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** |
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| **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
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| * 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.)* |
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| **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):** |