

Student Success Team

First Meeting Summary Form

First SST Meeting Date: _____

School: _____

Facilitator: _____

STUDENT: _____ GRADE: _____ BIRTHDATE: _____ C.A.: _____ SEX: _____ CAREGIVER(S): _____

PRIMARY LANGUAGE: _____ TEACHER(S): _____ DATE CAREGIVER(S) NOTIFIED: _____

STRENGTHS	KNOWN		AREAS OF CONCERN (Prioritize)	QUESTIONS (Clarification)	BRAINSTORM (Strategies)	ACTION ITEMS	WHO	WHEN
	Information	Modifications						
						DESIRED STUDENT OUTCOMES	AS EVIDENCED BY	

Follow-up Meeting Date: _____ I (caregiver) _____ agree/do not agree (**CIRCLE ONE**) to this action plan. Date: _____

Student*

Administrator*

Referring Teacher(s)*

Date

**All attending members should sign*