

This form is designed to document and approve retaining probes in easyCBM. Please answer all questions below, leaving no blanks. This form *must* be completed by the designated RTI<sup>2</sup> Lead for your school. Any request submitted by other staff members will be returned. Incomplete request forms will be sent back to the RTI<sup>2</sup> Lead. Your request will be processed within 24-48 hours. Please submit this completed document to rti2@scsk12.org, making sure to cc your RTI<sup>2</sup> Advisor.

RTI<sup>2</sup> Lead Name \_\_\_\_\_ School\_\_\_

- 1. Date the student(s) data was discussed with the data team:
- 2. Data team members/roles present during this discussion:

	Name		Level	Instructional Level/Skill Deficit	Identify if ESL or SPED	Office Use Only
<b>Villiams</b>	Ashley	1/23/2000	4 <sup>th</sup>	3 <sup>rd</sup> /PRF		
	Villiams	Villiams Ashley	Villiams Ashley 1/23/2000   Villiams Ashley 1/23/2000   Image: Image of the system Image of the system Image of the system   Image of the system Image of the system Image of the system   Image of the system Image of the system Image of the system   Image of the system Image of the system Image of the system   Image of the system Image of the system Image of the system   Image of the system Image of the system Image of the system   Image of the system Image of the system Image of the system   Image of the system Image of the system Image of the system   Image of the system Image of the system Image of the system   Image of the system Image of the system Image of the system   Image of the system Image of the system Image of the system Image of the system   Image of the system Image of the system Image of the system Image of the system Image of the system   Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system   Image	Villiams Ashley 1/23/2000 4 <sup>th</sup> Villiams Ashley 1/23/2000 4 <sup>th</sup> Image: I		

RTI <sup>2</sup> Advisor Approval:	Office Use Only 	Date:
Electronic Signature:		
Comments:		



Please fill in all blanks below. Your request will be processed within 24-48 hours

School Name:\_\_\_\_\_

Date: \_\_\_\_\_

Employee Last Name	Employee First Name	SCS Email Address	Position	Username Office Use Only	Password Office Use Only