Premeeting Background Form

**Directions:** *The referring teacher should complete this form and submit it to the facilitator at least one week before the initial meeting.*

| **Team Information** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Teacher completing form: Date:** | | | | | | |
| **Service providers (list names and roles):** | | | | | | |
| **Student Information** | | | | | | |
| **Student name:** | | **Parent/guardian:** | | **Parent/guardian contact info:** | | |
| **Teacher:** | | **Is the student part of NCII’s tracking sample?** | | **Grade:** | **DOB:** | |
| **IEP or 504 plan? \_\_\_\_\_\_\_\_**  **If the student has an IEP or 504 plan, who is the case manager? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **If the student has an IEP or 504 plan, has the case manager been invited to the meeting? \_\_\_\_\_\_** | | **Is the student an English language learner?** | | **Has the student had a recent hearing and vision screening? Results?** |
| **Has there been consistent communication with the parent/guardian? \_\_\_\_\_\_\_\_**  **Will they attend the meeting? \_\_\_\_\_\_\_\_** | | | **If the referring teacher is not the general educator, has there been consistent communication with the classroom teacher/general educator? \_\_\_\_\_\_\_\_**  **Will they attend the meeting? \_\_\_\_\_\_\_** | | | |
| **Current Supports** | | | | | | |
| **Content area**  (*check all that apply*) | **Describe current supports and tier of intervention/support (if applicable).** | | | | | |
| * Reading |  | | | | | |
| * Mathematics |
| * Behavior/social skills |
| * Other |

| **Current Intervention Program**  *(Complete this section for each intervention in the primary area of concern that has been previously attempted.)* | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of intervention program:** | | | | | | | **Intervention provider:** | | |
| **Minutes per session:** | | | **Sessions per week:** | | | | **Group size:** | **Setting:** | |
| **Intervention implementation considerations: Has the intervention been delivered as planned? Have any challenges or barriers prevented the student from receiving the intervention (e.g., scheduling, behavior, absences)?** | | | | | | | | | |
| **Progress-monitoring tool or measure (including unit or type of score, such as words per minute, frequency tallies of behavior):** | | | | **Frequency of progress monitoring:** | | | | **Goal (must be quantifiable):** | |
| **Is the student on track to meet the goal?** | | | | **Progress monitoring graph:**  **(Attach graphed data, if available.)** | | | | | |
| **How is the student performing relative to others in the intervention group? Describe.** | | | | | | | | | |
| **Student Performance Summary**  *(Describe student performance in relevant content areas only, including strengths and areas of concern.)* | | | | | | | | | |
| **Content area**  (*check all that apply*) | **Description of strengths and challenges:** | | | | | | | | |
| * Reading * Mathematics * Behavior/social skills * Other |  | | | | | | | | |
| **Describe motivators/preferences:** | | | | | | | | | |
| **Student Data Summary** | | | | | | | | | |
| **Hypothesized skill deficit or function of behavior (describe below or provide relevant documents):** | | | | | | | | | |
| **State or district standardized assessment scores:** | | **Behavior data from district data system (e.g., office disciplinary referrals [ODRs] from current year or historical ODR data):** | | | | **Attendance for current year (and historical data when applicable):** | | | **Current grades:** |
| **Work samples that illustrate area of concern (diagnostic or formative assessments):**  **(List the attached documents.)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **Screening data (including student score and norm in each area):** | | | | |