

**TAT Preparation and Documented Pre-Referral Interventions**

*Complete all sections up to the dotted line prior to the TAT meeting.*

Teacher/Referring Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_

Race:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Native American, Indian Education Notified: ▢ Yes ▢ No

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| History of School Enrollment: |  |

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| --- | --- | --- | --- |
| History of absenteeism? | ▢ Yes | ▢ No | Describe: |
| History of retention? | ▢ Yes | ▢ No | Describe: |
| History of behavioral concerns? | ▢ Yes | ▢ No | Describe: |
| Physical, health, or medical problems or concerns? | ▢ Yes | ▢ No | Describe: |
| Vision Screening conducted in the last year? | ▢ Yes | ▢ No | Describe: |
| Hearing Screening conducted in the last year? | ▢ Yes | ▢ No | Describe: |
| Environmental, diversity, or family factors affecting education? | ▢ Yes | ▢ No | Describe: |
| Outside agency evaluation? | ▢ Yes | ▢ No | Describe: |
| Previous special education assessments? | ▢ Yes | ▢ No | Describe: |
| Previous Title I/Assurance of Mastery/ADSIS, or other services? | ▢ Yes | ▢ No | Describe: |
| Previous Interventions and/or accommodations if known (Reading Recovery, LLI, Etc.) |  |  |  |
| If vision and hearing screening have not been conducted within 1 year,  Inform parent/guarding that screenings will be conducted.  Parent was informed of vision/hearing screenings: | ▢ Yes | ▢ Not Necessary |  |

**Initial Parent Contact** (to notify parents of concerns, and the intent to begin pre-referral interventions.) *Complete before meeting with the TAT.*

Date Parent Contacted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Making Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of contact:

* Phone call
* Conference/Face-to-Face Visit

Check each area of concern:

* Academics
* Behavior
* Motor
* Speech/Language
* Sensory
* Other

Describe area(s) of concern of problem behavior. What do the interventions need to address?

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**Attach any previous progress monitoring graphs or intervention records less than a year old, if available.**

*Relevant Assessment Data (MCA, MAP, AIMSweb, Curricular, Other)*

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**Complete the rest of the form at the TAT Meeting(s).**Note: *Pre-referral intervention Requirements*: Academic interventions should be conducted 4-5 days a week for at least 20 minutes per session in a 1:1 to 1:3 setting for at least 30 school days. Two interventions must be completed. For behavioral interventions, a behavioral skill or strategy should be taught, and the interventionist should have daily contact with the student. Documentation of parental notification must be provided.

**Intervention 1.**  
Choose and describe an intervention that addresses area/behavior of concern. Dates: to:

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| Baseline **Data** of the skill/problem behavior (including relevant assessment scores): |
| Which intervention are you using? |
| Intervention Plan (frequency, setting, progress monitoring procedures/tool): |
| Person Responsible: |

**Intervention 2.**  
Choose and describe an intervention that addresses area/behavior of concern. Dates: to:

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| Baseline **Data** of the skill/problem behavior (including relevant assessment scores): |
| Which intervention are you using? |
| Intervention Plan (frequency, setting, progress monitoring procedures/tool): |
| Person Responsible: |

**Parental Notification of Intervention – Complete after intervention(s) is/are planned.**

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| --- | --- |
| Date Parent Contacted: | |
| Type of Contact: ☐ **Phone Call** ☐ **Letter/Note/Email** ☐ **Home Visit** ☐ **Conference/Face-to-Face Visit** | |
| Person Making Contact: | Information/Comments from Parent: |

|  |  |
| --- | --- |
| Date Parent Contacted: | |
| Type of Contact: ☐ **Phone Call** ☐ **Letter/Note/Email** ☐ **Home Visit** ☐ **Conference/Face-to-Face Visit** | |
| Person Making Contact: | Information/Comments from Parent: |

**Intervention Results – include measurable outcome data (assessments, etc.); attach AIMSweb progress monitoring graphs or other record-keeping data):**

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| Measurable Outcome **Data** for Intervention #1: |
| Measurable Outcome **Data** for Intervention #2: |
| Narrative of results (both interventions): |

**Group Decisions/Action** Date

☐ The intervention was effective. No referral needed. Place all documentation in the cumulative file.  
☐ Intervention appears to be effective. Continue and review progress on (date).  
☐ Modify current intervention. Indicate modifications above and on AIMSweb or in interventionists record-keeping system.   
 Review on (date).  
☐ Try a different intervention. Complete a new TAT Intervention Plan and attach to this document.   
 Review on (date).  
☐ Refer student to CST. Place a copy of this intervention information in the student’s cumulative folder. Keep these originals and   
 attach to the CST procedural paperwork.