## TST-5: TEACHER SUPPORT TEAM MEETING SUMMARY FORM Gulfport School District



Student:	Date:		
SUMMARY OF DISCUSSI	ON:		
Check all applicable ite	ems:		
PARENT INVITED TO TST MEETING  YES NO  ATTENDED Copy of minutes sent home YES NO  DID NOT ATTEND  Mailed on Sent home on		INTERVENTION AREA(S):    Reading	
TST MEMBERS PRES	SENT:		
Name	Position	Name	Position

Student Name:	
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The students and subjects discussed in this meeting are CONFIDENTIAL. This meeting is being conducted and data collected for use only for the purpose of identifying possible achievement and/or social-behavioral problems. These forms and all supporting data are to be kept in a secure place