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| **Initial SAT Meeting Summary** |

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| **Basic Information** |
| **Student Name:**  | **Student ID:** |
| **DOB:**  | **Grade:**  |
| **School:**  | **Teacher:**   |
| **Meeting Date:**  |   |

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| **Background Information** |
| **ELL Student:**  | **Most Recent Language Assessment Scores:**  |
|   |
| **Hearing Screening Date:** | **Pass:** 🞏 Yes 🞏 No |  |
|   |
| **Vision Screening Date:**  | **Pass:** 🞏 Yes 🞏 No |  |
|   |
| **Student has been retained?** 🞏 Yes 🞏 No | **What grade(s) the student was retained?** |  |

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| **Parent Contact(s) – Add additional rows as needed** |
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| **Date** | **Type of Contact** | **Contacted by** |
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| **Assessment Data (Add any additional data since the referral)** |
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| **Assessment Name** | **Fall** | **Winter** | **Spring** |
|  | **Year:****Score:****Descriptor:** | **Year:****Score:****Descriptor:** | **Year:****Score:****Descriptor:** |
|  | **Year:****Score:****Descriptor:** | **Year:****Score:****Descriptor:** | **Year:****Score:****Descriptor:** |
|  | **Year:****Score:****Descriptor:** | **Year:****Score:****Descriptor:** | **Year:****Score:****Descriptor:** |
|  | **Year:****Score:****Descriptor:** | **Year:****Score:****Descriptor:** | **Year:****Score:****Descriptor:** |

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| **Student Profile** |
| **Area** | **Student Profile** |
| **Strengths**What can the student do well?Does the student have friends?What does the student feel proud of? |  |
| **Basic Reading Skills** |  |
| **Reading Comprehension** |  |
| **Language Skills** |  |
| **Articulation** |  |
| **Math Skills** |  |
| **Writing Skills** |  |
| **Behavior** |  |
| **Relevant Health, Medical, and Developmental Information**Is the student in good health?Were there any complications with the pregnancy? Birth?Any concerns noted with developmental milestones?Does the student take any medications?Did the student have frequent ear infections?Does the student ask to see the nurse or complain of physical problems frequently? |  |
| **Information from Home**How does your child do with homework?Is she independent with doing homework or does she require a lot of adult support?What does the student like to do when not in school?Are any other languages spoken in the home?Have there been any significant changes at home in the past 6 months (separation, illnesses, changes in residence, divorce)? |  |
| **School History** |  |

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| **Additional Relevant Information/Comments** |
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| **Hypothesis/Conclusions** |
| **Based on the review of information, what does the team feel is the primary reason this student is not making progress in school.**   |

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| **Summary/Next Steps** |
| **Based on information/data reviewed by the SAT, the team has decided that the following is the most appropriate next step(s) for this student.** |
| * No actions or interventions are needed at this time.\*
* SAT Action and Intervention Plan will be developed and implemented (may serve as Academic Improvement Plan).
* Behavior Intervention Plan will be developed and implemented.
* Additional information is needed.\*
* Exception: Referral for Special Education Evaluation (for students suspected of having serious disabilities and/or students suspected of being eligible under Gifted/Talented) or referral for 504 eligibility consideration and development of a plan, if appropriate.\*
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| **Follow-up Meeting Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\* Signatures required below.

**Initial SAT Meeting Signature**Only needed if NOT developing and implementing a SAT Action/Intervention Plan

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| **Initial Meeting Date:** |
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| **SAT Meeting Participant(s)** |
| **Position** |   | **Name** |   | **Agree/Disagree** |   |
| **Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |
| **Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |
| **Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |
| **Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |
| **Classroom Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |
| **SAT Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |
| **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |
| **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |
| **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |

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