FORMS

Date: _____

School Year: _____

Referral Form

Student's Name:_____   Campus:_____

DOB:_____ Age:_____ Gender: M/F Grade:_____ Teacher:_____

1st Parent Contact Date: _____ □Conference □Telephone □Note □E-mail

2nd Parent Contact Date: _____ □Conference □Telephone □Note □E-mail

Parents: Name: _____   Phone #:_____

Reason for referral: □Academics □Absences (#__) □Behavioral □Office Referrals (#__)

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1. **Vision and Hearing Screening:** Date:_____   Vision: □Passed □Failed
   (Nurse signature :_____)   Hearing: □Passed □Failed

2. **Home Language Survey:** ESL (LEP/EEL) student: □No □Yes (Primary language _____)

3. **Student's Educational/Developmental Performance Levels:** (attach if needed)

□ Current Report Card / Progress report Grades:

6 weeks	Reading	Math	Writing	S.S. / Science

□ TPRI: Scores_____

□ STAAR   Reading:_____   Math_____ Writing_____ Science_____

□STAR Reading   Grade Equivalent:_____   ZPD:_____

□Benchmarks   Reading:_____   Math_____ Writing_____ Science_____

Prior Special Ed Referral: □Yes   □No

Prior Retention: □Yes   □No

Prior Districts □Yes   □No   # of other Districts_____

Services Provided: □Speech   □Dyslexia   □Resource   □Tutorials □ESL □Learning Lab □Counseling □Other_____

Date: _____

School Year: _____

Please describe the specific concerns prompting this referral. What makes this student difficult to teach? List any academic, social, emotional, or medial factors that negatively impact the student's performance.

_____

_____

_____

_____

How do this student's academic skill compare with those of an average student in your classroom?

_____

_____

_____

In what setting/situation does the problem occur *MOST* often?

_____

In what setting/situation does the problem occur LEAST often?

_____

What are the student's strengths, talents, and/or specific interests?

1.)_____ 2.)_____ 3.)_____

What would be the best time to observe the student having the difficulties that you describe above?

	Intervention used in TIER I	(Circle one)		How Often		
		Successful (S)	Unsuccessful (US)	Daily	Weekly	Monthly
1		S	US			
2		S	US			
3		S	US			
4		S	US			
5		S	US			

Date: _____

School Year: _____

TIER I Intervention Summary

*(Below portion is to be completed **DURING** Tier I meeting)*

MTSS Progress Determination Summary:
(To be determined after meeting agenda is complete)

The student progress is:

□Significant Progress   □ Minimal Progress   □No Progress   □Regressed

Action recommended: *(check all that apply)*

	Continue providing current Tier I interventions
	Tier II: Identify interventions to be implemented and Progress-Monitoring will continue.
	Referral for Dyslexia Assessment
	Referral to 504 Committee for evaluation
	Referral to Special Education for evaluation
	Other:_____

Tier II interventions: *(if applicable)*

Interventions	Frequency / Duration

Committee Signatures:

Name / Position	Signature
Principal	
School Counselor	
Teacher	
Teacher	
Other:_____	

Date: _____

School Year: _____

TIER II Intervention Summary

Student's Name:_____ **Teacher:** _____ **Grade:**___

Results of current interventions:

Area of concern	Current Intervention	Results

MTSS Progress Determination Summary:
(To be determined after meeting agenda is complete)

The student progress is:

☐Significant Progress   ☐ Minimal Progress   ☐No Progress   ☐Regressed

Action recommended: *(check all that apply)*

	No further action: The student has made sufficient progress.
	Continue providing Tier II interventions
	Provide Tier III Intervention
	Referral for Dyslexia Assessment
	Referral to 504 Committee or Special Education for Evaluation
	Other:_____

New intervention: *(if applicable)*   **TIER:** _____

Intervention	Frequency / Duration

Committee Signatures:

Name / Position	Signature
Principal	
School Counselor	
Teacher	
Teacher	
Other:_____	

Date: _____

School Year: _____

TIER III Intervention Summary

Student's Name:_____ **Teacher:** _____ **Grade:**____

Results of current interventions:

