

Every Student Matters, Every Moment Counts

Morton School District #214

PO Box 1219 Morton, WA, 98356

P: 360-496-5300 F: 360-496-5399

www.morton.k12.wa.us

Morton Jr/Sr High School

152 Westlake Avenue P: 360-496-5137 F: 360-496-6035

Morton Intermediate School

152 Westlake Avenue P: 360-496-5137 F: 360-496-6035

Morton Elementary School

400 Main Avenue

P: 360-496-5143 F: 360-496-0327

ATTACHMENT A-1: RESOURCE MANAGEMENT TEAM (RMT)

Referral Form

Student:		DOB:	Grade:
Referred by:		Date of Request:	
Area(s(of Concern: Check	all that apply		
Academic area(s) of conce	ern:		
Behavioral area(s) of cond	cern:		
☐ Reading Skills	☐ Reading Fluency	☐ Math Calculation	☐ Focus, Paying Attention
Reading Comprehension	☐ Written Expression	☐ Math Problem Solving	☐ Peer Interaction
☐ Oral Expression	☐ Listening Comprehension	☐ Bullying, Aggression	☐ Social/Emotional Skills
Description of concern(s)	in detail:		

What are the student's work-related behaviors? (Time on task, Work completion, Attention level, etc.)

The Morton School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Title IX Coordinator/ADA Coordinator/Civil Rights Compliance Coordinator and Superintendent John Hannah, 152 Westlake Avenue, Morton, WA, 98356, 360-496-5300, jhannah@morton.k12.wa.us, or Section 504 Coordinator Becky Brooks, 152 Westlake Avenue, Morton, WA, 98356, 360-496-5137, bbrooks@morton.k12.wa.us.

escribe the outcome de	esired:			
st the interventions of	romentod/nuovidod oo fo			
the interventions at	tempted/provided so far		.	T 1.1
Academic Area	Intervention	Duration (Weeks)	Frequency (Times per week)	Intensity (Minutes per session)
		(vvecks)	(Times per week)	(Williates per session)
				_
ould you like an obser	vation by the Counselor	/Director of Student	Services or an administra	tor before the RMT
eeting?	,			-
☐ Yes	□ No			

Current student strengths:				
indicate the dates of narent co	ontact made in regards to these issues:			
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