

**RTI Case Manager Follow-Up Data Form**

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Initial Meeting Date: \_\_\_\_\_

*Please follow-up with the classroom teacher at least every two weeks and document contacts below.*

**Week 2**

**Date of Meeting** \_\_\_\_\_

Are the interventions being implemented as designed at the meeting? Y / N

If not, why? \_\_\_\_\_

Are additional resources / supports required? \_\_\_\_\_

*If the issues are not resolved, please inform the Coordinator.*

**Week 4**

**Date of Meeting** \_\_\_\_\_

Are the interventions being implemented as designed at the meeting? Y / N

If not, why? \_\_\_\_\_

Are additional resources / supports required? \_\_\_\_\_

*If the issues are not resolved, please inform the Coordinator.*

**Week 6**

**Date of Meeting** \_\_\_\_\_

Are the interventions being implemented as designed at the meeting? Y / N

If not, why? \_\_\_\_\_

Are additional resources / supports required? \_\_\_\_\_

*If the issues are not resolved, please inform the Coordinator.*

**Week 8**

**Date of Meeting** \_\_\_\_\_

Are the interventions being implemented as designed at the meeting? Y / N

If not, why? \_\_\_\_\_

Are additional resources / supports required? \_\_\_\_\_

*If the issues are not resolved, please inform the Coordinator.*

***PLEASE BRING THIS FORM TO ALL FOLLOW-UP RTI MEETINGS***