

APPENDIX V – 112

### MTSS School Team Meeting

#### Section A: Student Information

Student:	SAIS #:	Date of Birth:
School:	Grade Level:	Meeting Date:
Ethnicity:	Primary Language:	

Parent /Guardian Name: \_\_\_\_\_ Date of Contact: \_\_\_\_\_ Method of contact: \_\_\_\_\_  
 Summary of discussion(s):

#### Section B: Intervention Results Discussion

Student has been at:  Tier 1  Tier 2

Did progress monitoring indicate response to the intervention, improvement in behavior or growth on skill?  Yes  No

If Yes:  Continue with current intervention plan?  Revise Plan?  Return to less intensive intervention/support?

**Comments and summary of discussion**

**If minimal progress based on data** consider move to more Intensive Intervention **Additional diagnostic assessments may be needed as part of the intervention process**

#### Section C: Tier 2 Tier 3 Planned Targeted Academic/ Behavior Intervention

Date started	Targeted Skill	Intervention/Method	Frequency (minutes/# days per week)

**Goal statement** (Specific, Measurable, Attainable, Realistic and Time bound)

**Section D:**  Tier 2  Tier 3 **Intervention Data to be collected (minimum 6 data points )**

**Progress Monitoring Measure:**

**If possible attach graph with Aim line and goal**

<b>Date</b>										
<b>Score/result</b>										
<b>Peer comparison</b>										

**Comments:**

**MTTS Team Member Attendance**

<b>Print Name</b>	<b>Signature</b>	<b>Meeting Date</b>
Administrator/ Designee		
LSC/ MTSS Coordinator		
Classroom Teacher		
Parent/Guardian		