



T2 Teacher Team TST Meeting Summary

(Conducted every 4 weeks)

Student Name & MSIS #	Grade:	Current Date: _____
School	Teacher(s)	Weeks in Tier: _____

Summary of Discussion

Student Data Examined: **(Check all that apply)**

<input type="checkbox"/> Attendance YTD _____ <input type="checkbox"/> Current Grades/Classroom Performance <input type="checkbox"/> Universal Screening Data <input type="checkbox"/> Oral Language Assessment <input type="checkbox"/> Other _____	<input type="checkbox"/> DRA Fall _____ Winter _____ Spring _____ <input type="checkbox"/> Current Reading Level (Running Records) _____ <input type="checkbox"/> Tier 2 Progress (Academic – Behavior) <input type="checkbox"/> Behavior/Discipline Records <input type="checkbox"/> Other _____
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Intervention Recommendations: **(Check all that apply)**

<input type="checkbox"/> RCSD Developmental Checklist <input type="checkbox"/> Foundations for Language <input type="checkbox"/> Lively Letters <input type="checkbox"/> Dyslexia Therapy <input type="checkbox"/> Leveled Literacy Intervention <input type="checkbox"/> Let's Talk About It <input type="checkbox"/> Edgenuity (9-12) <input type="checkbox"/> Odysseyware (6-12) <input type="checkbox"/> iReady _____ Reading _____ Math <input type="checkbox"/> Math in Practice <input type="checkbox"/> Math XL <input type="checkbox"/> Other _____	<input type="checkbox"/> Daily Behavior 360 Report Card <input type="checkbox"/> Check In/Check Out <input type="checkbox"/> Check and Connect <input type="checkbox"/> Behavior Chart/Punch Card <input type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Social Skills Training <input type="checkbox"/> Lunch Bunch <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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Recommendations: **(Check all that apply)**

<input type="checkbox"/> Parent Contact: _____ Email _____ Phone _____ Conference <input type="checkbox"/> Begin T2 interventions _____ ELA _____ Math <input type="checkbox"/> Intervention successful/ move back to T1 <input type="checkbox"/> Intervention successful/continue T2 plan <input type="checkbox"/> Intervention not successful/modify intervention <input type="checkbox"/> Student Conference	<input type="checkbox"/> Refer to interventionist for T3 meeting <input type="checkbox"/> Refer to School Counselor <input type="checkbox"/> Other
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Note: By signing, TST members agree that all information discussed pertaining to the TST process will be held in strict confidence. They shall neither contact anyone outside the official function of this TST process nor make any notes or copies of any documents utilized during the process.

Name	Title
	Teacher
	Interventionist
	Administrator
	Counselor
	Other

***A copy of the meeting notes should be turned in to your school interventionist after every 4-week meeting.**