

School Intervention Team Minutes

Student _____ Grade _____ Date _____

Initial RTI meeting

Follow-up meeting

Area of Concern

Literacy

Describe _____

Math

Describe _____

Behavior

Describe _____

Update of data from progress monitoring and or universal screenings

Classroom Interventions in Tier I /progress

Tier II Interventions/progress

Action Plan:

Recommendations	Time line	Person Responsible
1.		
2.		
3.		
4.		
5.		

Next Meeting Date: _____

Team Member Signatures

Chairperson/Principal _____ Literacy Coach _____

Intervention Specialist _____ Parent _____

Teacher _____ Counselor _____

Other: _____ Other: _____