

## 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](mailto: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** ([rpinkney@doe.k12.ga.us](mailto:rpinkney@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](http://www.gadoe.org)



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.