

Morgan Local School District

Intervention Assistance Team (IAT) Report—**INITIAL IAT Meeting**

Initial IAT Meeting	
School: _____	Date: _____

Student Full Name: _____
School: _____
Parent(s)/Guardian(s): _____
Address: _____
City/State: _____

Date of Birth: _____
Grade: _____
EMIS#: _____
Telephone: _____

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

Statement of Referral Concern(s):

Required Data Reviewed by IAT Each data source documented must be attached. (Required items are in **BOLD**)

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 (**Note: sensory impairment/other significant disability only at this point**)
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: _____