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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** |
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| **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
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| **Revision(s) to Accommodation(s) based on this meeting, if any.**

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| **Accommodation(s)** | **Person Responsible** | **Begin Date** | **Desired Outcome** | **Progress Measure/Product** |
| **Accommodation(s)** | **Person Responsible** | **Begin Date** | **Desired Outcome** | **Progress Measure/Product** |

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| **Action(s) - Copy from SAT Action/Interventions Form** |
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| **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
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| **Revision(s) to Action(s) based on this meeting, if any.**

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| **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** |

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| **Name of Strategy/Intervention** | **Person(s) Responsible** | **Begin Date** | **End Date** | **Status of Intervention(s)*** Continue
* Completed
* Discontinue
 |
| **Size of Group** | **Session Length** | **Frequency** |

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| **Name of Strategy/Intervention** | **Person(s) Responsible** | **Begin Date** | **End Date** | **Status of Intervention(s)*** Continue
* Completed
* Discontinue
 |
| **Size of Group** | **Session Length** | **Frequency** |

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| **Name of Strategy/Intervention** | **Person(s) Responsible** | **Begin Date** | **End Date** | **Status of Intervention(s)*** Continue
* Completed
* Discontinue
 |
| **Size of Group** | **Session Length** | **Frequency** |

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| **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** |

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

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| **Next Steps** |
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| **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.
 |
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| **Follow-up Review Meeting Date:**   |

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**Follow-Up SAT Meeting Signature**

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| **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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