

Follow-Up SAT Meeting Summary Form

To be completed as needed after Initial SAT Meeting

Meeting Number ☐2 ☐3 ☐4 ☐5

Student _____ Student ID _____

Grade _____ Date _____ Teacher _____

Follow up to meeting on (date) _____

Referred by ☐teacher ☐parent/guardian ☐other (specify): _____

Persons in attendance at this meeting:

☐ SAT chairperson Name: _____ Signature: _____

☐ Administrator Name: _____ Signature: _____

☐ Teacher Name: _____ Signature: _____

☐ Parent/guardian Name: _____ Signature: _____

☐ Parent/guardian Name: _____ Signature: _____

☐ _____ Name: _____ Signature: _____

☐ _____ Name: _____ Signature: _____

☐ _____ Name: _____ Signature: _____

Summary of screening and updated test results:

Summary of interventions tried and results. Include the duration of each intervention and how the outcome was measured.

Additional information gathered during meeting:

Follow-Up SAT Meeting Summary Form

Based on a review of the information above, note the possible reason (s) why this student seems to be struggling in school:

Primary issue:

Secondary issue(s):

Conclusion and Next Steps – The SAT recommends the following action(s) based on the information examined by the SAT:

☐ The student appears to need no further intervention at this time. The student has reached desired status. No additional monitoring is recommended at this time.

☐ The student appears to need no further intervention at this time. The student has reached desired status. Progress should be monitored and a follow-up meeting is scheduled on _____.

☐ The student is responding to interventions and is expected to reach grade level with continued interventions (Tier 1B or Tier II). Continue with current interventions. A follow-up meeting is scheduled on _____.

☐ The student is not making significant progress with the interventions currently in place. SAT recommends additional intervention be implemented. (Complete a SAT Intervention Plan: Tier II). A follow-up meeting is scheduled on _____.

☐ Existing data is insufficient for a complete determination. The SAT requests that the following information be collected: _____. A follow-up meeting is scheduled on ____.

☐ The SAT recommends additional screening/assessments/action as specified: _____. A follow-up meeting is scheduled on _____.

☐ The SAT recommends the student's information be reviewed by the school diagnostician for possible referral. The person(s) responsible for collecting necessary forms and submitting Initial Referral to school diagnostician is _____.

