



MSIS Referral and Initial TST Meeting Summary

(You will use this form for initial TST meeting only)

Directions: To be completed by classroom teacher if progress monitoring data does not show adequate student progress at the end of 10 weeks of tier 2 interventions and further support is needed. Documentation needed for meeting: Tier 2 Documentation Plan, Progress Monitoring Reports, DRAs, and Universal Screening Reports. Also provide Social-Emotional Worksheet and LSP if applicable as supporting evidence.

Student	MSIS	Grade
School	Teacher(s)	Date

I request that this student be reviewed by the TST to assist in providing interventions in an effort to improve his/her overall academic performance. I have observed problems that interfere with his/her educational progress in the following area(s):

- ☐ Academic performance; low or failing grades
- ☐ Behavior and/or discipline
- ☐ Excessive absences
- ☐ Other, specify _____

OR

Referral of the student is made based upon the Mississippi State Board Policy 4300. These referrals must be made within the first 20 school days of a school year if the child failed the preceding year. Please indicate below:

- ☐ Grades 1-3: Student has failed one grade.
- ☐ Grades 4-12: Student has failed two grades.
- ☐ Student failed either of the preceding two grades and has been suspended or expelled for more than 20 days in the current school year.
- ☐ Student scored at the minimal level on any part of the grade 3 or grade 7 MAP assessment.
- ☐ A student is promoted from Grade 3 to 4 under a good cause exemption of the Literacy-Based Promotion Act.

Signature of Referring Teacher	Signature of TST Chair -Admin	Date of receipt of referral	TST Meeting Date (must be within 2 weeks of referral)

Referral Meeting Summary:

Summary of Discussion

Intervention Recommendations: (Check all that apply)

<input type="checkbox"/> RCSD Developmental Checklist <input type="checkbox"/> Dyslexia Therapy <input type="checkbox"/> Leveled Literacy Intervention <input type="checkbox"/> Foundations for Language <input type="checkbox"/> Lively Letters <input type="checkbox"/> Let's Talk About It <input type="checkbox"/> Edgenuity(9-12) <input type="checkbox"/> iReady _____ Reading _____ Math <input type="checkbox"/> Odysseyware(6-12) <input type="checkbox"/> Math XL <input type="checkbox"/> Other _____	<input type="checkbox"/> Daily 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: _____ Phone _____ Email _____ Conference <input type="checkbox"/> Intervention successful/ move back to T1 <input type="checkbox"/> Intervention successful/continue plan <input type="checkbox"/> Intervention not successful/modify plan <input type="checkbox"/> Begin Tier 3 in the areas of: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Behavior <input type="checkbox"/> Other _____ <input type="checkbox"/> Student Conference <input type="checkbox"/> Behavior Observation <input type="checkbox"/> Refer to School Counselor	<input type="checkbox"/> Medical Follow-up <input type="checkbox"/> Conduct FBA <input type="checkbox"/> Create a Behavior Intervention Plan (BIP) <input type="checkbox"/> Refer to Community Agency <input type="checkbox"/> Complete Teacher Narrative <input type="checkbox"/> Complete Developmental or Psychosocial History <i>Interview</i> <input type="checkbox"/> Complete T3 Documentation Plan (Interventionist) <input type="checkbox"/> Refer to MET for a 10 day meeting – Parent Request <input type="checkbox"/> Refer to MET for a 10 day meeting – TST Request <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
	Interventionist
	Principal/Asst. Principal
	Counselor
	Teacher
	Parent
	Other