y N SEGMENT: _____ % DELETE: _____ %

INSERT: % _____

STANDARDIZED OR CRITERION ASSESSMENT? Y N SS _____

COMMENTS _____

