**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**

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

**Recommendations**

|  |  |  |
| --- | --- | --- |
| **( ) 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**