

Taylor County School District MTSS Procedures and Checklists

MTSS Members Include: Administrator, Guidance Counselor, Teachers, Academic Coach, MTSS Coordinator, Psychologist (if behavior related)

Tier 1/2

Prior to MTSS meeting, collect the following documents:

- Teacher Input
- Intervention documentation
- District/State Assessment Results
- Grades
- Work Samples

Tier 3

Prior to MTSS meeting, collect the following documents

- Progress Reports
- Attendance
- Parent Conferences
- Sensory Screening
- Tier 2 Intervention Data
- Parent Invitation

Tier 3 Checklist

During Meeting

- Meeting Summary
- Explanation of MTSS Process/Brochure
- Teacher Documents
- Tier 3 Intervention Plan
- Provide Intervention Plan to teacher/parent
- Functional Behavior Assessment (if needed)
- Schedule Follow Up Meeting

After the Meeting

- Observations (2)
- Teacher Input

Follow Up Conference

- Review Observations, intervention plan, data and teacher input
- Review progress monitoring after interventions were implemented
- Team Decision
 - Continue tier 3
 - Discontinue Tier 3 and monitor progress
 - Obtain consent for ESE Evaluation

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Student Records Review

Student: _____ **Grade:** _____ **DOB:** _____ **School:** _____

Support Services	Grade/School Year		Other Indicators	Grade/School Year
ESE			Retention	
ESOL			Good Cause Exemption	
504 Plan			PMP(AIP)	

Sensory Screenings	Vision: Date _____ Passed <input type="checkbox"/> Failed <input type="checkbox"/> Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing: Date _____ Passed <input type="checkbox"/> Failed <input type="checkbox"/> Hearing Aid/Cochlear: <input type="checkbox"/> Yes <input type="checkbox"/> No Speech: Date _____ Passed <input type="checkbox"/> Failed <input type="checkbox"/> <input type="checkbox"/> Enrolled Language: Date _____ Passed <input type="checkbox"/> Failed <input type="checkbox"/> <input type="checkbox"/> Enrolled																																																						
Attendance History (Attach copy of entry/withdrawal screen if mobility is a concern)	Year: _____ Absences: _____ Tardies: _____ Percentage Attended _____ Year: _____ Absences: _____ Tardies: _____ Percentage Attended _____																																																						
Medical Concerns	(Physical health, Allergies, medications, etc.) _____ _____ _____																																																						
Family Information	Developmental Information form completed? <input type="checkbox"/> NO <input type="checkbox"/> YES Date: _____ Family dynamics, changes in family structure, disruption of family supports, history of learning disabilities in family, etc. _____ _____																																																						
Achievement Data	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>iReady Math</th> <th>iReady Reading</th> <th>STAR Math</th> <th>STAR Reading</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Date</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Scaled Score</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Grade Equivalent</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Percentile Rank</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th></th> <th colspan="2">FSA ELA</th> <th>FSA Math</th> <th>FSA Science</th> <th>Other</th> </tr> <tr> <td>Date</td> <td colspan="2"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Scaled Score</td> <td colspan="2"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Achievement Level</td> <td colspan="2"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		iReady Math	iReady Reading	STAR Math	STAR Reading	Other	Date						Scaled Score						Grade Equivalent						Percentile Rank							FSA ELA		FSA Math	FSA Science	Other	Date						Scaled Score						Achievement Level					
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Disciplinary Actions	Referrals: _____ Primary Reason for Referrals: _____ _____																																																						
Psychological Data	Psychoeducational Evaluation Date: _____ Additional Information: _____ _____ _____																																																						
Functional Behavior Assessment/Positive Behavior Intervention Plan	FBA: Date _____ PBIP: Date _____																																																						

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Meeting Summary

Student: _____ Teacher: _____ Grade: _____ Date: _____

Concern: Reading Math Behavior

Progress with interventions: _____

Data Review

	1 st 9 weeks	2 nd 9 weeks	3 rd 9 weeks	4 th 9 weeks
Language Arts				
Math				

Notes/Update/Concerns: _____

Next Steps: _____

Continue Current Interventions Implement Additional Interventions Refer for Further Evaluation

Date of Next Meeting: _____

Signature

Title

Date

Parent in Attendance: YES No

If parent is not in attendance: Notes sent: By student By Mail