TST-6: Recommendation Form

Moss Point School District

Student Name: _____ School: _____

The Teacher Support Team (TST) has met to review and consider all available data sources to meet the needs of the above-referenced student.

THE TST HAS RECOMMENDED THE FOLLOWING ACTIONS:

_____

_____

_____

_____

_____

FOR THE FOLLOWING REASONS:

_____

_____

_____

_____

_____

Chairperson's Signature: _____ Date: _____

The above recommendation should reflect the actions the Teacher Support Team (TST) is recommending to the Multidisciplinary Evaluation Team (MET).