PART 1: **Northland Learning Center Early Intervention and Referral:** **Multi-Tiered Systems of Supports (MTSS) Document**

This form pertains to K-12 students only.

Submit to Student Success Team (SST)

☐ SST Intervention Consultation

STEP 1: FILL OUT COMPLETELY

Student Name:	DOB:	Grade:	Date:
District:	Serving School:		
Staff Referring:	Staff Contact Information:		

STEP 2: VISION AND HEARING SCREENING

1. Send an email to the school nurse and principal for a vision and hearing screening. The student will then be placed on the Student Success Team-MTSS log. Referring staff and administration will be notified of vision and hearing screening.

    Note: If the student has a vision or hearing impairment, a 30-day corrective period must be instituted before the intervention process can be valid. *If all paperwork is submitted in full, interventions may begin.*

2. Vision/Hearing Results:
    a. Date: Vision: Hearing:
    b. Does the student have glasses: ☐ Yes ☐ No ☐ Unknown
    c. Does the child have hearing aides or assistive technology: ☐ Yes ☐ No ☐ Unknown
    d. Notes:

STEP 3: COMPLETE & PRESENT AT THE SST/MTSS MEETING

1. **The General Education teacher has contacted parent(s)/guardian(s) regarding areas of concern, interventions to begin, and a referral to the MTSS process:**
    a. Date & Communication with:
    b. ☐ Phone ☐ In-Person ☐ Email ☐ Unable to reach
    c. Parent/guardian concerns and feedback (provide details):

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2. School attendance history information:
    a. Length of time the student has been in the district (Check one):
        ☐ Less than 6 months ☐ 6 months to 1 year ☐ 1-3 years ☐ 4+ years
        ☐ Transferred from another district
    b. Name of attending schools (Describe below):

3. Has the student been screened, in a locally determined manner, for characteristics of dyslexia? ☐ Yes ☐ No
If yes, what was the screening method (i.e. STAR Early Literacy, AIMSweb, DIBELS, etc.) and what were the findings?

4. Indicate areas of concern (check all that apply):
    ☐ ACADEMIC
        ☐ Reading
        ☐ Writing
        ☐ Math
    ☐ SPEECH/LANGUAGE
        ☐ Communication (conversation skills)
        ☐ Receptive Language/Listening Comprehension (understanding directions)
        ☐ Articulation (sound production)
        ☐ Voice
        ☐ Fluency/Stuttering
        ☐ Oral Expression (grammar, vocabulary, sentence structure)
    ☐ SOCIAL/EMOTIONAL/BEHAVIORAL
        ☐ Attitude/Motivation
        ☐ Physical/Verbal Aggression
        ☐ Anxious
        ☐ Sadness/Weepiness
        ☐ Social, Peer Relationships
        ☐ Other (please describe):

☐ FUNCTIONAL/ADAPTIVE/DAILY LIVING SKILLS & ACTIVITIES; SELF-CARE
- ☐ Organizational Skills
- ☐ Work/Task Completion
- ☐ Attention
- ☐ Other (please describe):

☐ MOTOR
- ☐ Fine Motor
- ☐ Gross Motor

☐ OTHER
- ☐ Health
- ☐ Outside Diagnosis
- ☐ Vision
- ☐ Hearing
- ☐ Other (please describe):

5. **Is this student working with an outside agency/agencies or services regarding concerns described above?** ☐ Yes ☐ No ☐ Unknown

   If yes, what type (please describe):

6. **Universal Data-Name of Benchmark Assessment Used:**

   Benchmark Reading and Math Data (please describe and complete)

Fall Score:	Fall Target:
Winter Score:	Winter Target:
Fall Score:	Fall Target:
Winter Score:	Winter Target:
Fall Score:	Fall Target:
Winter Score:	Winter Target:

7. **The following documents must be attached to this referral form. See office clerical for documents 1-4 and check off as attached.**
   1. ☐ Student demographic summary page

2. ☐ Student enrollment information
3. ☐ Discipline/Behavior referrals (Past 2 years, as applicable)
4. ☐ Attendance report (Past 2 years, as applicable)

5. ☐ Grades (Past 2 years, as applicable)
6. ☐ Benchmark data used:
   - Progress monitoring graphs (3x per year)
7. ☐ Other academic assessment/data (i.e. running records, writing samples, etc.)
8. ☐ Other pertinent documentation and/or data source (please explain):

STEP 4: TO BE COMPLETED BY SST/MTSS:

1. **Assigned SST/MTSS Contacts for teacher to work with (as applicable):**
   1. Teacher, name and email:

   2. Special Education Teacher, name and email:

   3. Interventionist/Title 1, name and email:

   4. Itinerant Staff, name and email:

   5. Cultural Liaison, name and email:

   6. Administrator, name and email:

   7. Other (i.e. ADAPT, Social Worker, etc), name and email:

       a. Interventions recommended and/or to be implemented (describe ALL that apply):

       b. Data collection method (i.e. CBM, Fluency,

2. **Next Steps-Result:**
   - Return and review data after 6/12+ weeks (2 rounds of 6 weeks/60 Days) of interventions and data required.
   Date Reviewed:
   - *Excludes holidays and seasonal breaks*
   - *Required: 30 school days or 6 weeks of intervention*

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- *Minimum of 3 data points a week*

<mark>*Interventions and data will be collected in Part 2. Please retain this document to Part 2.</mark>