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

Serving our Member Districts:

Chisholm, ISD 696 | *Ely, ISD 696* | *Mesabi East, ISD 2711* | *Nett Lake, ISD 707* | *St. Louis County Schools, 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:	SST Meeting Date:
District:	Serving School:		
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)

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