

Documentation

Tier 2 & 3 Meeting Log

School: _____ School Year: _____ Gr: _____ MTSS Coordinator: _____

Instructions: This is an optional document for recording data. For each meeting, complete one of the two sections corresponding to the meeting purpose and activities. In the Individual Student Referrals box, specify the meeting type indicated in the choice box*.

This document with all pages for the current school year should be maintained in the STAP Coordinator's documents for 5 years. Date of Destruction: _____

| Date | Time to/from | Grade Level/Subject Groups - Tier 2 | | | Individual Student Referrals - Tier 3 | | |
|------|--------------|--|----------------------------|-----------------------------------|---------------------------------------|---|------------|
| | | Area of Concern | # of Students in the Group | Start Date and Projected End Date | Student's Name | Level of Meeting* | Next Steps |
| | | <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Behavior | 6-10 | | | <input type="checkbox"/> Tier 3 Initial <input type="checkbox"/> Tier 3 Review <input type="checkbox"/> Referral for Assessment | |
| | | <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Behavior | 6-10 | | | <input type="checkbox"/> Tier 3 Initial <input type="checkbox"/> Tier 3 Review <input type="checkbox"/> Referral for Assessment | |
| | | <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Behavior | 6-10 | | | <input type="checkbox"/> Tier 3 Initial <input type="checkbox"/> Tier 3 Review <input type="checkbox"/> Referral for Assessment | |
| | | <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Behavior | 6-10 | | | <input type="checkbox"/> Tier 3 Initial <input type="checkbox"/> Tier 3 Review <input type="checkbox"/> Referral for Assessment | |
| | | <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Behavior | 6-10 | | | <input type="checkbox"/> Tier 3 Initial <input type="checkbox"/> Tier 3 Review <input type="checkbox"/> Referral for Assessment | |

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