



Multi-Tiered System of Supports *Documentation Checklist*

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**This checklist is used to evaluate the completeness of information and data in a student's MTSS folder.
Only mark yes if section is fully complete.**

Tier I Universal Support Documentation				
Section 1A	Component	Complete	Notes	Initials
Pre – K	Student Profile Demographic Information	Y ☐ N ☐		
	College and Career Readiness Anchor Standards Performance Approaches to Learning Social/emotional English Language Arts Mathematics Science Social Studies Physical Development The Arts	Y ☐ N ☐		
	Behavior Social Emotional Issues (Appendix A) Discipline Record Total Number of Discipline Reports Total Number of Classroom Removals Parent Conference(s) Date(s): Additional behaviors that may impact performance:	Y ☐ N ☐		
	Attendance Current Year: _____ (Previous 3 Years) School Year _____/ _____ School Year _____/ _____ School Year _____/ _____	Y ☐ N ☐		
	Special Population Special Education IEP/504 Initial Eligibility Date Eligibility Category EL (Appendix B)	Y ☐ N ☐		
	Kindergarten Readiness Assessment Score	Y ☐ N ☐		
	Multiple Screeners	Y ☐ N ☐		
	Hearing and Vision	Y ☐ N ☐		

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Tier I Universal Support Documentation				
Section 1B	Component	Complete	Notes	Initials
K - 8	Student Profile Demographic Information	Y ☐ N ☐		
	Course Performance Reading Mathematics Science Social Studies Language Arts	Y ☐ N ☐		
	Behavior Social Emotional Issues (Appendix A) Discipline Record Total Number of Discipline Reports Total Number of Suspensions (In & Out of School) Total Number of Classroom Removals Parent Conference(s) Date(s): Additional behaviors that may impact performance:	Y ☐ N ☐		
	Attendance Previous Years Current Year Last 3 Schools Attended	Y ☐ N ☐		
	Grade Retention	Y ☐ N ☐		
	Special Population Special Education IEP/504 Initial Eligibility Date Eligibility Category EL (Appendix B)	Y ☐ N ☐		
	K-Readiness Assessment	Y ☐ N ☐		
	Literacy Based Promotion Act	Y ☐ N ☐		
	State Assessments	Y ☐ N ☐		
	Multiple Screeners Dyslexia Screener Universal Screener	Y ☐ N ☐		
	Hearing and Vision	Y ☐ N ☐		

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Tier I Universal Support Documentation				
Section 1C	Component	Complete	Notes	Initials
9 - 12	Student Profile Demographic Information	Y ☐ N ☐		
	Course Performance Reading Mathematics Science Social Studies Language Arts SATP Algebra I English II Biology U.S. History	Y ☐ N ☐		
	Behavior Social Emotional Issues (Appendix A) Discipline Record Total Number of Discipline Reports Total Number of Suspensions (In & Out of School) Total Number of Classroom Removals Parent Conference(s) Date(s): Additional behaviors that may impact performance:	Y ☐ N ☐		
	Attendance Previous Years Current Year Last 3 Schools Attended	Y ☐ N ☐		
	Grade Retention	Y ☐ N ☐		
	Special Population Special Education IEP/504 Initial Eligibility Date Eligibility Category EL (Appendix B)	Y ☐ N ☐		
	Repeated Course Work	Y ☐ N ☐		
	State Assessments	Y ☐ N ☐		
	Diploma Options	Y ☐ N ☐		
	Hearing and Vision	Y ☐ N ☐		
1D	Tier 1 High Quality Classroom Observation Form	Y ☐ N ☐		

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Tier II Supplemental Instruction Documentation				
Section	Component	Complete	Notes	Initials
2A	Documentation	Y ☐ N ☐		
	Targeted deficit area			
	Evidence based intervention			
	Measurable evaluation criteria			
	Start Date			
	Duration			
	Frequency of Intervention			
	Frequency of Progress Monitoring (2 data points a month)			
	Intervention implementers			
	Review Date (4 week & 8 week)			
Parent Notification Letter				
2B	Fidelity Check (2 at equal intervals)	Y ☐ N ☐		
2C	Progress Monitoring and Evaluation	Y ☐ N ☐		
	Documented Review – (data in graphical format)			
	1 st Documented Review			
	Cumulative Documented Review			
	Decision			
Signatures				

Additional Notes:

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Only mark yes if section is fully complete.

Tier III Intensive Intervention				
Section	Component	Complete	Notes	Initials
3A	Teacher Support Team Referral and Meeting Letter to Chair or Mississippi State Board Policy Part 3 Chapter 41, Rule 41.1: Intervention Teacher submitting referral TST Chair acknowledging receipt Date of receipt of referral Date of TST Meeting to discuss referral Referral Meeting Details Summary of Decisions Signature & Title TST Recommendations	Y ☐ N ☐		
3B	Documentation Targeted deficit area Evidence based intervention Measurable evaluation criteria Start Date Duration Frequency of Intervention Frequency of Progress Monitoring (1 data point a week) Intervention implementers Review Date (8 week & 16 week) Parental Notification	Y ☐ N ☐		
3C	Fidelity Check (2 at equal intervals)	Y ☐ N ☐		
3D	Progress Monitoring and Evaluation Documented Review – (data in graphical format) 1 st Documented Review Cumulative Documented Review Decision Signatures	Y ☐ N ☐		

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Section	Component	Complete	Notes	Initials
3E	Teacher Support Team Invitation	Y ☐ N ☐		
3F	Statement of Confidentiality	Y ☐ N ☐		
3G	End of the Year MTSS Tier Information Universal Screener Dyslexia Screener Attendance Grades Behavior Comprehensive Evaluation Outside Testing Intervention Tiered Level of Support at the end of the School Year (TI, TII, TIII)	Y ☐ N ☐		

Additional Notes:

[illegible]

Checklist completed by: _____ **Date:** _____