**SAT--FORM H**

**Summary of SAT Meeting and Recommendations**

(Persons responsible for completion of this form—*SAT Lead and School Administrator)*

**Name of Student**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conclusions and Summary**

(Use additional pages if necessary)

Actions Taken:

Person(s) Responsible:

Action Begin Data:

Desired Outcome:

Progress Monitoring:

Actual Outcome:

Recommendation:

**Based on information/ data reviewed by the SAT, the team recommends the following action as the most appropriate next step for this student (check applicable).**

 **□** No actions or interventions are needed at this time.

 □ PLCs/ Teacher Teams should create/refine appropriate interventions within MLSS layers and

 monitor progress (use the Summary section above to describe the specific grade-level content standards that the student has not achieved and prescribe specific interventions and/or remediation programs)

 □ The student has been restrained two or more times in a 30-day period and the team

 recommends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □ The student has been exited from Special Education and the team recommends:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □ Recommend retention with an Academic Improvement Plan

(use the Summary section above to describe the specific grade-level content standards that the student has not achieved and prescribe specific interventions and/or remediation programs)

 \_\_\_Parent refusal of retention recommendation

 □ Recommend referral to the 504 team for evaluation

 □ Recommend referral to a multi-disciplinary team (MDT) for special education evaluation:

\_\_\_\_\_Speech/Articulation

\_\_\_\_\_Receptive/Expressive Language

\_\_\_\_\_Academic

\_\_\_\_\_Behavior

\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□** Additional information necessary (schedule new meeting on): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **SAT Meeting Participants** |
| Role | Signature | Agree | Disagree |
| Parent/Guardian |  |  |  |
| Parent/Guardian |  |  |  |
| Student |  |  |  |
| Administrator |  |  |  |
| Classroom Teacher |  |  |  |
| SAT Lead |  |  |  |
| Other |  |  |  |