



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

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

5 th Grade
AIMS Score: _____
Fluency: _____ wpm
FSA 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