Area of concern	Current Intervention	Results

MTSS Progress Determination Summary:
(To be determined after meeting agenda is complete)

The student progress is:

☐Significant Progress ☐ Minimal Progress ☐No Progress ☐Regressed

Action recommended: *(check all that apply)*

	No further action: The student has made sufficient progress.
	Continue providing Tier III interventions
	Referral for Dyslexia Assessment
	Referral to 504 Committee or Special Education for Evaluation
	Other:_____

New intervention: *(if applicable)* TIER: _____

Intervention	Frequency / Duration

Committee Signatures:

Name / Position	Signature
Principal	
School Counselor	
Teacher	
Teacher	
Other:_____	

*Data is to be collected **PRIOR** to MTSS meeting (Indicate TIER data was collected)*
TIER I___ TIER II___ TIER III___

Additional Academic Areas Data Collection Sheet

Student: _____   Teacher:_____

Grade:_____   School Year:_____

Additional Academic Concerns Data:

Targeted Area *Indicate area of concern in this column*	Interventions	Frequency *(circle one used)*	Input **Scores** from corresponding assessment below:					
		Daily Weekly Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
		Daily Weekly Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
		Daily Weekly Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
		Daily Weekly Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
		Daily Weekly Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
		Daily Weekly Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____

*Data is to be collected **PRIOR** to MTSS meeting (Indicate TIER data was collected)*
TIER I____ TIER II____ TIER III____

MATH Data Collection Sheet

Student: _____   Teacher:_____
Grade:_____   School Year:_____

Math Data:

Targeted Area *Indicate area of concern in this column*	Interventions	Frequency *(circle one used)*	Input **Scores** from corresponding assessment below:					
Math Concepts		Daily / Weekly / Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
Math Computation		Daily / Weekly / Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
Other: _____		Daily / Weekly / Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
Other: _____		Daily / Weekly / Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
		Daily / Weekly / Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
		Daily / Weekly / Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____

*Data is to be collected **PRIOR** to MTSS meeting (Indicate TIER data was collected)*
TIER I___ TIER II___ TIER III___

READING Data Collection Sheet

Student: _____ Teacher:_____
Grade:_____ School Year:_____

Reading Data:

Targeted Area *Indicate area of concern in this column*	Interventions	Frequency *(circle one used)*	Input **Scores** from corresponding assessment below:					
Phonemic Awareness		Daily Weekly Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
Phonics		Daily Weekly Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
Fluency		Daily Weekly Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
Vocabulary		Daily Weekly Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
Comprehension		Daily Weekly Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
Writing		Daily Weekly Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
Other: _____		Daily Weekly Other:_____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____

Grades PK-1 – TEACHER Survey

Student Name: _____ **Grade:** ____ **Date:** _____

Teacher Name: _____

***Thinking/reasoning/understanding are untouched. Dyslexia, above all, is the UNEXPECTED difficulty with language in relation to other cognitive abilities despite conventional instruction, adequate intelligence, and sociocultural opportunity.**

Survey Instructions: Read each behavior below and indicate if the behavior is an UNEXPECTED problematic area, Not a Concern, or if behavior has not been observed.

UNEXPECTED Problematic area	_Not a Concern_	_Not observed_	_Behavior_
			Delay in learning to talk
			Difficulty with rhyming
			Difficulty pronouncing words (e.g. "pusgetti" for "spaghetti", "mawn lower" for "lawn mower"
			Poor auditory memory for nursery rhymes and chants
			Difficulty in adding new vocabulary words
			Inability to recall the right word (word retrieval)
			Trouble learning and naming letters and numbers and remembering the letters in his/her name
			Aversion to print (e.g. doesn't enjoy following along if book is read aloud)
			Difficulty breaking words into smaller parts (syllables) (e.g. "baseball" can be pulled apart into "base" and "ball")
			Difficulty in manipulating sounds in syllables (e.g. ""man" sounded out as "/m/ /a/ /n/)"
			Difficulty remembering the names of letters and recalling their corresponding sounds
			Difficulty decoding single words (reading single words in isolation)
			Difficulty spelling words the way they sound (phonetically) or remembering letter sequences in very common words seen often in print (e.g. "sed" for "said")

