



Title I

Targeted Assistance New & Transfer Student Meeting Form Grades K-2

School Name: _____ Entry Date into School: _____ Meeting Date: _____

Student Name: _____ School PIN #: _____ Grade: _____

Kindergarten
FLKRS Score: _____ AIMS Score: _____
Alphabet Upper-Case Knowledge: _____ /26
Alphabet Lower-Case Knowledge: _____ /26
Letter Sounds Knowledge: _____
iStation Scale Score: _____
iStation Tier: _____ Percentile: _____

1 st Grade
AIMS Score: _____
Fluency: _____ wpm
Sight Word Knowledge: _____ /100
Letter Sounds Knowledge: _____
iStation Scale Score: _____
iStation Tier: _____ Percentile: _____

2 nd Grade
AIMS Score: _____
Fluency: _____ wpm
Sight Word Knowledge: _____ /100
Letter Sounds Knowledge: _____
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