



## Initial Intervention Assistance Team Meeting Minutes

**Date:**

**Student Name:**

**Student ID:**

**Grade:**

**DOB:**

**Parent/Guardian:**

**Current Tier Level:**

**Attach IAT Referral Document and Supporting Documentation**

### Meeting Minutes

**Summarize documentation:** Include student academic and behavioral data, strengths and challenges, attendance, grades, top two teacher concerns and support, and meeting talking points.



Duplicate this page if needed for additional goals.

## Goals for Intervention

### Set Goals:

Goal:	Baseline as of this meeting:

### Design Intervention Plan:

Plan Start/End Date:	
Days, time, and location:	
Skills addressed:	
Person responsible for interventions:	
Special Resources Need:	
Person Responsible for entering into Chancery:	

### Progress Monitoring:

Person responsible for progress monitoring:	
Frequency of monitoring:	
Method used:	
Person responsible for entering in to Chancery:	

### Parent Contact: How will information be shared with parent if parent is not present at IAT meeting?

Person responsible for parental contact:	
Method used:	

### Review Minutes:

Minutes of the meeting were reviewed by:
A follow up progress review IAT meeting has been scheduled for _____ after start date of intervention.



## Initial IAT Meeting Signature Page

Date: \_\_\_\_\_

Print: \_\_\_\_\_

Teacher (Required)

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Administrator (Required)

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

IAT Chairperson (Required)

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Parent

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Other:

Signature: \_\_\_\_\_

The meeting was adjourned, and members agreed to the goals, intervention plan, and progress monitoring.

Print pages for records and provide a copy for the parent.