	YES	NO
**In your opinion**, are the above mentioned characteristics _UNEXPECTED_ in relation to the student's other cognitive abilities?		
Does the student lack appropriate academic progress?		
Based on student performance, does the student have average or above cognitive ability?		
Has the student received instruction with interventions? **If the student has received interventions please list below:		
Intervention: _____ — _____ — _____ —		

Signature: _____   Date:_____

2nd Grade through 6th Grade – TEACHER Survey

Student Name: _____   **Grade:** ____   **Date:** _____

Teacher Name: _____

***Thinking/reasoning/understanding are untouched. Dyslexia, above all, is the UNEXPECTED difficulty with language in relation to other cognitive abilities despite conventional instruction, adequate intelligence, and sociocultural opportunity.

Survey Instructions: Read each behavior below and indicate if the behavior is an UNEXPECTED problematic area, Not a Concern, or if behavior has not been observed.

UNEXPECTED Problematic area	Not a Concern	Not observed	Behavior
			Difficulty recognizing common sight words (e.g., "to," "said," "been")
			Difficulty decoding single word
			Difficulty recalling the correct sounds for letters and letter patterns in reading
			Difficulty connecting speech sounds with appropriate letter or letter combinations and omitting letters in words for spelling (e.g., "after" spelled "eftr")
			Difficulty reading fluently (e.g., slow, inaccurate, and/or without expression)
			Difficulty decoding unfamiliar words in sentences using knowledge of phonics
			Reliance on picture clues, story theme, or guessing at words
			Difficulty with written expression
			Difficulty reading aloud (e.g., fear of reading aloud in front of classmates)
			Avoidance of reading (e.g., particularly for pleasure)
			Acquisition of less vocabulary due to reduced independent reading
			Use of less complicated words in writing that are easier to spell than more appropriate words (e.g., "big" instead of "enormous")
			Reliance on listening rather than reading for comprehension

Page 2 - 2ⁿᵈ Grade through 6ᵗʰ Grade – TEACHER Survey

	YES	NO
In your opinion, are the above mentioned characteristics _UNEXPECTED_ in relation to the student's other cognitive abilities?		
Does the student lack appropriate academic progress?		
Based on student performance, does the student have average or above cognitive ability?		
Has the student received instruction with interventions? **If the student has received interventions please list below:		
Intervention: _____ ___ _____ ___ _____ ___		

Signature: _____   Date:_____

Middle and High School – TEACHER Survey

Student Name: _____   **Grade:** _____   **Date:** _____

Teacher Name: _____

***Thinking/reasoning/understanding are untouched. Dyslexia, above all, is the UNEXPECTED difficulty with language in relation to other cognitive abilities despite conventional instruction, adequate intelligence, and sociocultural opportunity.**

Survey Instructions: Read each behavior below and indicate if the behavior is an UNEXPECTED problematic area, Not a Concern, or if behavior has not been observed.

UNEXPECTED Problematic area	Not a Concern	Not observed	Behavior
			Difficulty with volume of reading and written work
			Frustration with the amount of time required and energy expended for reading
			Difficulty with written assignments
			Tendency to avoid reading (particularly for pleasure)
			Difficulty learning a foreign language
			***Many of the characteristics of younger students with dyslexia remain problematic, including difficulties with recognizing words in isolation, decoding, fluency (rate or accuracy), and/or spelling.

	YES	NO
In your opinion, are the above mentioned characteristics _UNEXPECTED_ in relation to the student's other cognitive abilities?		
Does the student lack appropriate academic progress?		
Based on student performance, does the student have average or above cognitive ability?		
Has the student received instruction with interventions? **If the student has received interventions please list below:		
Intervention: _____ —		

Signature: _____   Date:_____

PARENT Dyslexia Survey – Grades K- 12

Student Name: _____ **Grade:** ____ **Date:** _____

Person Completing Survey: _____ **Relation to Student:** _____

***Thinking/reasoning/understanding are untouched. Dyslexia, above all, is the UNEXPECTED difficulty with language in relation to other cognitive abilities despite conventional instruction, adequate intelligence, and sociocultural opportunity.**

**Survey Instructions:** Read each behavior below and indicate if the behavior is an UNEXPECTED problematic area, Not a Concern, or if behavior has not been observed.

