

Title I Math Program
Criteria for Selection – Grade _____
(Teacher Use ONLY)

Name: _____

Date: _____

School: _____

Teacher(s): _____

Classroom teacher completes and ATTACHES COPIES of the following and brings these to the MTSS meeting:

1. A **copy** of the NWEA Student Progress Report Date: _____

2. **Copy** of current/Unit Assessment REVEAL

3. **Copy** of Report Cards – Math Section ONLY (*for the past two (2) years*)

4. Connect Ed Grade Card Report

5. Kindergarten screening assessment (K ONLY)

6. A **copy** of the MTSS Tier I Baseline Data Form (Google doc)

* Is there a past history of Special Education? Yes____ No ____

If "yes" list program and dates.