

MTSS Student Data Form (2-3)

Date _____

Re- visit Date _____

Student's Name _____ DOB _____ ID # _____

Teacher's Name _____ Grade/ Room _____

Parent's Name _____

Address: _____

Phone Number: _____

People present at meeting: _____

Primary concerns: _____

Total number of schools attended _____ Grade(s) repeated _____

Schools attended - _____

Grade					
School					

Attendance Information- Absences and Lateness

Attendance- current year _____ Last Year _____

Lateness – current year _____ Last Year _____

School Year					
Grade					
Attendance					

Present Reading Level

DRA Level _____ Where should be? _____ How far below? _____

AIMSweb _____

Reading Strengths- briefly describe skills child can do:

Reading weaknesses- briefly describe areas of concerns

Decoding skills _____

Fluency _____

Comprehension _____

Writing:

What can the student do? (penmanship, focus, organization)

What is the student struggling with in writing?

Math Skills:**Numeration**

Student can orally count to _____ student can count by 2's to _____ by 5's to _____
by 10's to _____

Student can do one to one correspondence? _____ to _____

Student can sequence numbers? (what digit) _____

Student can compare numbers? (>,<) _____

Operations

Addition _____ Subtraction _____

Multiplication _____ Division _____

Does student use fingers/ tallies? _____

Applications

Tells time ?? _____ Knows coins ? _____ Values _____ Can add money _____

Last Year's final grades:

Subject	Reading	Math	Writing	Science
Grade				

Recent report card grades

Reading _____ Writing _____ Math _____ Science _____ SS _____

Art _____ Music _____

Benchmark Results

	Date	Date	Date
ELA			
Math			

Behavior:

Are there any behavior issues that need to be addressed?

Interventions:

What/Who/ When	Results

*****MTSS Team Recommendations:**

Follow up date (if applicable) _____

Follow-up plan _____

Person responsible for follow-up: _____

Release of information to be issued _____

Mental Health Provider: _____

Further information needed _____

Classroom Intervention Data Request Letter due by _____

PTE-Evaluation Request Form issued on _____ Returned on _____