

Mead Learning Options- MTSS TEAM

Student's Name: _____ Referred By: _____ Date: _____

DOB: _____ Grade: _____ IEP: Y N 504: Y N ELL/ML: Y N Parent Request: Y N

Gathering Information: <input type="checkbox"/> Cumulative File <input type="checkbox"/> Behavioral Data if needed <input type="checkbox"/> Attendance data <input type="checkbox"/> Classroom Assessments <input type="checkbox"/> Work samples from class and home <input type="checkbox"/> Prior supports <input type="checkbox"/> What kind of data are you keeping? <input type="checkbox"/> Online program data (Ixl, Lexia, RAZ, etc) <input type="checkbox"/> MAP-add scores to pg 3 and bring a copy (be sure to include the growth graph) <input type="checkbox"/> Dibels/MAZE-add scores to pg 3 and bring a student report.	Communicated with: <input type="checkbox"/> Previous years Teacher <input type="checkbox"/> Supervising Paras/LDE's <input type="checkbox"/> Interventionists <input type="checkbox"/> Social Worker <input type="checkbox"/> PLC Groups <input type="checkbox"/> Parents	What is their school history, current situation, and curriculum used at home? <input type="checkbox"/> Traditional Public School <input type="checkbox"/> Partnership/Co-Op <input type="checkbox"/> Homeschool only <input type="checkbox"/> List curriculum being used at home-
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Student Strengths & Interests: Social & Academic	Triggers:	Behaviors:	Other:
List here:	<input type="checkbox"/> Refusal <input type="checkbox"/> Sensory Needs <input type="checkbox"/> Peer Conflict <input type="checkbox"/> Redirection	<input type="checkbox"/> Aggressive <input type="checkbox"/> Non-compliant <input type="checkbox"/> Poor attention, focus <input type="checkbox"/> Work completion <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disruptive <input type="checkbox"/> Poor attendance	

1. Check the areas of concern:

Academic	Communication	Health	Social /Adaptive	Behavioral Concerns
<input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Spelling <input type="checkbox"/> Written Language <input type="checkbox"/> Writing Samples <input type="checkbox"/> Study skills	<input type="checkbox"/> Language <input type="checkbox"/> Fluency <input type="checkbox"/> Articulation <input type="checkbox"/> Voice <input type="checkbox"/> ELL/ML	<input type="checkbox"/> Visual acuity <input type="checkbox"/> Visual tracking <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Seizures <input type="checkbox"/> Medication <input type="checkbox"/> Gross Motor <input type="checkbox"/> Fine motor <input type="checkbox"/> Hygiene	<input type="checkbox"/> Trauma <input type="checkbox"/> Personal loss <input type="checkbox"/> Anxiety <input type="checkbox"/> Peer relationships <input type="checkbox"/> Adult relationships <input type="checkbox"/> Family dynamics <input type="checkbox"/> Housing <input type="checkbox"/> Life Skills	

2. Check the Strategies tried so far & CIRCLE those that were effective: (*Note duration of strategy implementation)

General	Modify Presentation/Curriculum/Homework	Modify Expectations	Other:
<input type="checkbox"/> Scaffold lessons <input type="checkbox"/> Peer Tutoring <input type="checkbox"/> Change seating arrangement <input type="checkbox"/> Positive Reinforcement (ex. behavior chart) <input type="checkbox"/> Provide quiet space <input type="checkbox"/> Allow breaks <input type="checkbox"/> Alternative work space <input type="checkbox"/> Consequences	<input type="checkbox"/> Pre-teach <input type="checkbox"/> Give extra practice <input type="checkbox"/> Guided practice <input type="checkbox"/> Change pacing/give more time <input type="checkbox"/> Change task size/reduce work <input type="checkbox"/> Variety of materials (ex. calculator, visuals, manipulatives, computer) <input type="checkbox"/> Increase instructional time <input type="checkbox"/> Differentiate instruction to student ability <input type="checkbox"/> Change instruction	<input type="checkbox"/> Individual product <input type="checkbox"/> Make it easier <input type="checkbox"/> Give more time <input type="checkbox"/> Tutor/mentor <input type="checkbox"/> Alternative response <input type="checkbox"/> Emphasize quality over quantity <input type="checkbox"/> Open note assessments <input type="checkbox"/> Allow retakes <input type="checkbox"/> Reduce amount of work	

To be completed by Classroom Teacher:

People I wish to invite to the MTSS meeting:

Parents have been contacted by phone, conference, email, on: Date(s) _____

My level of communication with parents has been: Daily Weekly Monthly As needed

Parents level of support: High Medium Low

What do you hope to gain from this meeting?

- Suggestions/Support Other Tier II Interventions Behavior Plan SPED referral LAP Support (K-5)
 504 Plan Other:

Any other concerns not asked previously?

Completed by a variety of staff

Medical Information

Medications

Vision/Hearing

Medical Conditions

Attendance (reason if known) Days Absent _____ Tardies _____

Reading Assessment	
MAP Score Reading	
Percentile	
Growth	
Map Score Math	
Percentile	
Growth	
DIBELS	

Please return form to Tess Baldwin or Savannah Maxwell for scheduling at the MTSS team meeting.