

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

Date										
Score/result										
Peer comparison										

Comments:

MTTS Team Member Attendance

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