



RTI/SST PROBLEM IDENTIFICATION CHECKLIST

Student: _____ ID#: _____

Grade: _____ School: _____ Teacher(s): _____

A. BASIC READING

(Recognizing and decoding words)

Skill	Not applicable/ developmentally inappropriate	No Concern	Mild Concern (Bottom 30% of the classroom)	Significant Concern (Bottom 10% of the classroom)
1. Recognizes letters				
2. Identifies letter/sound associations				
3. Blends/rhymes sounds				
4. Oral reading fluency				

B. READING COMPREHENSION

(Understanding and relating information from printed sources)

Skill	Not applicable/ developmentally inappropriate	No Concern	Mild Concern (Bottom 30% of the classroom)	Significant Concern (Bottom 10% of the classroom)
1. Uses visual cues (pictures & graphs) to assist comprehension				
2. Comprehends vocabulary				
3. Recalls facts				
4. Identifies the main idea				
5. Infers information not available in text				
6. Draws conclusions				

C. WRITTEN EXPRESSION (Expressing ideas in writing)

Skill	Not applicable/ developmentally inappropriate	No Concern	Mild Concern (Bottom 30% of the classroom)	Significant Concern (Bottom 10% of the classroom)
1. Copies symbols/letters/numbers				
2. Writes sentences when given pictures or sentence starters.				
3. Expresses ideas appropriately (without regard to grammar/spelling/punctuation, etc.)				
3. Spells written words correctly				
4. Correctly uses punctuation, grammar, & capitalization				
5. Uses appropriate vocabulary				
6. Writes sentences of differing complexity				
7. Writes sentences/paragraphs of appropriate length				

8. Uses descriptive language				
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**D. MATHEMATICS
CALCULATION** (Using basic
arithmetic operations)

Skill	Not applicable/ developmentally inappropriate	No Concern	Mild Concern (Bottom 30% of the classroom)	Significant Concern (Bottom 10% of the classroom)
1. Counting skills (rote, one-to-one, rational)				
2. Number identification (receptive and expressive)				
3. Correctly solves basic math operations (e.g., single digit addition & single digit multiplication)				
4. Correctly solves multi-step math operations (e.g., addition with regrouping & long division)				

E. MATHEMATICS REASONING
(Understanding a presented problem and determining appropriate steps to solve it)

Skill	Not applicable/ developmentally inappropriate	No Concern	Mild Concern (Bottom 30% of the classroom)	Significant Concern (Bottom 10% of the classroom)
1. Comprehends key words to identify correct math operation used in word problem				
2. Develops numerical statements from information contained in word problems				
3. Demonstrates relationships between fractions, percentages, & decimals				
4. Demonstrates math skills for daily living (e.g., time, measurement, & money)				
5. Understands terms and functions of measurement				
6. Understands spatial relationships (e.g., graphs & geometry)				

**F. LISTENING
COMPREHENSION** (The ability to
understand spoken language)

Skill	Not applicable/ developmentally inappropriate	No Concern	Mild Concern (Bottom 30% of the classroom)	Significant Concern (Bottom 10% of the classroom)
1. Follows simple directions presented orally				
2. Follows complex directions presented orally				
3. Identifies pictures or sentences in response to oral prompts				
4. Retells information or directions appropriately				

G. ORAL EXPRESSION**(Use of spoken language to communicate thoughts/ideas)**

Skill	Not applicable/ developmentally inappropriate	No Concern	Mild Concern (Bottom 30% of the classroom)	Significant Concern (Bottom 10% of the classroom)
1. Articulates letter sounds appropriately				
2. Expressive vocabulary (verbalizes thoughts & ideas)				
3. Word Fluency				
4. Initiates conversations appropriately				
5. Asks questions to gain information				
6. Responds appropriately to questions				
7. Tells a story				
8. Clear, descriptive vocabulary usage				
9. Gives directions				

H. MOTIVATION/ENGAGEMENT

Skill	Not applicable/ developmentally inappropriate	No Concern	Mild Concern (Bottom 30% of the classroom)	Significant Concern (Bottom 10% of the classroom)
1. Attends class regularly/on-time				
2. Participates in class discussions/activities				
3. Seems to enjoy learning new things				
5. Quality of work (e.g., sloppy vs. neat & attempting difficult tasks)				
6. Attentive in class				

I. STUDY SKILLS

Skill	Not applicable/ developmentally inappropriate	No Concern	Mild Concern (Bottom 30% of the classroom)	Significant Concern (Bottom 10% of the classroom)
1. Completes homework				
2. Corrects her/his own work				
3. Finishes work by due dates				
4. Organizational skills (e.g., notebooks & calendars)				
5. Preparation for class (e.g., pencil, paper, & books)				
6. Home study support				
8. Prepares for tests				

J. SOCIAL/BEHAVIORAL SKILLS

Skill	Not applicable/ developmentally inappropriate	No Concern	Mild Concern (Bottom 30% of the classroom)	Significant Concern (Bottom 10% of the classroom)
1. Works/plays appropriately with peers				
2. Accepts correction/criticism from teacher and attempts to improve				
3. Follows classroom rules/routines				
4. Awareness of nonverbal social cues				
5. Attempts new tasks and activities				
6. Establishes friendships within class				
7. Discipline/suspension/conduct issues				

K. MOTOR SKILLS

Skill	Not applicable/ developmentally inappropriate	No Concern	Mild Concern (Bottom 30% of the classroom)	Significant Concern (Bottom 10% of the classroom)
1. Age appropriate muscle tone				
2. Coordination/balance				
3. Throwing/kicking skills				
4. Cutting/pasting skills				
5. Self-care skills (e.g., buttoning, tying, using utensils, etc.)				
6. Tracing/Pre-writing/Writing				

L. ADAPTIVE SKILLS

Skill	Not applicable/ developmentally inappropriate	No Concern	Mild Concern (Bottom 30% of the classroom)	Significant Concern (Bottom 10% of the classroom)
1. Daily Living Skills(eating, dressing, grooming, toileting, hygiene/personal safety)				
2. Socialization Skills(interaction with others, conformity to social/cultural expectations)				
3. Self-Direction (dependability, responsibility, personal initiative)				

Additional comments (*if necessary*)

**If the checklist was completed by multiple staff members, please specify the sections each informant completed*

Completed by: _____

Date: _____