

Morgan Local School District

Intervention Assistance Team (IAT) Report—**FOLLOW-UP IAT Meeting**

Follow-Up IAT Meeting	
School _____	Date _____

Student Full Name: _____	Date of Birth: _____
School: _____	Grade: _____
Parent(s)/Guardian(s): _____	EMIS#: _____
Address: _____	Telephone: _____
City/State: _____	Date of Initial IAT Meeting: _____

Level of support currently being provided to the student: Tier 1 _____ Tier 2 _____ Tier 3 _____

Current Results of Intervention:

Required Data Reviewed by IAT Check only new/updated data from prior IAT Meeting(s) and attach the documents:

Permanent Record Card	Report Cards	504 Plan
Vision Screening	Attendance Report	Developmental (Ages 3-5)
Speech/Language Screening	Statewide Assessments (if applicable)	Observations
Health/Medical Information	Discipline Record (if needed)	Classroom Work Samples
Progress Monitoring	Behavior Plan	Parental Rights/Custody
Student Intervention Record(s)	Teacher Anecdotal Record	Other

Based on the reviewed data, choose one of the following:

1. _____ Close IAT review process.
2. _____ Design and initiate interventions.
3. _____ Refer for multidisciplinary evaluation *after 2nd Follow-Up Meeting*
4. _____ Other Action/Modification. Describe _____

Describe basis for this recommendation:

Student Assistance Team Participants

NAME	POSITION
	Administrator
	Current Teacher
	Interventionist (Title 1, Reading Specialist, Etc.)
	Other appropriate professional staff
	Parent/Guardian

Parents have been notified of the concerns: Yes _____ No _____

Person responsible for notification: Name: _____ Title: _____ Date: _____