

SST FOLLOW-UP MEETING

Student Name _____ Age _____ Grade _____ Date _____

Team Members _____

Step 1: Review Intervention Plan Dated _____

Original concerns

Proactive Strategies/ Plan

Plan Summary (Who, What, When)

Step 2: Review data to determine progress to date:

Step 3: Consider need for additional information/data:

Step 4: Determine whether plan will be:

Revised

Continued

Ended

Step 5: Develop a Follow-Up Plan:

Consultation with Support Staff Members

Referral to Community Services: _____

Referral to Special Education

Other: _____

Step 6: Follow-Up Responsibilities:

Who

Responsibility

Date