# Multi-tiered System of Supports Student Success Team (MTSS)
# Part 1: Team Discussion

***Serving our Member Districts:***

*Chisholm, ISD 696* *Ely, ISD 696* *Mesabi East, ISD 2711* *Nett Lake, ISD 707* *St. Louis County, ISD 2142*
*Cook County, ISD 166* *International Falls, ISD 361* *Mt. Iron-Buhl, ISD 712* *NLC, ISD 6076*

## SST General Education Questionnaire

***This form pertains to **K-12 students only** and is intended to be a guide for your SSTs, using a whole child lens, to have meaningful discussions while you develop your onsite intervention/support plan within your Tiered systems of support.*

***Staff expressing concern should complete 1-10 prior to SST meeting & bring relevant supporting data to develop student plan.***

| Student Name: | DOB: | Grade: 9 | SST Meeting Date: |
|---|---|---|---|
| District: Mesabi East, ISD 2711 | Serving School: Mesabi East, ISD 2711 | | |
| Staff Name/Title | Staff Email: | | |

**1. Parent Communication Log** *(use to document areas of concern, interventions to begin, and referral to MTSS process)*

| Date & Communication With: | Method: phone, in-person, or email | Parent/Guardian concerns & feedback (provide details) |
|---|---|---|
| | communication app | |
| | communication app | |
| | communication app | |

**2.** Discuss/List 2-3 strengths for this student.

| | | | | | |
|---|---|---|---|---|---|
| 3. Is school attendance a concern? | ☐ Yes | ☐ No | If yes, is this a new concern? | ☐ Yes | ☐ No |
| 4. Is student new to the district? | ☐ Yes | ☐ No | If yes, length of time in district? | | |

**Vision/Hearing Screening:** *(NOTE: if student has a **recently identified** vision/hearing impairment, **a 30-day corrective period** must be implemented before the intervention process can proceed.)*

| | | | | |
|---|---|---|---|---|
| 5. Date of School Nurse Vison Screening | Vision Results: | Left Eye | Right Eye | |
| 6. Does Student Wear Glasses? | | | ☐ Yes | ☐ No |
| 7. Date of School Nurse Hearing screening | Hearing Results: | Left Ear | Right Ear | |
| 8. Does student have hearing aids or use assistive hearing technology? | | | ☐ Yes | ☐ No |

9. Medical History: (Discuss with pertinent school staff & list any significant conditions and/or results including both physical & mental health history) Notes:

10. Is the student receiving any additional school or community-based services or support? ☐ Yes ☐ No

If yes, please list service(s) & provider(s):

**11. Supporting Data to discuss at meeting to develop next steps and/or intervention plan:** *(check all data used)*

| | |
|---|---|
| ☐ | Student Demographic summary page |
| ☐ | Student Enrollment Information |
| ☐ | Discipline/Behavior Referrals (Past 2 years, as applicable) |
| ☐ | Attendance Report (Past 2 years, as applicable) |
| ☐ | Grades (Past 2 years, as applicable) |
| ☐ | Universal Benchmark Data used to include Progress Monitoring graphs (3x per year) |
| ☐ | Other academic assessment/data (i.e., running records, writing samples, etc.) |
| ☐ | Other pertinent documentation and/or data sources: (please explain below) |

**12. Indicate Area(s) of Concern:** ***Check all that apply. This will be used to prioritize needs and guide areas of intervention to implement.*** *If needed, Intervention Resources are available in the MTSS Intervention Bank, or you may choose an alternate Scientific Research Based Intervention (SRBI)*

**Reading**
- ☐ Phonemic Awareness
- ☐ Phonics
- ☐ Reading Fluency
- ☐ Vocabulary
- ☐ Reading Comprehension
- ☐ Dyslexia
- ☐ Other:

**Math**
- ☐ Fact Fluency
- ☐ Number Operations
- ☐ Math Word Problems
- ☐ Number Sense
- ☐ Math Concepts
- ☐ Other:

**Speech/Language: Comprehension**
- ☐ Listening Comprehension/Receptive Language
- ☐ Comprehension (understanding directions)
- ☐ Other:

**Writing/Spelling**
- ☐ Writing
- ☐ Spelling
- ☐ Other:

**Speech/Language: Oral Expression**
- ☐ Communication (Conversation Skills)
- ☐ Articulation (sound production)
- ☐ Voice
- ☐ Fluency/Stuttering
- ☐ Vocabulary
- ☐ Grammar
- ☐ Sentence Structure
- ☐ Semantics
- ☐ Low Language Development
- ☐ Other:

**Emotional (Social Emotional)**
- ☐ Anxiety
- ☐ Depression
- ☐ Mild Internalizing Concerns
- ☐ Social Skills/Peer Relationships
- ☐ Transitions
- ☐ Communication
- ☐ Other:

**Behavior**
- ☐ Inattention/Hyperactivity
- ☐ Disruptive Behavior
- ☐ Non-Compliance
- ☐ Not Following the Rules
- ☐ Other:

**Executive Functioning**
- ☐ Off-task
- ☐ Organization
- ☐ Initiating Tasks
- ☐ Assignment/Work Completion
- ☐ Attention/Focus
- ☐ Self-Control/Impulsivity/Response Inhibition
- ☐ Other:

**Other**
- ☐ Health
- ☐ Outside Diagnosis
- ☐ Vision
- ☐ Hearing
- ☐ Fine Motor
- ☐ Gross Motor
- ☐ Other: (please describe)

**13. Next Steps** ***To be completed at SST meeting for students who will receive interventions***

**Prioritize top 2-3 areas of concern**. List Intervention to be used & staff responsible for each intervention. Note: each intervention should be documented on its own **MTSS Part 2: Intervention Data sheet**.

| Area of Concern 1: | Planned Intervention: | Staff Responsible: |
|---|---|---|
| Area of Concern 2: | Planned Intervention: | Staff Responsible: |
| Area of Concern 3: | Planned Intervention: | Staff Responsible |