

Student: _____ Parent notification sent for Targeted Instruction (Required Documentation) Date: _____	<h2 style="margin: 0;">MTSS Chronology Checklist for Reading</h2> <h3 style="margin: 0;">Monongalia County Schools</h3>
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Core Instruction: _____ Core Curriculum used: _____

	Student received differentiated instruction. Explain:
	Student was benchmarked (Required attachment)
	Student was progress monitored. (Required attachment)
	Methods and strategies used (stations, flexible grouping, Title One support. etc.):

Reminder: Progress monitoring occurred at least every 2 to 3 weeks for Targeted Intervention and 1 to 2 weeks for Intensive Intervention, unless prescribed differently by the program. (Required attachment).

Targeted Intensive (Circle One)

Kindergarten Semester 2

Teacher: _____	Year: _____
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____	Description of student strengths and weaknesses during group: Plan for next Semester: Additional Comments:

Targeted Intensive (Circle One)

First Grade Semester 1

Teacher: _____	Year: _____
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____ Nine Week Review Recommendations:	Description of student strengths and weaknesses during group: Recommendation for next Semester: Additional Comments:

Targeted Intensive (Circle One)

First Grade Semester 2

Teacher: _____	Year: _____
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____ Nine Week Review Recommendations:	Description of student strengths and weaknesses during group: Plan for next Semester: Additional Comments:

Targeted Intensive (Circle One)

Second Grade Semester 1

Teacher: _____ Year: _____	
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____ Diagnostic Assessment Utilized (GORT, CTOPP, QPS, etc.) _____ Nine Week Review Recommendations: _____	Description of student strengths and weaknesses during group: Plan for next Semester: Additional Comments:

Targeted Intensive (Circle One)

Second Grade Semester 2

Teacher: _____ Year: _____	
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____ Diagnostic Assessment Utilized (GORT, CTOPP, QPS, etc.) _____ Nine Week Review Recommendations: _____	Description of student strengths and weaknesses during group: Plan for next Semester: Additional Comments:

Targeted Intensive (Circle One)

Third Grade Semester 1

Teacher: _____ Year: _____	
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____ Diagnostic Assessment Utilized (GORT, CTOPP, QPS, etc.) _____ Nine Week Review Recommendations: _____	Description of student strengths and weaknesses during group: Plan for next Semester: Additional Comments:

Targeted Intensive (Circle One)

Third Grade Semester 2

Teacher: _____ Year: _____	
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____ Diagnostic Assessment Utilized (GORT, CTOPP, QPS, etc.) _____ Nine Week Review Recommendations: _____	Description of student strengths and weaknesses during group: Plan for next Semester: Additional Comments:

Targeted Intensive (Circle One)

Fourth Grade Semester 1

Teacher: _____ Year: _____	
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____ Diagnostic Assessment Utilized (GORT, CTOPP, QPS, etc.) _____ Nine Week Review Recommendations: _____	Description of student strengths and weaknesses during group: Plan for next Semester: Additional Comments:

Targeted Intensive (Circle One)

Fourth Grade Semester 2

Teacher: _____ Year: _____	
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____ Diagnostic Assessment Utilized (GORT, CTOPP, QPS, etc.) _____ Nine Week Review Recommendations: _____	Description of student strengths and weaknesses during group: Plan for next Semester: Additional Comments:

Targeted Intensive (Circle One)

Fifth Grade Semester 1

Teacher: _____ Year: _____	
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____ Diagnostic Assessment Utilized (GORT, CTOPP, QPS, etc.) _____ Nine Week Review Recommendations: _____	Description of student strengths and weaknesses during group: Plan for next Semester: Additional Comments:

Targeted Intensive (Circle One)

Fifth Grade Semester 2

Teacher: _____ Year: _____	
Start Date: _____ Program Used: _____ Skills Worked on in Intervention: _____ _____ _____ Number of Sessions Offered: _____ Amount of sessions attended: _____ Length of Session (Time) _____ Diagnostic Assessment Utilized (GORT, CTOPP, QPS, etc.) _____ Nine Week Review Recommendations: _____	Description of student strengths and weaknesses during group: Plan for next Semester: Additional Comments:

Sat Referral Documentation:

Date (s) referred:

Reason (s) referred:

Status Report for Middle School Transition

Receiving Middle School: _____

CURRENT STATUS (check all that apply):

- Student is in Targeted, Round _____, Number of Sessions _____, Beginning date _____, End date _____
- Student is in Intensive, Round _____, Number of Sessions _____, Beginning date _____, End date _____
- Student is in SAT, date of last SAT meeting _____

RESEARCH-BASED INTERVENTION TYPE:

List all programs and methods used during Targeted and/or Intensive Instruction

Targeted _____

Intensive _____

LEVEL OF LEARNING:

List the student's most recent progress monitoring and benchmarks:

Measure	Benchmark			
DIBELS ORF				
Acuity (Final)	Reading:		Math:	
WESTEST (4 th Grade)	Math:	Reading:	Science:	Social Studies:
SRI				
SMI				
Other: _____				

SKILL AREA DEFICITS:

Please indicate the student's skill deficit(s) which are targeted in intervention.

- Basic Reading
 - Specify specific skills: _____
- Reading Fluency
 - Specify specific skills: _____
- Reading Comprehension
 - Specify specific skills: _____
- Math Calculation
 - Specify specific skills: _____
- Math Reasoning
 - Specify specific skills: _____
- Written Expression
 - Specify specific skills: _____

This form serves a planning component for the receiving middle school to prepare the appropriate intervention(s) in a timely manner. The student's SPL Chronology Folder must accompany this brief form to the receiving school.