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| **SAT Follow-up Summary** (Duplicate this form for all SAT Follow-Up Meetings and for each area of concern) | |
| **Student Information** | |
| **Student Name:** | **Student ID:** |
| **DOB:** | **Initial Date of SAT Intervention Plan:** |
| **School:** | **Date of Follow-Up Meeting:** |
| **Grade:** | **Teacher:** |

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| **Area of Concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Goal** |
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| **Hypothesis** |
| **Initial Hypothesis:**    **Revised Hypothesis, if needed:** |

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| **Outcomes** |
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| **Accommodation(s) – Copy from SAT Action/Interventions Form** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Accommodation(s)** | **Person Responsible** | **Begin Date** | **Desired Outcome** | **Progress Measure/Product** | **Status of Accommodation(s)**   * Continue * Completed * Discontinue | | **Accommodation(s)** | **Person Responsible** | **Begin Date** | **Desired Outcome** | **Progress Measure/Product** | **Status of Accommodation(s)**   * Continue * Completed * Discontinue | | **Accommodation(s)** | **Person Responsible** | **Begin Date** | **Desired Outcome** | **Progress Measure/Product** | **Status of Accommodation(s)**   * Continue * Completed * Discontinue | |  |  |  |  |  |  | |
| **Revision(s) to Accommodation(s) based on this meeting, if any.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Accommodation(s)** | **Person Responsible** | **Begin Date** | **Desired Outcome** | **Progress Measure/Product** | | **Accommodation(s)** | **Person Responsible** | **Begin Date** | **Desired Outcome** | **Progress Measure/Product** | |
|  |
| **Action(s) - Copy from SAT Action/Interventions Form** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Actions(s)** | **Person Responsible** | **Begin Date** | **Desired Outcome** | **Progress Measure/Product** | **Status of Action(s)**   * Continue * Completed * Discontinue | | **Actions(s)** | **Person Responsible** | **Begin Date** | **Desired Outcome** | **Progress Measure/Product** | **Status of Action(s)**   * Continue * Completed * Discontinue | |
| **Revision(s) to Action(s) based on this meeting, if any.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Actions(s)** | **Person Responsible** | **Begin Date** | **Desired Outcome** | **Progress Measure/Product** | | | **Actions(s)** | **Person Responsible** | **Begin Date** | **Desired Outcome** | **Progress Measure/Product** | | | **Intervention(s) - Copy from SAT Action/Interventions Form** | | | | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name of Strategy/Intervention** | **Person(s) Responsible** | **Begin Date** | **End Date** | **Status of Intervention(s)**   * Continue * Completed * Discontinue | | **Size of Group** | **Session Length** | **Frequency** | |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name of Strategy/Intervention** | **Person(s) Responsible** | **Begin Date** | **End Date** | **Status of Intervention(s)**   * Continue * Completed * Discontinue | | **Size of Group** | **Session Length** | **Frequency** | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name of Strategy/Intervention** | **Person(s) Responsible** | **Begin Date** | **End Date** | **Status of Intervention(s)**   * Continue * Completed * Discontinue | | **Size of Group** | **Session Length** | **Frequency** |  |  |  |  |  | | --- | --- | --- | --- | | **Revision to Intervention(s) based on this meeting, if any.** | | | | | **Name of Strategy/Intervention** | **Person(s) Responsible** | **Begin Date** | **End Date** | | **Size of Group** | **Session Length** | **Frequency** | | **Name of Strategy/Intervention** | **Person(s) Responsible** | **Begin Date** | **End Date** | | **Size of Group** | **Session Length** | **Frequency** | | |

\*\* Continue to graph progress on the Action/Intervention Plan.

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| **Next Steps** |
| |  | | --- | | **Meeting Date: \_\_\_\_\_\_\_\_\_\_\_** | | **Next Steps:**   * No further actions/interventions required. * Continue with current action/interventions until: \_\_\_\_\_\_\_\_\_\_\_. * Continue plan with revisions until: \_\_\_\_\_\_\_\_\_. * Refer for Section 504 eligibility consideration. * Refer for SPED consideration. | |  | | **Follow-up Review Meeting Date:** | |

**Follow-Up SAT Meeting Signature**

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| **Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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 | | | | | | |