



Bemidji Area Schools
ISD #31
Bemidji, MN 56601

**TAT Preparation and (1/16)
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

Student History Review – Check if “yes” and attach additional information or describe as needed.

- 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 last 6 months? ☐ Yes ☐ No Describe date and results: _____
 - Hearing Screening conducted in last 6 months? ☐ Yes ☐ No Describe date and results: _____
- Environmental, diversity, or family factors affecting education? ☐ Yes ☐ No Describe: _____
- Outside agency evaluation? ☐ Yes ☐ No Describe: _____
- Previous special education assessments? ☐ Yes ☐ No Describe: _____
- Previous special education services? ☐ Yes ☐ No Describe: _____
- Previous Title I/Assurance of Mastery or other services? ☐ Yes ☐ No Describe as specifically as possible, listing previous interventions and/or accommodations if known (Reading Recovery, LLI, etc.): _____

Initial Parent/Guardian Contact – Complete before meeting with the TAT.

Date Parent/Guardian Contacted:	Person Making Contact:
Type of Contact: <input type="checkbox"/> Phone Call <input type="checkbox"/> Conference/Face-to-Face Visit	
Cultural Interview (ask the parent/guardian the following and record responses): All Languages Spoken in the Home: _____ Child's First Language of Exposure: _____ (If Native American) “Which best describes your connection to the district's Indian Education program?” <input type="checkbox"/> We are registered. <input type="checkbox"/> We have declined services. <input type="checkbox"/> We are interested in more information. Please ask parent/guardian the following question: “As you think about your family's cultural or racial background, would you like the school staff to know anything specific about your child?” Parent/Guardian Response: _____ If vision and hearing screenings have not been conducted within 6 months, inform parent/guardian that the screenings will be conducted. Parent was informed of vision/hearing screenings: <input type="checkbox"/> Yes <input type="checkbox"/> Not necessary; screening has been done within past 6 months (If necessary, inform school health professional that screenings need to be completed.)	

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

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

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

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. **Note: Set up a Progress Monitoring Schedule on AIMSweb and document the intervention there, if possible. If not using AIMSweb as a progress monitoring system, use an alternative documentation system that will demonstrate student progress. The Interventionist must have a fidelity self-check on file for these interventions.**

Intervention 1.

Choose and describe an intervention that addresses area/behavior of concern.

Dates: _____ to: _____

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: _____

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.

Date Parent Contacted:	
Type of Contact:	<input type="checkbox"/> Phone Call <input type="checkbox"/> Letter/Note/Email <input type="checkbox"/> Home Visit <input type="checkbox"/> 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):

Measurable Outcome **Data** for Intervention #1:

Measurable Outcome **Data** for Intervention #2:

Narrative of Results (both interventions):

Group Decisions/Action

Date: _____

- ☐ Intervention was effective. No referral needed. Place all documentation in cumulative file.
- ☐ Intervention appears effective. Continue and review progress on _____ (date).
- ☐ Modify current intervention. Indicate modifications above and on AIMSweb or in interventionist's 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.

Notes: