



Title I

### Targeted Assistance New & Transfer Student Meeting Form Grades 3-5

School Name: \_\_\_\_\_ Entry Date into School: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ School PIN #: \_\_\_\_\_ Grade: \_\_\_\_\_

3 <sup>rd</sup> Grade
AIMS Score: _____
Fluency: _____ wpm
Sight Word Knowledge: _____ /300
Reading/Math Assessment: _____
iStation Scale Score: _____
iStation Tier: _____ Percentile: _____

3 <sup>rd</sup> Grade (Retained) or 4 <sup>th</sup> Grade
AIMS Score: _____
Fluency: _____ wpm
FAST Level: _____ FSA Score: _____
Reading/Math Assessment: _____
iStation Scale Score: _____
iStation Tier: _____ Percentile: _____

5 <sup>th</sup> Grade
AIMS Score: _____
Fluency: _____ wpm
FAST Level: _____ FSA Score: _____
Reading/Math Assessment: _____
iStation Scale Score: _____
iStation Tier: _____ Percentile: _____

Rationale for Decision:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended for Title I Services:  Yes  No

Intervention Services Start Date: \_\_\_\_\_

Meeting Participants:

\_\_\_\_\_  
*Classroom Teacher*

\_\_\_\_\_  
*Instructional Intervention Coach*

\_\_\_\_\_  
*School Counselor*

\_\_\_\_\_  
*ESE / ELL / LEA (as applicable)*

\_\_\_\_\_  
*Assistant Principal*

\_\_\_\_\_  
*Principal*