NCA 2024-2025 Request for Academic Assistance

Please complete and return to __Amanda Norkoli__. This information will be reviewed by members of the Student Success Team and you will be contacted for follow-up.

Date: **Student:**

Grade: **Referring Staff:**

Best time to contact you for follow-up:

Are you looking for new ideas/strategies to address your concerns?   ● **YES**   ● **NO**

Indicate Academic Area(s) of Concern:

● Math Computation	● Work Accuracy/ quality	● Reading
● Math Concepts/ Application	● Following oral instructions	● Written Expression
● Following written instructions	● Listening comprehension	● Spelling
● Oral Expression	● Other:	

Describe primary concern:

Baseline Data: Submit Supporting evidence/data relevant to your concern (e.g., screening results, work samples, classroom assessments, etc).

Reading Data			
Acadience Benchmark Measure	**Most Recent Score**	**Current Benchmark Goal**	**End of the Year Benchmark Goal**
Composite Score			
FSF			
PSF			
NWF-CLS			
NWF-WWR			
DORF Words Correct			
DORF Accuracy			
Retell			
Retell Quality			
Progress Monitoring	**Last 4 Scores**	**Result**	
Measure:		• Meeting/ Exceeding Aimline	• Below Aimline at least 4 consecutive. weeks

Pathways of Progress: *Student is making progress that is considered...*		
• Well above typical	• Typical	• Well below typical
• Above typical	• Below typical	

NWEA MAP Reading		
Student RIT:	District Grade-Level Mean RIT:	Norm Grade Level Mean RIT:

Additional Notes:

Math Data		
NWEA MAP Math		
Student RIT:	District Grade-Level Mean RIT:	Norm Grade Level Mean RIT:

Additional Notes:

Classroom Assessments	Subject:
Last 3 Test Scores:	Class range of test scores:
Student's Test Avg:	Classwide Avg:
Student's Current Grade:	Accommodations and/or Modifications used? **Y / N**

Homework Activities (e.g., practice worksheets, reading assignments, etc.)	
% Completed:	Describe Work Quality:
Homework Avg:	

Home/School Partnership	Yes	No	Not Applicable
Letters signed/returned			
Assignment book signed/returned			
Weekly Reading			
Spelling			
Other:			

Additional Notes:

Indicate Preliminary Problem-Solving Steps You Have Taken:

Action	Date(s):	Result/Outcome:		
1. Reviewed CA-60		Passed Vision screening? **Y / N**	Passed Hearing screening? **Y / N**	Known physical/medical problems? **Y / N**
		S.I.T. Folder on file? **Y / N** (If *Yes*, specify in next step)	Retained? **Y / N**	Acceptable Attendance? **Y / N** (10+ per yr)
		Other Important Info:		
2. Implemented prior Intervention Plan on file		• Academic plan targeting _ _ _ _ _ _ _ _ _ _ _ _ _ Progress? **Y / N**　　Follow-up Needed? **Y / N**		
		• Behavior plan targeting _ _ _ _ _ _ _ _ _ _ _ _ _ Progress? **Y / N**　　Follow-up Needed? **Y / N**		
3. Consulted with other school staff		Describe attempted solution:		
4. Contacted Parent		Describe attempted solution:		

Additional Notes:

Check Interventions in Place:

Tier I: The classroom teacher gives additional, individualized, evidenced-based academic support to the students beyond that provided in core/universal instruction (e.g., differentiated instruction).		
• Differentiated instruction • Extra Drill and practice • Monitor assignments • Student restates information • Word Bank	• Immediate feedback • Pictures/Charts • Oral/visual reminders • Concrete Examples • Manipulatives	• Pre-teach content • Review directions • Study partners • Display key vocabulary • Number lines/models
Tier II: Additional direct, explicit, intervention/instruction strategically targets the area(s) of academic deficit; intervention is evidence-based and implemented with fidelity.		
• If group-based, all students enrolled in an intervention group have a shared intervention need that can reasonably be addressed through the group instruction/intervention provided. • Occur a minimum of 3-5 times/week in sessions of 30 minutes or more. • Group size ≤ 7 students • Specific Program/Strategy:		
Tier III: Intervention/Instruction intensively targets the skill deficit.		
• Group size ≤3 students • Occur daily in sessions of 30 minutes or more.		