## **Student Success Team**

## **First Meeting Summary Form**

First SST Meeting Date: _	 _
School:	 
Facilitator:	 

STUDENT:					J	Facilitator:			
STRENGTHS    KNOWN   AREAS OF CONCERN (Prioritize)   QUESTIONS (Clarification)   RATION ITEMS   WHO	STUDENT:		GRADE:	BIRTHDATE: _	C.A.: _	SEX:	CAREGIVER(S):		
STRENGTHS  Information Modifications  CONCERN (Prioritize)  CONCERN (Clarification)  GUESTIONS (Strategies)  ACTION ITEMS WHO  DESIRED STUDENT AS EVIDE	PRIMARY LAN	GUAGE:	TEACHER(	S):		DATE (	CAREGIVER(S) NOTIFIED: _		
Information Modifications (Prioritize) (Clarification) (Strategies)  DESIRED STUDENT AS EVIDE	STRENGTHS	KNOWN							
		Information	Modifications				ACTION ITEMS	WHO	WHEN
ollow-up Meeting Date: I (caregiver) agree/do not agree (CIRCLE ONE) to this action plan. Date:	ollow-up Meeting Da	nte:	I (caregiver)		agree	e/do not agree (CIRCL)	E <b>ONE</b> ) to this action plan.	Date:	
Student* Administrator* Referring Teacher(s)*		Student*		Administrator*		Pafarring Tanchar(s)*			