Name: _____ Date of Discussion: _____
DOB: _____ Grade: _____ Name of Recorder: _____

STUDENT SUPPORT TEAM (SST) MEETING

Team Members:
Other:

Discussion of present concerns:
(review, referral, information gathered)_____
_____
_____
_____
_____
_____

Discussion of student's strengths: _____
_____

Discussion of previous interventions:
(Note setting, time implemented and effectiveness)_____
_____
_____

If additional interventions are indicated, complete the following:

Intervention	Person Responsible	Date Implemented
_____	_____	_____
_____	_____	_____

Summary of effectiveness of intervention in meeting the student's needs:
_____
_____
_____

Meeting Outcome
(by team decision)

___No further action
___monitor/discuss at SST
___referral to special ed
___implement new interventions
___behavior plan
___504 Plan-eligibility
___other_____

___Continue interventions
___consult with _____
___referral to community service _____
___schedule adjustment
___personal education plan
___alternative placement (Brown, etc)
___other_____

Follow-Up Responsibilities

Who	What	When