

Miami-Dade County Public Schools
Division of Special Education
SST/PST Follow-Up

Student Name: _____ ID #: _____ DOB: _____

Date of Initial SST/PST meeting: _____ Length of intervention: _____

Date Follow-Up meeting: _____

- Tier III data (eg. graph) is attached and reviewed. Yes No
- Tier III Rtl Fidelity Checklist is attached and reviewed. Yes No
- Existing Rtl data of Tier III intervention indicates the following course of action should be taken:
 - *Option A:* Student is **making adequate progress and no longer requires** Tier III intervention. The student can be expected to **benefit from Tier I** instruction without significant modifications or adaptations
 - *Option B:* Student is **making adequate progress and no longer requires** Tier III intervention. Student should be **monitored with Tier II intervention.**
 - *Option C:* Student is **making adequate progress but continues to require** Tier III intervention. Date of subsequent SST Follow-Up: _____
 - *Option D:* Student's response to intervention is **questionable and follow-up is required.** Date of subsequent SST/PST Follow-Up: _____
 - Revise intervention plan **and/or**
 - Request Comprehensive Rtl Evaluation report.
 - *Option E:* Student's response to intervention is **poor.**
 - Revise intervention plan and request M-Team Comprehensive Evaluation.
 - *Option F:* Student demonstrates an **acceptable rate of progress but continues to require sustained and substantial effort** to close the achievement gap.
 - Continue Tier III intervention and request M-Team Comprehensive Evaluation.

If determined appropriate, date M-Team Comprehensive Evaluation report is requested: _____

SST/PST Follow-Up Notes:

Signatures:

Administrator

School Psychologist