

Student Support Team (SST) Tier 3 Meeting Request

Directions: If Tier 3 supports are needed, the classroom teacher will need to complete this request and submit it along with **ALL** intervention program/product reports, and any previous Growth/Instructional Support Plans to the MTSS Liaison. The MTSS Liaison will then forward this request (must be complete) to the multi-disciplinary team for next steps. It is imperative that all information is complete and accurate to facilitate a student support plan.

Name of student: _____ Homeroom/Adv.: _____

Name of staff member completing this form: _____

Date of this request: _____

****Please attach all Intervention-Programs/Products to this report****

Please check all that apply to student strengths.

<input type="checkbox"/> Positive attitude	<input type="checkbox"/> High expectations for self.	<input type="checkbox"/> Transitions easily
<input type="checkbox"/> Hard worker	<input type="checkbox"/> Organized	<input type="checkbox"/> Takes pride in appearance
<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Good sense of humor	<input type="checkbox"/> Athletic
<input type="checkbox"/> Works well in groups	<input type="checkbox"/> Cooperates	<input type="checkbox"/> Musically talented
<input type="checkbox"/> Works well independently	<input type="checkbox"/> Responsible	<input type="checkbox"/> Artistically inclined
<input type="checkbox"/> Respectful of authority	<input type="checkbox"/> Creative	<input type="checkbox"/> Other:
<input type="checkbox"/> Motivated	<input type="checkbox"/> Has leadership qualities	_____

Please describe the student's current academic performance in the areas in which you provide instruction.

Please describe the student's expected academic performance in the areas in which you provide instruction.

Please indicate the **Area of Concern** in Reading.

- | | |
|---|--|
| <input type="checkbox"/> Phonics | <input type="checkbox"/> Comprehension |
| <input type="checkbox"/> Phonemic Awareness | <input type="checkbox"/> Vocabulary |
| <input type="checkbox"/> Fluency | |

Please provide any relevant assessment data (classroom tests, DRA, AIMSweb, G.A.T.E.S and PSSA, universal screening data, etc.)

Please list all interventions (current/former) that are evidence-based (Reading Mastery, Imagine Math, Achieve 3000, Lexia etc.) and include dates.

Please describe in detail what the student can do in reading, for example: knows letters and sounds, write a complete sentence, summarize, comprehension, etc.

Please indicate the **Area of Concern** in Mathematics.

- | | |
|---|---|
| <input type="checkbox"/> Fact Fluency | <input type="checkbox"/> Computational Fluency |
| <input type="checkbox"/> Application: Concepts & Procedures | <input type="checkbox"/> Word Problem Solving |
| <input type="checkbox"/> Algebraic Concepts | <input type="checkbox"/> Vocabulary Development |

Please describe in detail what the student can do in math, for example: can add 2 by 2 numbers, subtract, regroup, multiply, divide, time, money, etc.

What type of instructional strategies were utilized in Tiers 1 & 2? Please list all strategies.

Please indicate the Problem Hypothesis – The problem is occurring because:

Prediction – The problem will be reduced if:

Data used to validate hypothesis – The specific data you used to validate hypothesis:

Please list all interventions that are **not** evidence-based (changing seat, phone calls, reward system, room arrangement, classroom breaks, detentions, etc.).

Please describe the student’s behavior in carrying out assignments, attending to tasks, following directions, cooperating, class participation, interacting with peers, etc.

What typically occurs before the negative behavior? Specific demands or situations?
(The Antecedent) (If not applicable, indicate N/A)

Please describe in detail what behaviors (positive/negative) the student exhibits. For example: kicks the chair, refuse to do work, sleeps, etc. (The Behavior) (If not applicable, indicate N/A)

What happens as a result of the behavior? What typically occurs as a consequence of the behavior? Think about the last few times it happened. (The Consequence) (If not applicable, indicate N/A)

Where is the negative behavior most likely to occur? What locations? With whom?

What function do you think is being served by the negative behavior?

<input type="checkbox"/> Attention: The behavior occurs to gain attention from peers or adults	<input type="checkbox"/> Tangible: The behavior occurs to obtain a specific item or activity
<input type="checkbox"/> Escape: The behavior occurs to escape from person, task, or environment	<input type="checkbox"/> Sensory: The behavior feels good or meets a sensory need (alone)

Teacher recommendations:

Inter-Disciplinary Team Use

Recommendations/Next Steps:

Follow-up date: _____