

Student Success Team Meeting Summary Sheet

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Strengths</b>	<b>Concerns</b>	<b>Prior Interventions</b>		<b>Potential</b>
<b>Questions</b>	<b>Actions</b>	<b>by whom</b>	<b>by when</b>	<b>Results</b>