Life School Response to Intervention Meeting Summary

Name of person completing this form:
No Response

Student Information:
no name

Student ID:		Grade Level:	Unknown	School:	
Date of Birth:	1/1/0001	Gender:	Male		

Programs: This student is not coded for any programs.

Meeting Information

Date of Meeting:
No Response

Meeting Type

	Initial Meeting	Follow-up Meeting
Meeting Type:		

Purpose of Meeting:
No Response

Name & Position of Members in Attendance:
No Response

Reviewal of Data

Specific subject area or behavior concern (mathematics, reading, language arts, behavior, etc):
No Response

The RTI committee should review relevant data to determine what skill(s) should be targeted and what intervention(s) should be implemented. The following information/data was presented for review or consideration:
Check all that apply.
No Response

Attach intervention log if student was in Tier 2 or Tier 3 prior to this meeting:
No Response

Student Progress
Complete this section for a student with a prior documented intervention plan.
No Response

Committee Recommendation
No Response

Intervention Plan

Student Tier

No Response

Duration/Time

How many times a week for how long? Ex: 3x week for 20 minutes

No Response

Specific Targeted Skill

Ex. 2-digit x 2-digit subtraction with regrouping

No Response

Specific Type of Intervention

Subtraction Graphic Organizer & Say-Ask-Check Strategy Prompts

No Response

Use this space to record minutes of RTI Meeting.

No Response

Evaluation Referral

Complete this section only if the student is being referred for an evaluation.

	Dyslexia (504)	ADHD (504)	Specific Learning Disability	Speech	Emotional Disability	Autism	Other Health Impairment	Other
504 Referral								
Special Education Referral								

Attach documents reviewed at the meeting:

No Response

Attach documents reviewed at the meeting:

No Response

Projected date for the next RTI meeting:

No Response