\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Public Schools

**Data Evaluation Meeting for Students Receiving a Tiered Intervention Grade\_\_\_\_**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reading SOL\_\_\_ Math SOL\_\_\_ Stanford Rdg.\_\_\_Stanford Math\_\_\_ (\*any yearly score)

­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­Date: R\_\_ M\_\_ B\_\_

9 week benchmark test s core \_\_\_\_ Grade for the \_\_\_\_ 9 weeks BL OL AL (\*this is on level, etc. – use any term)

Goal ROI/Trend ROI \_\_\_\_/\_\_\_\_

Intervention Data:

Other: (i.e. absences, missed assignments, disciplinary referrals, etc.

Is the progress : \_\_\_ Good \_\_\_ Questionable \_\_\_Poor

Decision:

\_\_exit tiered program (goal met)

\_\_ continue current program (progress made) \_\_ assign to more intensive tier (insufficient progress)

\_\_modify current tier (insufficient progress) \_\_schedule problem solving meeting

Signatures: Team Leader: Teacher: Parent:

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