NORTHLAND LEARNING CENTER COOPERATIVE

Multi-tiered System of Supports Student Success Team (MTSS)
Part 3: Team Data Review

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*

Student Name:	**DOB:**	**Grade:**	**Meeting Date:**

Area of Concern #1: **Specific skill:**

Round 1: *First 6-week cycle* of Concern #1 Intervention	**Round 2**: *Second 6-week cycle* of Concern #1 Intervention
Intervention: (name/description)	**Intervention:** (name/description)
Intervention completed by: *(name of staff/position)*	**Intervention completed by:** *(name of staff/position)*
What does data show? *(Based on progress monitoring graph, is student making **growth toward goal**?)*	**What does data show?** *(Based on progress monitoring graph, is student making growth toward goal?)*
What does data show? *(Based on progress monitoring graph, is student making **growth toward grade level standards**?*	**What does data show?** *(Based on progress monitoring graph, is student making growth toward grade level standards?)*
Teacher Feedback/Observation:	**Teacher Feedback/Observation:**

Round 1 Student Success Team Decision		**Round 2 Student Success Team Decision**	
1. Student **is** making adequate progress. *Move to watchlist to monitor progress. Interventions may continue.*	☐	1. Student **is** making adequate progress. *Move to watchlist to monitor progress. Interventions may continue.*	☐
2. Student **is not** making adequate progress. *Proceed with 2nd round of interventions using a new intervention to address area of concern.*	☐	2. Student **is not** making adequate progress. *Proceed with optional 3rd round of interventions using a new intervention to address area of concern.*	☐
List new intervention: / Staff Responsible:		List new intervention: / Staff Responsible:	
3. Other: (please list)	☐	3. Other: (please list)	☐

**This form pertains to K-12 students only*

Area of Concern #2:		**Specific skill:**	
Round 1: *First 6-week cycle* of Concern #2 Intervention		**Round 2:** *Second 6-week cycle* of Concern #2 Intervention	
Intervention: (name/description)		**Intervention:** (name/description)	
Intervention completed by: *(name of staff/position)*		**Intervention completed by:** *(name of staff/position)*	
What does data show? *(Based on progress monitoring graph, is student making **growth toward goal?)***		**What does data show?** *((Based on progress monitoring graph, is student making **growth toward goal**?)*	
What does data show? *(Based on progress monitoring graph, is student making **growth toward grade level standards**?*		**What does data show?** *(Based on progress monitoring graph, is student making **growth toward grade level standards**?)*	
Teacher Feedback/Observation:		**Teacher Feedback/Observation:**	
Round 1 Student Success Team Decision		**Round 2 Student Success Team Decision**	
1. Student **is** making adequate progress. *Move to watchlist to monitor progress. Interventions may continue.*	☐	1. Student **is** making adequate progress. *Move to watchlist to monitor progress. Interventions may continue.*	☐
2. Student **is not** making adequate progress. *Proceed with 2nd round of interventions using a new intervention to address area of concern.*	☐	2. Student **is not** making adequate progress. *Proceed with optional 3rd round of interventions using a new intervention to address area of concern.*	☐
List new intervention: / Staff Responsible:		List new intervention: / Staff Responsible:	
3. Other: (please list)	☐	3. Other: (please list)	☐
Round 1 Student Success Team Meeting Attendance Staff Name/Position		**Round 2 Student Success Team Meeting Attendance Staff Name/Position**	
SST has decided that **all** pre-referral criteria have been met to proceed with a special education referral.		☐ Yes ☐ No	
The **Part 4: Referral form** will be filled out and submitted to case manager by:			