CPS Team Follow-Up Meeting Notes

Date of Meeting: _____
Name of Student: _____ Grade of student: _____

Team Members present:

NAME	POSITION

Referral Date: _____

Reason for Referral:

Specify:

Student data – Attach or write in relevant student data

Student is currently receiving: (choose one)

Review and attach graphic representation of baseline and intervention data

Response to Intervention: (If either "Poor" or Questionable" choose next action below)

    Poor

    Questionable

        Modify Tier 2 interventions
        (Set next meeting date below then proceed back to the Tier 2 plan for modification)

        Initiate/Modify Tier 3 interventions
        (Set next meeting date below then proceed to modify or create Tier 3 plan)

        Refer Teacher to other professional support
        Referred to: _____Date: _____
        (Set next meeting date below - create referral to SSW if applicable)

        Refer Student to outside behavior support
        Referred to: _____Date: _____
        (Set next meeting date then proceed to 3rd party partner referral process)

Positive: (choose one)

    Continue to implement interventions as designed

    Fade intervention to Tier 1 and continue progress monitoring

    Fade intervention to Tier 2 and continue progress monitoring

Parent contact to share graphic representation of student progress to be completed by:
Name: _____Meeting date with parent: _____

Next CPS Team meeting on this student: Date: _____ **or**   N/A

Additional Comments: