

Student Data Sheet

Student: _____ Date: _____

MSIS No.: _____ Grade: _____ Date of Birth: _____

Teacher: _____ School: _____

Parent: _____ Phone: _____

Father/Guardian

Mother/Guardian

Phone (if different from above): _____

Address: _____

Reason for Referral

<input type="checkbox"/> Academic Areas <input type="checkbox"/> Mathematics <input type="checkbox"/> Reading <input type="checkbox"/> Other Content Area(s) _____	<input type="checkbox"/> Behavior Complete Social/Emotional Worksheet
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ATTENDANCE 1. Last Year Days Present: _____ Days Absent: _____ 2. Total days missed since student began school: _____ 3. List all schools attended: _____ _____ _____	TESTING INFORMATION 1. MCT2 2. SATP	SCREENING (must be within the last year) 1. Hearing Date: _____ Results: _____ Recheck Needed: _____ 2. Vision Date: _____ Results: _____ Recheck Needed: _____ SPECIAL NEEDS:
DISCIPLINE RECORD Number of discipline reports _____ Number of suspensions _____ In-school _____ Out-of-school _____	MOST RECENT ACADEMIC GRADES <div style="text-align: right;">Letter GRADE</div> 1. English/Language Arts _____ 2. Reading _____ 3. Math _____ 4. Spelling _____ 5. Science _____ 6. Social Studies _____ 7. Health/PE _____ 8. Other _____	OTHER: 1. Retentions Year(s) _____ Grade(s) _____ 2. Previous enrollment in Special Education Programs/Section 504: _____

Tier 1 Documentation Form

Student: _____ Date: _____

MSIS No.: _____ Grade: _____ Date of Birth: _____

School: _____

Teacher: _____ Administrator: _____

Tier 1 Documentation								
	Observations Conducted		Appropriate Instruction/ Classroom Management		Differentiated Instruction		Universal Screening	Student's Percentile Score
Mathematics	Y	N	Y	N	Y	N	Measure: Date(s):	
Reading	Y	N	Y	N	Y	N	Measure: Date(s):	
Language Arts	Y	N	Y	N	Y	N	Measure: Date(s):	
Science	Y	N	Y	N	Y	N	Measure: Date(s):	
Social Studies	Y	N	Y	N	Y	N	Measure: Date(s):	
Behavior	Y	N	Y	N	N/A		Measure: Date(s):	

Note: This form should be completed by the classroom teacher and the administrator. Teacher completes student information. Administrator completes section on teacher observation for appropriate instruction/classroom management and differentiated instruction.

Academic Area(s): _____

Tier 1 Plan:

Specific Strategies Used:

Length of time strategy was used (duration): _____

Frequency of implementation: _____

Student's parent notified of plan? (circle) Y / N Date: _____

Teacher's signature: _____ Date: _____

Administrator's signature: _____ Date: _____

Tier 1 Classroom Observation

Implementation Guidelines for Tier 1 Observation of Effective Classroom Management, Effective Classroom Instruction, and Differentiated Instruction

Implementing the Observation Process

1. The **Tier 1 Observation Form** should be completed by a school-based administrator, senior mentor for classroom teachers, curriculum and instruction administrator, and/or the superintendent. Minimally, this form should be filled out at least three times yearly in each general education classroom. However, if changes are needed and an Action Plan is implemented, at least three additional observations or a total of six observations should be conducted. The instructional leader/principal should describe the elements of the form and the tentative schedule of observations. However, observations should not be scheduled in advance (e.g., telling a teacher the day and time the observation is going to occur).

Example:

During the next faculty meeting, the principal hands out copies of the form and shares that he or she will be observing all general education classrooms at least three times during the school year as well as how the form is completed and criteria are satisfied. The teachers should be expected to turn in weekly lesson plans, and plans should be easily obtainable for the observer. Scores are calculated and feedback should be immediate for the general education teacher. If any classroom falls below 80% on any specific area or below the district set topical minimum, that administrator or observer should complete a Tier 1 Action Plan. The instructional leader or principal should oversee observations as well as development of Action Plans. The plan is not for

classroom teachers to be evaluated, told that changes are needed, and then left with no methods or specific guidance of what or how to change.

2. **Tier 1 Action Plans**, if needed, will be completed and implemented within 3 weeks of the observation. A classroom observation for any teacher that did not meet the set minimum on any specific area should be conducted within 1 week of implementation of the Action Plan.

Directions for Conducting Observations

Section A provides a schedule for the observations. Section B is a description of the materials needed. Section C provides the directions on how to perform the observation.

- A. Observations should be conducted following this schedule:

Observation 1- completed during weeks 1–6.

Observation 2- completed during weeks 14–19.

Observation 3- completed during weeks 31–36.

Observations 4-6 should be completed anytime the teacher does not meet minimal criteria.

- B. The person conducting the observation will need the following materials: a stopwatch, a clipboard, a writing utensil, and the observation form.

A stopwatch will need to have “start,” “stop,” and “reset” buttons. A stopwatch without an audible start/stop signal is preferable as to not disrupt the classroom.

- C. Observer directions are indicated for the six sections of the observation form with a repeating pattern, which include: (a) effective classroom management, (b) effective classroom instruction, (c) differentiated instruction, (d) effective classroom management, (e) effective classroom instruction, and (f) differentiated instruction. Each section is a 1-minute partial interval recording for a total of 5 minutes. An entire observation should last for a total of 30 minutes (i.e., 5 minutes for effective classroom management, 5 minutes for effective

classroom instruction, 5 minutes for differentiated instruction, 5 minutes for effective classroom management, 5 minutes for effective classroom instruction, and finally 5 minutes for differentiated instruction). This observation procedure is a 1-minute partial interval. Partial interval recording means that *anytime* the behavior is observed *during that interval*, the box is marked. For example, the administrator observes positive feedback being given starting at 1 minute and 45 seconds and lasting until 2 minutes and 5 seconds. The administrator should mark the number “2” and “3” boxes for observing that behavior because the behavior occurred during the second and third minute. The observer should be watching for all the behaviors in that category for 5 minutes and marking accordingly. In the next 5 minutes, the observer should move to the next section to watch for the next set of behaviors. When the observation is completed, total the number of tally marks for each row in each section and then sum the totals for each row in the section to obtain a total for the three sections [i.e., effective classroom management (ECM), effective classroom instruction (ECI), and differentiated instruction (DI)]. Record the total for each section at the end of the observation form. Divide the total for each section by the total number of possible observed intervals and multiply by 100 to get a percentage of observed behaviors.

Tier 1 Classroom Observation

Teacher: _____ Observer: _____

This observation is a 1-minute partial interval (observed anytime during the interval). The observation will be 30 minutes long (5 min. for ECI, 5 min. for ECM, 5 min. for DI).

Put a “/” mark in the interval if the behavior is present anytime during the interval. Leave the box blank if the behavior was not seen during the interval. In the total box for each section, write the number of “/” marks for each interval across the row.

Please circle
Observation **1** **2** **3** **4** **5** **6** **Date of Observation:** _____ **Time of Observation:** _____

							Observation Interval For Each Minute				
							1	2	3	4	5
I. Effective Classroom Management											
1. Use of smooth transitions: providing transition activities for students											/5
2. Rules are communicated in the classroom											/5
3. Procedures are communicated in the classroom											/5
4. Use of active supervision component: scanning to monitor student behavior											/5
5. Use of active supervision component: moving around the room to monitor student behavior											/5
6. Use of active supervision component: interacting to monitor student behavior											/5
7. Consequences for positive behavior											/5
8. Consequences for negative behavior											/5
II. Effective Classroom Instruction											
1. Students are actively engaged in material (writing, answering questions, discussion)											/5
2. Content is at instructional level (i.e., tiered assignments or choice boards)											/5
3. Students answer questions correctly											/5
4. Students ask questions											/5
5. Teacher communicates the expectations of the lesson											/5
6. Teacher questioning measures students' understanding of the prerequisite concepts											/5
7. Teacher questioning measures students' understanding of new concepts											/5
8. Teacher encourages students to think critically concerning previous concepts											/5
9. Teacher encourages students to think critically concerning new concepts											/5
10. Teacher reviews prerequisite knowledge needed for the lesson											/5

	Observation Interval For Each Minute				
	1	2	3	4	5
III. Differentiated Instruction					
1. Teacher uses activities to support instruction (i.e., advanced organizer, intro to lesson, or closure)					/5
2. Teacher aligns tasks to learning goals					/5
3. Teacher engagement with students varies as the needs of the students differ					/5
4. Teacher provides guided practice in learning new concepts					/5
5. Teacher provides modeling for learning new concepts					/5
6. Teacher uses concepts to support instruction (i.e., broad based ideas or principles)					/5
7. Teacher uses content to support instruction (i.e., incremental steps to an objective)					/5
8. Teacher groups students to work on instructional component					/5
9. Teacher provides prompt feedback to students concerning performance (i.e., positive corrective feedback)					/5
10. Teacher assists students in preparation for assignments, long-range projects, and tests					/5
IV. Effective Classroom Management					
1. Use of smooth transitions: providing transition activities for students					/5
2. Rules are communicated in the classroom					/5
3. Procedures are communicated in the classroom					/5
4. Use of active supervision component: scanning to monitor student behavior					/5
5. Use of active supervision component: moving around the room to monitor student behavior					/5
6. Use of active supervision component: interacting to monitor student behavior					/5
7. Consequences for positive behavior					/5
8. Consequences for negative behavior					/5
V. Effective Classroom Instruction					
1. Students are actively engaged in material (writing, answering questions, discussion)					/5
2. Content is at instructional level (i.e., tiered assignments or choice boards)					/5
3. Students answer questions correctly					/5
4. Students ask questions					/5
5. Teacher communicates the expectations of the lesson					/5
6. Teacher questioning measures students' understanding of the prerequisite concepts					/5
7. Teacher questioning measures students' understanding of new concepts					/5
8. Teacher encourages students to think critically concerning previous concepts					/5
9. Teacher encourages students to think critically concerning new concepts					/5
10. Teacher reviews prerequisite knowledge needed for the lesson					/5

	Observation Interval For Each Minute				
	1	2	3	4	5
VI. Differentiated Instruction					
TOTAL					

1. Teacher uses activities to support instruction (i.e., advanced organizer, intro to lesson, or closure)									/5
2. Teacher aligns tasks to learning goals									/5
3. Teacher engagement with students varies as the needs of the students differ									/5
4. Teacher provides guided practice in learning new concepts									/5
5. Teacher provides modeling for learning new concepts									/5
6. Teacher uses concepts to support instruction (i.e., broad based ideas or principles)									/5
7. Teacher uses content to support instruction (i.e., incremental steps to an objective)									/5
8. Teacher groups students to work on instructional component									/5
9. Teacher provides prompt feedback to students concerning performance (i.e., positive corrective feedback)									/5
10. Teacher assists students in preparation for assignments, long-range projects, and tests									/5

Effective Classroom Management ____/80 ____%
 Effective Classroom Instruction ____/100 ____%
 Differentiated Instruction ____/100 ____%

Met 80% or higher in each area: **Effective Classroom Management** **Y or N** **Effective Classroom Instruction** **Y or N** **Differentiated Instruction** **Y or N**

Notes (Any area that was consistently strong or needs improvement): _____

Teacher Tier 1 Action Plan

Teacher: _____ School: _____ Date: _____

Grade: _____ District: _____

Procedures

Each teacher will be observed a minimum of 3 times per year using the Tier 1 Classroom Observation Form. If any classroom falls below 80% on any specific area or below the district set topical minimum, the school administrator should complete a Tier 1 Action Plan. The school administrators must oversee Tier 1 classroom observations as well as the Tier 1 Action Plan.

Classroom Observations

- *Observation 1a* - completed by end of 1st 9 weeks in school
 - Action Plan - completed and implemented within 3 weeks of observation
 - *Observation 1b* - completed within 1 week of action plan's implementation
- *Observation 2* - completed by end of 2nd 9 weeks in school
- *Observation 3* - completed by end of 3rd 9 weeks in school
- *Observations 4-6* - completed only if a teacher is in need of an action plan

Note: This form should not be placed in the student Teacher Support Team (TST) packet.

Teacher Tier 1 Action Plan

School: _____ Administrator: _____

Teacher: _____ Grade: _____

Topical set minimum:

- I. High Quality Classroom Instruction: 80%
- II. Differentiated Instruction: 80%
- III. Support for Teachers: 80%
- IV. Empirically-based Curriculum

	Areas falling below 3 points	New procedures and modifications	Date to be implemented	Date to be observed	Was the modification effective? Y/N	Date of Next Evaluation
1.						
2.						
3.						
4.						

Note: This form should not be placed in the student TST packet.

Teacher Tier 1 Action Plan

	Areas falling below 3 points	New procedures and modifications	Date to be implemented	Date to be observed	Was the modification effective? Y/N	Date of Next Evaluation
5.						
6.						
7.						
8.						
9.						
10.						

Teacher's signature: _____ Date: _____

Administrator's signature: _____ Date: _____

Note: This form should not be placed in the student TST packet.

Tier 2 Documentation Form

Student: _____ **Date:** _____

MSIS No.: _____ **Grade:** _____ **Date of Birth:** _____

School: _____

Teacher: _____ **Administrator:** _____

Interventionist Name and Qualifications/Training: _____

Target Area(s) (academic and/or behavior): _____

Skill(s): _____

Goal(s): _____

Intervention: _____

Components of Intervention: _____

Proposed Schedule (i.e., number of sessions per/week, length of each session, where intervention will take place): _____

Integrity of Intervention will be observed by _____ **during**
_____ **number of sessions.**

Student's parent(s) notified of Tier 2 intervention (circle): Y/N

A Committee will review Tier 2 intervention data on _____.

Committee Members:

Teacher Signature

Date

Administrator Signature

Date

Other Signature

Date

	Intervention Used		Days Implemented		Interventionist		Integrity Observed (name/date)		Intervention Implemented with Integrity 80% or better		Progress Monitor (score/date)		Student Responded		Continue or Modify Intervention	
Baseline																
Example									Y	N			Y	N	C/M	N
									Y	N			Y	N	C/M	N
Week 1									Y	N			Y	N	C/M	N
									Y	N			Y	N	C/M	N
Week 2									Y	N			Y	N	C/M	N
									Y	N			Y	N	C/M	N
Week 3									Y	N			Y	N	C/M	N
									Y	N			Y	N	C/M	N
Week 4									Y	N			Y	N	C/M	N
									Y	N			Y	N	C/M	N
Week 5									Y	N			Y	N	C/M	N
									Y	N			Y	N	C/M	N
Week 6									Y	N			Y	N	C/M	N
									Y	N			Y	N	C/M	N
Week 7									Y	N			Y	N	C/M	N
									Y	N			Y	N	C/M	N
Week 8									Y	N			Y	N	C/M	N
									Y	N			Y	N	C/M	N
Week 9									Y	N			Y	N	C/M	N
									Y	N			Y	N	C/M	N
Week 10									Y	N			Y	N	C/M	N
									Y	N			Y	N	C/M	N

Reading _____
Math _____
Behavior _____
Writing _____
Other _____

Tier 2 Data Chart

Student Name: _____

What is the supplemental instruction? _____

Check here if attaching graph _____

WEEK#		DATE		DATA
1/1				
2/2				
3/3				
4/4				
5/5				
6/6				
7/7				
8/8				
9/9				
10/10				

Baseline

Supplemental Instruction

[illegible]

INSTRUCTIONAL WEEKS

Dependent Variable: _____ Put numbers in the blanks on the left of the graph to indicate if it is percentage 10, 20, 30 or WCPM: 10, 20, 30, 40 etc.

Request to the School Teacher Support Team (TST)

MSIS No.: _____ School: _____

Student: _____ Date of Birth: _____ Grade: _____
Last First MI

TO: Teacher Support Team Chair

I request that the above named student be reviewed by the TST to assist in providing interventions in an effort to improve his/her overall academic performance.

I have observed problems that interfere with his/her educational progress in the following area(s):

- _____ Academic performance, low or failing grades
- _____ Behavior and/or discipline
- _____ Medical
- _____ Other, specify _____

OR

Referral of the student is made based upon Mississippi State Board Policy 4300. These referrals must be made within the first 20 school days of a school year if the child failed the preceding year. Please indicate below:

- _____ Grades 1–3: Student has failed one grade.
- _____ Grades 4–12: Student has failed two grades.
- _____ Student failed either of the preceding two grades and has been suspended or expelled for more than 20 days in the current school year.
- _____ Student scored at the minimal level on any part of the grade 3 or grade 7 Mississippi Curriculum Test 2 (MCT2).

TST chair to initial and date receipt of referral	
Referring teacher to initial receipt of the Student Data Sheet	
Date for the TST to meet about the student [must be within 2 weeks of referral]	

Social/Emotional Worksheet

Student: _____ Grade: _____ Date: _____

(Please complete the form to the best of your ability. Give factual data based on a comparison to peers rather than opinion-based responses.)

☐ No Problems

STUDENT IS DISRUPTIVE IN CLASS:

- ☐ fidgets
- ☐ is overly active
- ☐ does not remain in seat
- ☐ talks out of turn
- ☐ disturbs others when they are working
- ☐ constantly seeks attention
- ☐ overly aggressive with others (i.e., physical fights)
- ☐ belligerent towards teachers and others in authority
- ☐ defiant or stubborn
- ☐ impulsive
- ☐ can't wait his/her turn
- ☐ acts without thinking of the consequences

STUDENT IS WITHDRAWN:

- ☐ shy, timid
- ☐ has difficulty making friends
- ☐ sits alone in cafeteria
- ☐ does not join in classroom group activities
- ☐ overly conforms to rules
- ☐ appears to daydream or be out of touch with the class
- ☐ has difficulty expressing feelings

STUDENT IS ANXIOUS:

- ☐ appears depressed
- ☐ rarely smiles
- ☐ appears to be tense
- ☐ appears frightened or worried
- ☐ cries easily
- ☐ does not trust others
- ☐ reports fears or phobias (such as fear of coming to school)

OTHER SOCIAL/EMOTIONAL BEHAVIORS:

- ☐ lacks self-confidence
- ☐ says "can't do" even before attempting
- ☐ reacts poorly to disappointment
- ☐ is overly sensitive to disappointment
- ☐ depends on others
- ☐ clings to adults
- ☐ pretends to be ill
- ☐ has poor grooming or personal hygiene

STUDENT HAS:

- ☐ been on runaway status
- ☐ been caught stealing at school
- ☐ left class without permission
- ☐ cursed school personnel
- ☐ threatened to harm school personnel or wished school personnel harm
- ☐ been suspended for fighting
- ☐ attempted suicide
- ☐ received tobacco violations at school
- ☐ received drug/alcohol violations at school

CLASSROOM INTEREST:

- ☐ **High** ☐ **Average** ☐ **Low** ☐ **Other, Please Specify**
-

CLASSROOM PARTICIPATION:

- ☐ almost always
- ☐ frequently
- ☐ occasionally
- ☐ seldom

CLASSROOM PREPAREDNESS:

- ☐ always brings necessary supplies
- ☐ usually brings supplies
- ☐ seldom comes to class with supplies
- ☐ never comes to class with supplies

MOTIVATION:

- ☐ completes homework
- ☐ completes about half of the assignment
- ☐ tends to give up easily
- ☐ has difficulty getting started on assignments

TO THE BEST OF YOUR KNOWLEDGE:

- ☐ This student is involved with the court system.
- ☐ This student is in counseling.
- ☐ This student is on medication.

Teacher Support Team (TST) Meeting Summary Form

(Complete this form after every meeting.)

Student: _____ Date: _____

MSIS No.: _____ Grade: _____ Date of Birth: _____

School: _____

Meeting Date: _____

Summary of Discussion: _____

☐ Summary continued on back.

Recommendations:

<input type="radio"/> Parental Contact	<input type="radio"/> Additional Screening (5 yr. old, in-school)
<input type="radio"/> Academic Instructional Intervention in the area(s): _____ Reading _____ Math _____ Language Arts _____ Other _____	<input type="radio"/> Hearing/Vision Screening
<input type="radio"/> Student Conference	<input type="radio"/> Medical Follow-up
<input type="radio"/> Behavior Observation	<input type="radio"/> Referral to School Counselor
<input type="radio"/> Conduct Functional Behavior Assessment	<input type="radio"/> Referral to Community Agency
<input type="radio"/> Behavior Intervention Plan (BIP)	<input type="radio"/> Remain in General Education
<input type="radio"/> Intervention successful/continue plan	<input type="radio"/> Continue Instructional Intervention(s) in General Education Classroom
<input type="radio"/> Intervention not successful/modify current plan	<input type="radio"/> Complete Teacher Narrative Packet
<input type="radio"/> Other:	<input type="radio"/> Refer for Child Study (Multidisciplinary Evaluation Team chairperson will determine meeting date.)
	<input type="radio"/> Other:

TST Members Present:

Name

Title

Teacher Support Team Recommendation Form

Student: _____ MSIS No.: _____

School: _____ Date of Birth : _____

The Teacher Support Team (TST) has met to review and utilize all the possible resources within the school and/or district to determine the needs of the above referenced student.

The TST has recommended the following options:

For the following reasons:

Recommendations to be completed by: _____

Principal's signature: _____ Date: _____

Intervention Documentation Form for Tier 3

Student:	Teacher:	School Year:	
MSIS Number:	Gender:	Ethnicity:	
General Information	School:		
	Grade:		
	Subject:		
	Intervention Start Date (Must be implemented within 2 weeks after referral):		
	First Documented Intervention Review Date (Must be completed no later than 8 weeks after implementation):	Sufficient Progress?	No
		<input type="checkbox"/>	<input type="checkbox"/>
	Second Documented Intervention Review Date (Must be completed no later than 16 weeks after implementation):	Sufficient Progress?	No
		<input type="checkbox"/>	<input type="checkbox"/>
		If no, an additional intervention form should be completed.	
		If no, an additional intervention form should be completed.	
Tier 3 of the Three-tier Instructional Model consists of intensive interventions specifically designed to meet the individual needs of students.			
What is the referring problem? (State in specific and measurable terms.)			
What data support the existence of the problem? (Describe baseline data.)			
What is the goal to resolve this problem? (State in specific and measurable terms.)			

Student:			
Describe the intervention to be attempted. (Please complete all information as noted.)			
List specific objective(s) of this intervention.	Describe the activities for each objective(s) involved.	List the specific evaluation criteria to be utilized.	
Conducted By:		Name:	
		Position:	
Time Span:	Implementation Date:	End Date (Cannot exceed 16 school weeks beyond the implementation date):	
Frequency	Duration		
Progress Monitoring Checks to Be Completed:			
Frequency of Progress Monitoring:			
Evaluation of Success of Intervention (Please check the appropriate response and complete all information.)			
Compare baseline data to goal data. Attach documentation.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planned intervention was successful in meeting child's needs. This intervention will be continued in the current setting.	Planned intervention was not successful in meeting the child's needs. Another intervention will be conducted to attempt to meet child's needs.	Planned intervention was not successful in meeting the child's needs. Referral for Child Study is being considered due to:	

Intervention Documentation Form for Tier 3

Student: _____

Signatures:

