



RtI – Response to Intervention and Instruction K-12

		COST Meeting Notes	
Date: ID #: Teacher:	Schoo Name:	ol: Grade:	
Team Members Pres			
Teacher Principal Vice Principal C & I TSA  Other Relevant Inform		ELD TSA RTI Coordinator Reading Lab Staff Nurse	Speech
Other Relevant Infor	ination.		
Current RtI Support:			
☐ ELA Tier 1 ☐ ELA Tier 2 ☐ ELA Tier 3		Math Tier 1 Math Tier 2 Math Tier 3	☐ Behavior Tier 1 ☐ Behavior Tier 2 ☐ Behavior Tier 3
COST TEAM RECOM	IMENDATION	NS:	
☐ ELA Tier 1 ☐ ELA Tier 2 ☐ ELA Tier 3		☐ Math Tier 1 ☐ Math Tier 2 ☐ Math Tier 3	☐ Behavior Tier 1 ☐ Behavior Tier 2 ☐ Behavior Tier 3
Interventions to be in			
1.	Time:	Duration of Activity:	Frequency:
2.	Time:	Duration of Activity:	Frequency:
3.	Time:	Duration of Activity:	Frequency:
Identify measure directly	related to proble	em to measure progress:	
Notes/Other:			