

Student Intervention Team (SIT) Deliberations/Recommendations

Student Name _____ Meeting Dates 1st _____ 2nd _____ 3rd _____

DOB _____ Grade _____ Campus _____ Teacher _____

The SIT considered the following information:

DATE

- _____ **Form A** – Documentation of Instruction & Interventions: Reading and/or Math (Completed by GenEd or SILab Teacher)
- _____ **Form B** – Student Benchmark/Progress-Monitoring (Completed by GenEd or SILab Teacher)
- _____ **Form C** – Student Information (Completed by GenEd Teacher)
- _____ **Form D** – SIT Classroom Observation (Completed by SILab Teacher)
- _____ **Form E** – Information from Parent

TIER 1	TIER 2	TIER 3
<ul style="list-style-type: none"> _____ Core Curriculum _____ One-to-One Instruction _____ Small Group Instruction _____ Peer Learning _____ Language Strategies _____ Differentiated Instruction _____ Study Island _____ Lexia Reading _____ Behavioral Interventions 	<ul style="list-style-type: none"> _____ Core Curriculum _____ SILab Instruction _____ Lexia Reading _____ SRA _____ Plato _____ Read 180 _____ Read Naturally _____ Behavioral Interventions _____ Other (Describe) _____ 	Tier 1 and Additional: <ul style="list-style-type: none"> _____ SILab Instruction _____ SRA _____ Plato _____ Lexia Reading _____ Read 180 _____ Read Naturally _____ Behavioral Interventions _____ Other (Describe) _____

Discussion: _____

Recommendations:

____ Student will be provided interventions during the following time periods:

From _____ To _____ Tier 1 Interventions

From _____ To _____ Tier 2 Interventions

From _____ To _____ Tier 3 Interventions

____ Referral to ___ ESL/LPAC ___ Dyslexia Program ___ 504 Committee

____ Special Education Evaluation for Learning Disability, Speech Impairment, Emotional Disturbance (After Tier 3)

____ Other (Describe) _____

SIT Members Present:

Signature

Position

Signature

Position

Signature

Position

Signature

Position

Signature

Position

Signature

Position

Signature

Position