Name	Position	Date

Tier 3 Data Chart

Student Name: _____

School: _____ Grade: _____

What is the intervention? _____

- ☐ Reading

☐ Math

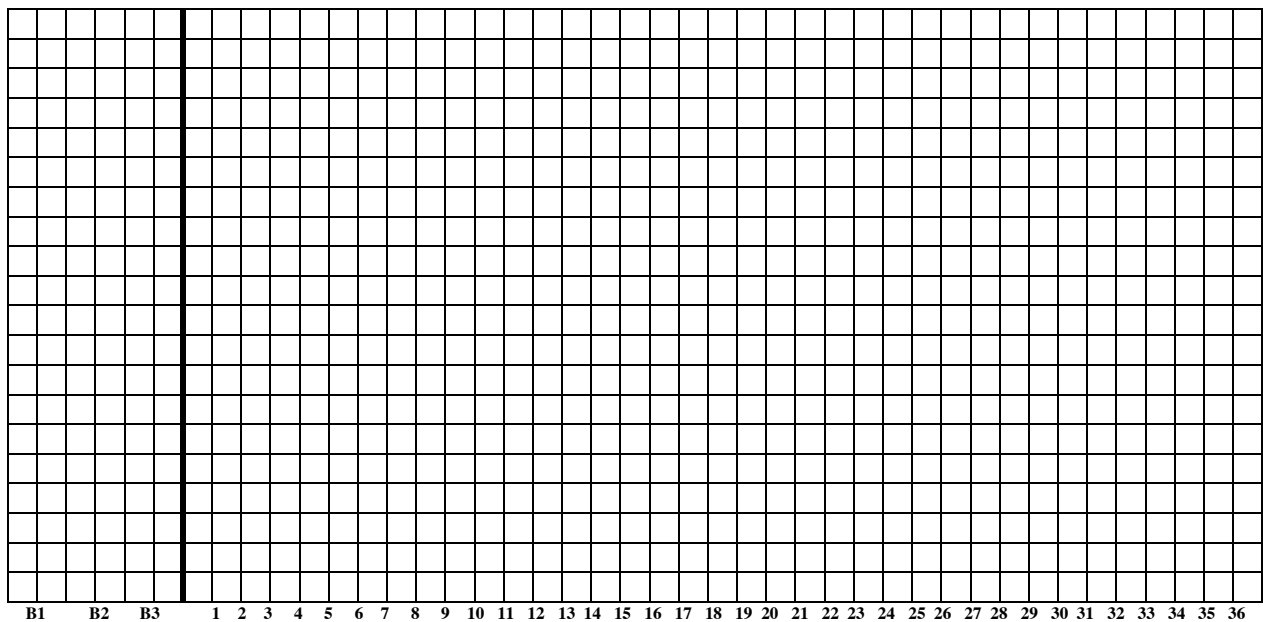
☐ Behavior

☐ Writing

☐ Other
(_____)

DAY#	DATE	DATA	DAY #	DATE	DATA	DAY #	DATE	DATA

Baseline **Intervention**



Instructional Days

Dependent Variable: _____ Put numbers in the blanks on the left of the graph to indicate if it is percentage 10, 20, 30 or words correct per minute (WCPM): 10, 20, 30, 40, etc.

School Year: _____

Statement of Confidentiality

Note: This form is to be completed prior to participating in the Teacher Support Team (TST) process.

I agree that all information (i.e., teacher and student information, school performance data, specific demographic data, etc.) discussed pertaining to the TST process will be held in strict confidence. I will neither contact anyone outside the official function of this TST process for any reason nor will I make any notes or copies of any documents utilized during the process.

Signature:

Title:

Date:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Model Form 13

Teacher Support Team Invitation

Student: _____ **School:** _____ **Date:** _____

Dear Parent/Guardian:

The Teacher Support Team (TST) would like to invite you to a meeting regarding your child's progress in school. The TST's purpose is to review and consider all available information and to recommend additional educational strategies and interventions to further assist your child. The TST may consist of up to six (6) staff members, depending on your child's individual need(s). We welcome and desire your participation in the decision making process through your attendance. If you are unable to attend the meeting, a copy of the minutes will be provided for your review.

A meeting is scheduled for:

Date: _____

Time: _____

Location: _____

Should you have any concerns, please contact me at:

Phone number: _____

E-mail address: _____

Sincerely,

TST Chair