

RtI FIDELITY RECORD

Student(s) _____ Date _____

School _____ Teacher _____ Grade _____

Focus of Intervention (*check only one area*)

RtI Tier

Reading*	Language*	Mathematics	Behavior
<input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Phonemic Awareness (PA) <input type="checkbox"/> Phonics (P) <input type="checkbox"/> Reading Comprehension (C)* <input type="checkbox"/> Vocabulary (V) <input type="checkbox"/> Oral Expression (OE)* <input type="checkbox"/> Reading Fluency (F) <input type="checkbox"/> Other _____ <small>*Skills common across areas</small>	<input type="checkbox"/> Phonological Processing <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Reading Comprehension (C)* <input type="checkbox"/> Oral expression (OC)* <input type="checkbox"/> Social Interaction <input type="checkbox"/> Other _____ <div style="background-color: #e0e0e0; padding: 2px;">Written Expression*</div> <input type="checkbox"/> Composition* <input type="checkbox"/> Other _____	<input type="checkbox"/> Computation (Com) <input type="checkbox"/> Concepts (Cp) <input type="checkbox"/> Geometry (G) <input type="checkbox"/> Measurement (M) <input type="checkbox"/> Data Analysis (DA) <input type="checkbox"/> Algebraic Thinking (AT) <input type="checkbox"/> Number Sense (NS) <input type="checkbox"/> Other _____	<input type="checkbox"/> Incomplete Work (IW) <input type="checkbox"/> Inappropriate Language (IL) <input type="checkbox"/> Defiant (DT) <input type="checkbox"/> Disrespectful (DL) <input type="checkbox"/> Physical Aggression (PA) <input type="checkbox"/> Disruptive (D) <input type="checkbox"/> Off-Task (OT) <input type="checkbox"/> Verbal Aggression (VA) <input type="checkbox"/> Tardy (T) <input type="checkbox"/> Other _____

Beginning Date of Intervention ___/___/___	Person Responsible _____
Intervention Description _____	
Frequency (e.g. 5 days per week) _____	Duration _____ Minutes per session

Dates ___/___/___ to ___/___/___

√ = intervention received X = holiday A = Absent

M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F

Dates ___/___/___ to ___/___/___

√ = intervention received X = holiday A = Absent

M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F

Dates ___/___/___ to ___/___/___

√ = intervention received X = holiday A = Absent

M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Intervention was implemented with fidelity. Frequency, duration, and content were documented and are available for review (see attached graph).
<input type="checkbox"/>	<input type="checkbox"/>	The student regularly attended and was actively engaged in the intervention activity.
<input type="checkbox"/>	<input type="checkbox"/>	The student was provided an evidence-based intervention as determined by the Problem-Solving team.

The above documentation verifies the active participation of the identified student in the RtI process. Attach the corresponding graph. Signatures verify that the instruction occurred as recorded.

Intervention Provider Signature _____ Date _____