**STUDENT MEETING SUMMARY DOCUMENT**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_ Meeting Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participants in Attendance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Discussion Notes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **DATA UPDATE** | |
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**Plan of Action**

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| --- | --- | --- | --- | --- | --- | --- |
| **Target Area** | **Intervention/Action** | **Duration**  **Start Stop** | | **People Responsible** | **Frequency** | **As Measured by** |
| **ACADEMICS** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **SOCIAL EMOTIONAL** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Recommendations**

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| --- | --- | --- |
| **( ) Parent Contact**  **( ) Academic Intervention**  **( ) Math Reading Writing Lang**  **( ) Academic Monitoring & Data**  **( ) Remain in General Education w/**  **interventions and support**  **( ) Increase Pull Out Services via:**  **( ) Refer for Spec. Ed. Eligibility** | **( ) Behavioral Observations**  **( ) Behavioral Management Program**  **( ) Referral to School Counselor**  **( ) Referral to Community Mental Health**  **( ) Continue Counseling @ School**  **( ) Continue Positive Behavioral Support** | **( ) Hearing & Vision Screening**  **( ) Medical Follow Up**  **( ) School Nurse Follow Up**  **( ) Refer to:** |

**Follow Up\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Person Responsible\_\_\_\_\_\_\_\_\_\_\_\_**

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**Team Participant Signatures**

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| **Member Signature** | **Position** | **Date** | **Agree Disagree** | |
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**NEXT MEETING DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**