**Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Promoted, Placed, or Retained (circle one) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_school year 504 Plan? Yes No**

**Number of MTSS/RTI meetings completed? 1 2 3 4 (Please Circle)**

**Recommended by the MTSS/RTI team for further testing: Yes No**

**Continue with MTSS/RTI for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (school year date ex: FY20) Yes No**

**Did student finish tier 3 last year? (12 weeks of intervention) Yes No**

**Did the student receive testing but failed to qualify for ESS services? Yes No**

**MTSS/RTI Team Recommendation (School Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

1. **Continue needs-based intervention (tier 2) during core instruction time. Monitor for progress and document.**
2. **Place student in tier 3 remediation and begin 12-week intervention to include progress monitoring with Easy CBM every two weeks. Record data on template and set first meeting date.**
3. **Return student to core instruction, monitor closely, and refer to intervention team if necessary.**
4. **Tier 3 is complete and proceed with referral for testing, if appropriate.**

**RTI School Coordinator Signature and Date**

**Classroom Teacher Signature and Date**

**Student transferred to new Murray County school. File was delivered to RTI coordinator. Please sign and date.**

**RTI School Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_**