

## Initial Tier III Teacher Support Team (TST) Meeting Summary Form

Student \_\_\_\_\_ Grade \_\_\_\_\_  
First Name MI Last Name

Summary of Discussion: Meeting Date: \_\_\_\_\_

☐ Additional summary is attached behind form TST-9.

The student will participate in a process that assesses the child's response to scientific, research-based intervention. This process includes instructional strategies and the use of student centered data.

The student's parent(s) have been notified about:

- a. MDE's policies regarding the amount and nature of student performance data that will be collected and the general education services that will be provided;
- b. Strategies for increasing the child's rate of learning; and
- c. The parents' right to request an evaluation.

Parent(s)/Guardian(s) Signature(s):

\_\_\_\_\_

Parent/Guardian Comments:

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### Recommendations:

- ☐ Academic instructional intervention in the area(s):
  - ☐ Reading      ☐ Mathematics      ☐ Language      ☐ Other: \_\_\_\_\_
- ☐ Remain in Regular Education
- ☐ Behavioral Intervention (Complete FBA and BIP: Forms TST-B3 and TST-B4)
- ☐ Behavior Management Program/Plan
- ☐ Behavior Observation
- ☐ Referral to School Counselor
- ☐ Student Conference
- ☐ Parental Contact
- ☐ Hearing/Vision Screening (Complete form TST-6 and submit)
- ☐ Medical follow-up
- ☐ Medical/Mental Health Request of records
- ☐ Additional Screening (5 yr. old, in-school)
- ☐ Referral to Community Agency
- ☐ Referral to Child Study
- ☐ Other:

### TST Members Present:

Signature (First and Last)

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Title

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