

Student Support Team Meeting Agenda

MTSS Meeting Toolkit | Middle (6-8)

6-8

MEETING INFORMATION

Date: _____ Time: _____ Location: _____

Facilitator: _____ Timekeeper: _____ Recorder: _____

TEAM MEMBERS PRESENT

Role	Name	Present
Referring Teacher(s)		<input type="checkbox"/>
Team Lead / Grade-Level Chair		<input type="checkbox"/>
School Counselor		<input type="checkbox"/>
Administrator		<input type="checkbox"/>
Special Education Rep		<input type="checkbox"/>
Interventionist		<input type="checkbox"/>
Parent/Guardian		<input type="checkbox"/>
School Psychologist (if applicable)		<input type="checkbox"/>

MEETING NORMS

1. Keep the student at the center of every decision
2. Use data to drive discussion, not assumptions
3. Listen to understand, then respond
4. Assign owners and deadlines for every action item
5. Maintain confidentiality

AGENDA

2 min

Welcome & Review Norms

Facilitator opens, reviews norms, sets expectations.

5 min

Student Overview & Referral Reason

Referring staff presents concern. Brief background only.

8 min

Data Review

Team reviews relevant data (grades, attendance, behavior, screeners).

5 min

Current Supports & Fidelity

What is currently in place? Is it being delivered as intended?

10 min

Discussion & Intervention Planning

Team discusses options, selects intervention, assigns roles.

3 min

Action Items & Next Steps

Recorder confirms action items with owners and deadlines.

2 min

Set Next Meeting & Close

Confirm review date and next meeting time.

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STUDENT DISCUSSION NOTES

Student Name: _____ Grade: _____ Current Tier: _____

Referral Concern (in 1-2 sentences): _____

Relevant Data Summary:

Data Source	Current Level / Score	Trend

STRENGTHS & PROTECTIVE FACTORS

CONCERNS & RISK FACTORS

INTERVENTION DECISION

☐ Tier 1 - Universal

☐ Tier 2 - Targeted

☐ Tier 3 - Intensive

Intervention selected: _____ Provider: _____

Frequency: _____ Duration: _____ Start date: _____

Monitoring tool: _____ Review date: _____

ACTION ITEMS

Action Item	Owner	Deadline	Status

Next meeting date: _____ Time: _____ Items to prepare: _____