

# 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:** "PgzvO ggvpj 'F cw<"

	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:**

<u>Name</u>	<u>Title</u>	<u>Name</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____