

## Problem-Solving Team Checklist – Follow-Up Version

School Name: \_\_\_\_\_ Florida or District Student ID: \_\_\_\_\_

Date: \_\_\_\_\_

**Directions:** Prior to the Problem-Solving Team meeting, please indicate whether the personnel identified in items 1-9 were present or absent at the meeting. For items 10-15, please indicate whether the critical components of problem-solving/Response to Intervention identified was present or absent during the meeting. This form should only be used for individual student focused follow-up problem-solving sessions.

Critical Component	Present	Absent	Evidence/Notes
<b>Personnel Present</b>			
1. Administrator			
2. Classroom Teacher			
3. Parent			
4. Data Coach			
5. Instructional Support (e.g., Reading Coach)			
6. Special Education Teacher			
7. Facilitator			
8. Recorder (i.e., Notetaker)			
9. Timekeeper			
<b>Program Evaluation/RtI</b>			
10. Progress monitoring data were presented graphically			
11. Documentation of implementation of the intervention plan was presented			
12. A decision regarding good, questionable, or poor RtI was made			
13. A decision to continue, modify, or terminate the intervention plan was made			
14. A decision to continue, modify, or terminate the intervention support plan was made			
15. A follow-up meeting was scheduled			

**Additional Comments:**

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