

Student Assistance Team Summary

Student _____ D.O.B. _____ Primary Lang. _____ Teacher _____ Grade _____

Parent/s _____ (Present? ____ Yes ____ No) Meeting Date ____/____/____ Follow-up Date ____/____/____

Strengths	Known Information/Modifications	Problem Identification (Prioritize by Number)	Questions

Student Assistance Team Summary

Strategies for Problem Solving

Student's Name

Date of Meeting

Date of Birth

Teacher

Grade

State problem in detail:

<i>Possible Interventions</i>	<i>Rating</i>			<i>Prioritize (interventions to be tried)</i>	<i>Responsible Party (Who)</i>	<i>Start date</i>
	<i>Preferable</i>	<i>Realistic</i>	<i>Unrealistic</i>			
A. _____	_____	_____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____	_____	_____

How will this plan be monitored? _____

Criteria for Success: _____

Case Manager: _____ Date and time of the next meeting? _____

Signature of all meeting participants: _____

S.A.T. Follow-Up Summary

Student _____ D.O.B. _____ Parents _____ Date _____

Teacher _____ Team _____ Initial Meeting Date _____

Parent/s Present? Yes _____ No _____

Original Concerns and Questions	Strategies Tried	Outcome	New Concerns/Questions	New Strategies/Actions	Who/When