Student Primary Behaviors (All grade levels):

UNEXPECTED Problematic area	Not a Concern	Not observed	Behavior
			Delay in learning to talk
			Difficulty with rhyming
			Difficulty pronouncing words (e.g., "pusgetti" for "spaghetti," "mawn lower" for "lawn mower")
			Poor auditory memory for nursery rhymes and chants
			Difficulty in adding new vocabulary words
			Inability to recall the right word (word retrieval)
			Trouble learning and naming letters and numbers and remembering the letters in his/ her name
			Aversion to print (e.g., doesn't enjoy following along if book is read aloud)
			Difficulty breaking words into smaller parts (syllables) (e.g., "baseball" can be pulled apart into "base" "ball" or "napkin" can be pulled apart into "nap" "kin")
			Difficulty identifying and manipulating sounds in syllables (e.g., "man" sounded out as /m/ /?/ /n/)
			Difficulty remembering the names of letters and recalling their corresponding sounds
			Difficulty decoding single words (reading single words in isolation)
			Difficulty spelling words the way they sound (phonetically) or remembering letter sequences in very common words seen often in print (e.g., "sed" for "said")

	YES	No
**In your opinion**, are the above mentioned characteristics _UNEXPECTED_ in relation to the student's other cognitive abilities?		

Signature: _____ Date:_____

(Indicate TIER data was collected) TIER I___ TIER II___ TIER III___

BEHAVIOR Data Collection Sheet

Student: _____ Teacher:_____

Grade:_____ School Year:_____

Behavior Data:

Targeted Area *Indicate area of concern in this column*	Interventions	Frequency *(circle one used)*	Document Results of interventions used based on data or observations of behavior
Behavior / Classroom Management		Daily Weekly Other:_____	
Behavior Action Plan / Positive Behavior Supports		Daily Weekly Other:_____	
Social Skills		Daily Weekly Other:_____	
Character Education		Daily Weekly Other:_____	
Other: _____		Daily Weekly Other:_____	
Other: _____		Daily Weekly Other:_____	
Other: _____		Daily Weekly Other:_____	

MTSS Meeting Agenda / Minutes Page

Student: _____ Grade: _____ Date: _____

Agenda:

- Committee reviews student information/history
- Teacher information
- Review Data / Progress Monitoring
- Other Committee information
- Identify areas of concern
- Identify interventions

Student is currently:

☐Tier I

☐Tier II

☐Tier III

Meeting Minutes:

In Attendance:

-
-
-
-
-
-

Student Information / History:

_____

_____

_____

Teacher Information:

_____

_____

_____

_____

_____

Student: _____ Grade: _____ Date: _____

Review Data / Progress monitoring:

_____

_____

_____

_____

_____

Other information:

_____

_____

_____

Identify Areas of concern:

_____

_____

_____

Identify Interventions:

_____

_____

_____

Minutes written by:_____

Campus: _____ Grade: _____ Six Weeks: _____ Date: _____

MTSS Meeting Roster

Names	Area of Concern				Final Intervention
	Reading	Math	Behavior	Other	
TIER I Students					
1.)					
2.)					
3.)					
4.)					
TIER II Students					
1.)					
2.)					
3.)					
4.)					
TIER III Students					
1.)					
2.)					
3.)					
4.)					

MTSS Meeting Schedule

Six weeks	Intermediate	Elementary
Meeting with all teachers during conference	Sept 9th	Sept 9th
1st 6 weeks	Oct 9th	Oct 2nd
2nd 6 weeks	Dec 4th	Nov 20th
3rd 6 weeks	Jan 22nd	Jan 15th
4th 6 weeks	March 5th	Feb 26th
5th 6 weeks	April 30th	May 1st
6th 6 weeks	May 28th	May 28th

MTSS LOG

Student Name:_____

Gender: <u>M / F</u>   DOB:_____

Parent Name:_____

Phone#:_____

E-mail address:_____

Date	Contact/Meeting	Notes: