

Zach Elementary MTSS-RTI Top 5 Note Taker

* Denotes Required field

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* Date:	Grade Level:
Student Name:	Teacher:

Health and family history (optional)

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-
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Past Grade Level Concerns (optional) Previous RTI concern: No Yes In grades _____

- Student had _____ TLOs in the past in these areas:
-
-
-

*Current Grade Level

*What is the initial concern? I have communicated this concern with parents Yes No

Reading Writing Math Behavior/Social

*What have you tried so far related to the initial concern. (Action taken after this point is recorded under Ongoing Action Steps below)

*What is the desired long-term outcome or goal?

*Other information/Data (Do not modify: add graphs, charts and other documents to Additional Documentation section below)

PLANS: CICO IEP 504 READ This student has a TLO and is in cycle # _____

DIBELS BOY Red Yellow Green

DIBELS MOY Red Yellow Green

DIBELS EOY Red Yellow Green

MAPS Reading	Fall RIT:	%:	MAPS Math	Fall RIT:	%:
	Winter RIT:	%:		Winter RIT:	%:
	Spring RIT:	%:		Spring RIT:	%:

STAR Reading	Date:	%:	STAR Math	Date:	%:
	Date:	%:		Date:	%:
	Date:	%:		Date:	%:

Other Assessment:

Other Assessment:

Record of Ongoing Action Steps

Initiating Date	Action (Set point person and revisit date)	Revisit Date	Result

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Student Name:		Teacher:	
Additional Documentation (insert graphs, work samples, artifacts or other relevant documentation here)			

Once a child has met their goals and is no longer a concern, a PLC based decision can be made to exit the child from the MTSS process. In this case- complete the following exit protocol.

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Exit Protocol		
Prior Concerns (copy and paste from prior concerns above)		Results (indicate how the prior concern has been solved i.e. data, explanation etc.)
Comments:		
Grade Level PLC Decision (please update Melissa)		Comments:
<input type="checkbox"/> 4 wk Transitional TLO	Review date:	
<input type="checkbox"/> 6 wk Transitional TLO	Review date:	
<input type="checkbox"/> 8 wk Transitional TLO	Review date:	
<input type="checkbox"/> Exit from TLO	Date:	

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