

MTSS Form

Intake meeting: MTSS coordinator is to complete this form once a referral is completed.

Please circle all that apply:

Referral is for: Academic, Behavior, Social/Emotional

Name of Student		School	
Student DOB		Grade	
Referring Staff		504 plan	
MTSS Coordinator		Foster Youth	
Test Scores ELA/Math		Teacher who referred	
Counselor		Parent/Guardian	
Date of Referral		Contact Number	

Notes during Parent Contact Date/Time:

<p>Student Strengths:</p>
<p>Student Concerns:</p>

Check Areas of Concern:

<ul style="list-style-type: none"> <input type="radio"/> Reading <input type="radio"/> Math <input type="radio"/> Study Skills <input type="radio"/> Organization <input type="radio"/> Work Completion <input type="radio"/> Participation <input type="radio"/> Other: 	<ul style="list-style-type: none"> <input type="radio"/> Non-Compliant <input type="radio"/> Inappropriate Language <input type="radio"/> Aggression <input type="radio"/> Attendance/tardy <input type="radio"/> Disrespect <input type="radio"/> Disruptive <input type="radio"/> Other: 	<ul style="list-style-type: none"> <input type="radio"/> Anxious/Worried <input type="radio"/> Health Concerns <input type="radio"/> Substance use/abuse <input type="radio"/> Sadness/unhappy <input type="radio"/> Social skills <input type="radio"/> Peer conflict <input type="radio"/> Self-harm <input type="radio"/> Withdrawn <input type="radio"/> Other:
---	---	--

Please explain time and frequency of the behaviors that are of concern:

Interventions attempted prior to referral:

Academic

Behavior

Social/Emotional

<ul style="list-style-type: none"> ○ Preferential Seating ○ Pairing students to work ○ Peer Tutoring ○ Extra time to complete tasks ○ Providing an assignment log ○ Breaking up presentations into smaller segments ○ Cueing student to stay on task ○ Making sure directions are understood ○ Standing near the student during directions ○ Use mild, consistent consequences ○ Goal setting ○ Individual contract ○ Keeping classroom rules simple and clear ○ Support with organization <p>Other:</p>	<ul style="list-style-type: none"> ○ Praising good behavior ○ Expectations are clear and referenced frequently ○ Teacher proximity ○ Student/teacher conference ○ Seat changes ○ Calling home ○ Goal setting ○ Behavior support plan created <p>Other:</p>	<ul style="list-style-type: none"> ○ Support with developing self-awareness ○ Opportunities to develop relationship skills ○ Support with making responsible decisions ○ Referral to the counseling department ○ Positive greetings at the door <p>Other:</p>
--	--	--

MTSS Coordinator Data Cycle 1: This will include six weeks of meetings and check-in's.

Week 1 Start date _____:	Goals:	Notes:
Week 2:	Goal Progress:	Notes:
Week 3:	Goal Progress:	Notes:
Week 4:	Goal Progress:	Notes:
Week 5:	Goal Progress:	Notes:
Week 6 end date _____:	Goal Progress:	Notes:
<p>Next Steps:</p> <ul style="list-style-type: none"> ○ Exceeding/Improving: Release student and monitor periodically ○ Some progress: Begin new monitoring cycle ○ No improvement: Schedule SST #1 		

SST#1 Preparation Meeting: This meeting should be held with staff prior to the parent meeting.

Strengths	Concerns	Recommendations

Notes/other information:

Team Recommendations for the Parent SST:

Full SST #1 Meeting:

Parent/Guardian and Student Questions, Concerns, Notes:

Plan/Next Steps:

MTSS Coordinator Data Cycle 2: This will include six weeks of meetings and check-in's.

Week 1 start date _____:	Goals:	Notes:
Week 2:	Goal Progress:	Notes:
Week 3:	Goal Progress:	Notes:
Week 4:	Goal Progress:	Notes:
Week 5:	Goal Progress:	Notes:
Week 6 end date _____:	Goal Progress:	Notes:
Next Steps: <ul style="list-style-type: none">○ Exceeding/Improving: Release student and monitor periodically○ Limited Progress/No improvement: Schedule SST #2		

SST#2 Preparation Meeting: This meeting should be held with staff prior to the parent meeting.

Strengths	Concerns	Recommendations

Notes from the meeting held with the administration team to determine additional meeting participants needed for the full SST:

Notes/other information:

Team Recommendations for the Parent SST:

Full SST #2 Meeting:

Parent/Guardian and Student Questions, Concerns, Notes:

Plan/Next Steps:

- Ed Options Referral Completed
- Special Education Referral Completed
- Nexus Referral Completed

Other: