Application for Georgia’s Online MTSS/SST

Georgia Department of Education (GADOE) has developed a simple application form to assist us in the selection of districts for Georgia Online MTSS/SST participation. Upon approval of this application, a Georgia Online MTSS/SST member will contact you to review training dates and infrastructure set-up.

Currently, we know that the necessary access roles are available with Aspen, Infinite Campus, Powerschool, Schoolmax and TEMS. If you have a different Student Information System (SIS), please contact Hubert Bennett (hbennett@doe.k12.ga.us) regarding the access roles which must be available.

If you feel that your district meets the requirements, please fill out this form, and then email it to: Rondalyn Pinckney (rpinckney@doe.k12.ga.us). Please submit your application by March 5, 2020 for implementation in August 2020.

School District Name: ____________________________

MTSS Coordinator: Name: __________________________
Email: __________________________
Phone: __________________________

Special Education Director: Name: __________________________
Email: __________________________
Phone: __________________________

SIS District Contact: Name: __________________________
Email: __________________________
Phone: __________________________

Current GO-IEP User: ☐ Yes ☐ No

Current SST/504 Software in use: __________________________

Annual cost of this software for your district (this is for our information only) _____________

Total number of district students receiving MTSS Tier III interventions/SST _____________

Total number of students with a 504 plan in the district____________

Current SIS: __________________________

We need to gather some information about your potential use of the Georgia Online MTSS/SST in your district.

Approximate number for Georgia Online MTSS/SST users (this includes Special Education teachers, school psychologists, therapists and other who will be editing SST and 504 plans ______________

Please provide the contact information for the primary Georgia Online MTSS/SST administrator/trainer in your district:

Georgia Department of Education
1770 Twin Towers East
205 Jesse Hill Jr. Dr. SE
Atlanta, GA 30334
www.gadoe.org
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Georgia’s Tiered System of Supports for Students

Name: __________________________________________
Email: __________________________________________
Phone: __________________________________________

I agree that our district will comply with the requirements outlined in the Georgia’s Online MTSS/SST Implementation Process Guide.

Signature of MTSS Coordinator(s): ____________________________ Date: _________________

Signature of Special Education Director: ____________________________ Date: _________________

Signature of Psychological Services Director (if different than Special Education Director): ____________________________ Date: _________________

Signature of SIS District Contact: ____________________________ Date: _________________

Signature of District Superintendent: ____________________________ Date: _________________

Note: Georgia’s Online MTSS/SST training will be provided. Districts with approved applications MUST attend the meeting. Attendance is required only once. Registration links and meeting information will be sent to districts that are accepted in the program.