

Barrow County Schools
Response to Intervention

RTI Tier 3 (SST) Meeting Minutes

Student	DOB	Grade
School	Teacher	Meeting Date

<p><i>Does this student have a current IEP?</i> <input type="checkbox"/> <i>Yes</i> or <input type="checkbox"/> <i>No</i></p> <p><i>If yes: What is the date of the student's most current IEP?</i></p> <p><i>What is the student's current area(s) of eligibility?</i> <input type="checkbox"/> Speech <input type="checkbox"/> SLD <input type="checkbox"/> MiID <input type="checkbox"/> MoID <input type="checkbox"/> SID <input type="checkbox"/> PID <input type="checkbox"/> Autism <input type="checkbox"/> EBD <input type="checkbox"/> OI</p> <p><input type="checkbox"/> TBI <input type="checkbox"/> OHI <input type="checkbox"/> D/HH <input type="checkbox"/> D/B <input type="checkbox"/> VI <input type="checkbox"/> SDD</p> <p><i>Who is this student's Special Education case manager?</i></p> <p><i>Was the case manager invited to attend this meeting?</i> Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p><i>Is this student ELL or ELL-M?</i> Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p><i>If yes: Is the student ELL?</i> <input type="checkbox"/> <i>or ELL-M?</i> <input type="checkbox"/></p> <p><i>Who is the student's ESOL teacher?</i></p> <p><i>Was the ESOL teacher invited to attend this meeting?</i> Yes <input type="checkbox"/> or No <input type="checkbox"/></p>
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Meeting Attendees with Titles:

Summary of Tier 2 interventions:

Summary of Tier 3 Meeting Discussion: (Include areas of concern, interventions, personnel involved)