



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: _____

Print: _____

Other:

Signature: _____

Print: _____

Other:

Signature: _____

Print: _____

Other:

Signature: _____

Print: _____

Other:

Signature: _____

Print: _____

Other:

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.