Student Success Team Meeting

School Site _____   Meeting Date _____   Parent Contacted (date) _____

Student _____ Grade ____ Gender ____ DOB _____ Teacher _____

Parents _____ Phone _____ Home Lang _____

Team Member Attendance/Title

_____   _____   _____

_____   _____   _____

_____   _____   _____

Attendance: _____   Health/Medical _____

1. Strengths

Academics:

Work Habits:

Emotional/Behavioral:

Physical Education/Arts:

2. Concerns

Academics:
(Include percent of classwork completed, grade level ability, grade receiving in subject area(s), percent of homework turned in, and other specific information as appropriate.)

Work Habits:

Emotional/Behavioral:

Physical Education/Arts:

3. Current Levels/Student Data * SOCIAL EMOTIONAL/BEHAVIOR

Major Office Referrals/Admin Parent Contact: Number: Dates:

Minor Classroom Referrals: Number: Dates:

Parent Contacts: Number: Dates:

Current Interventions & Progress Monitoring * Target Behavior:

Check-in/Check-out (CICO) Start Date:

Date: Percentage of Days Goal Met: Counseling Referral (individual)

Date: Percentage of Days Goal Met: Date: # Sessions Attended:

Date: Percentage of Days Goal Met   Counseling Referral (group)

                                                    Date: # Sessions Attended:

4. Current Levels/Student Data * READING

English Learner: Yes No (circle one) * ELPAC Levels- Overall: Oral Lang: Written:
Listening: Speaking: Reading: Writing:

NWEA MAP Reading- Date: RIT: Level: Percentile:

CAASPP- Grade/Year: Level:

Current Interventions:

SIPPS Level:
Reading Comprehension Level:

Other:

Reading Progress Monitoring Results (THREE PDSAs over a span of six weeks)

Date: Type: Results:

Date: Type: Results:

Date: Type: Results:

List of Classroom Accommodations/Results:

5. Current Levels/Student Data * MATH

NWEA MAP Math- Date: RIT: Level: Percentile:

CAASPP- Grade/Year: Level:

Current Interventions:

Math Progress Monitoring Results (THREE PDSAs over a span of six weeks)

Date: Type: Results:

Date: Type: Results:

Date: Type: Results:

List of Classroom Accommodations/Results:

6. Meeting Notes

5. Actions

Action	Who is Responsible for Implementation?	Timeline (By When)?

Follow Up Date: