

SAT Meeting Summary Form

To be completed or updated as needed during each SAT meeting.

Student _____ Student ID _____ Grade _____ Date _____ Teacher _____

Follow up to meeting on (date) _____

Referred by teacher parent/guardian other (specify):

Persons in attendance at this meeting:

SAT chairperson Name: _____ Signature _____

Administrator Name: _____ Signature _____

Teacher Name: _____ Signature _____

Parent/guardian Name: _____ Signature _____

Parent/guardian Name: _____ Signature _____

Name: _____ Signature _____

Name: _____ Signature _____

Name: _____ Signature _____

Summary of interventions tried and results. Include the duration of each intervention and how the outcome was measured.

Summary of Screening and Updated Test Results:

Additional informational information gathered during meeting:

SAT Meeting Summary Form

To be completed or updated as needed during each SAT meeting.

Based on a review of the information above, note the possible reason(s) why this student seems to be struggling in school:

Primary issue

Secondary issue(s)

Conclusion and Next Steps - The SAT recommends the following action(s) based on the information examined by the SAT:

The student appears to need no further intervention at this time. The student has reached desired status. No additional monitoring is recommended at this time.

The student appears to need no further intervention at this time. The student has reached desired status.

Follow up on (date) for monitoring progress

The student is responding to interventions and is expected to reach grade level with continued interventions (Tier IB or Tier II). Continue with current interventions.

Follow up on (date) for monitoring progress

The student is not making significant progress with the interventions currently in place. SAT recommends additional interventions be implemented. (Complete a SAT Intervention Plan)

Follow up on (date) for evaluation of additional interventions

Existing data is insufficient for a complete determination. The SAT requests that the following information be collected: . Follow up meeting scheduled for (date)

The SAT recommends additional screening/assessments/action (specify):

Follow up on (date)

The SAT recommends the student's information be reviewed by the school diagnostician for possible referral. Person(s) responsible for collecting necessary forms and submitting Initial Referral to school diagnostician . Follow up on (date) .