RtI Meeting Summary

Student's Name: _____ Grade: _____ Date: _____

School: _____ Teacher: _____

Present concerns: _____

_____
_____
_____
_____

Data Review/Summary of Results: _____

_____
_____
_____
_____
_____

Interventions: (*Provide documentation of results*)

Tier ☐ 2   ☐ 3

Intervention:			
Goal:			
Frequency:		Person(s) Responsible:	
Start Date:		End Date:	
PM Tool:		PM Frequency:	

Tier ☐ 2   ☐ 3

Intervention:			
Goal:			
Frequency:		Person(s) Responsible:	
Start Date:		End Date:	
PM Tool:		PM Frequency:	

Meeting Decisions: """**Pgzv'Oggvkpi 'Fcvg<'**

	Implement Tier 2 interventions
	Problem resolved; Exit
	Progress made but problem not resolved, remain at: Tier 2 Tier 3
	Additional data needed: _____ remain at Tier 2 _____ move to Tier 3 _____ remain at Tier 3
	Inadequate progress made: _____ move to Tier 3 _____ refer to Special Education
	Adequate progress made, move back to Tier 2
	Request screening
	Refer for a 504 Eligibility
	The child's disability requires immediate consideration of special education. (requires psychologist) Specify reason: _____

Team Members Present:

Name	**Title**	**Name**	**Title**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____