

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
Student Support Committee
Meeting Notes

Student: _____ ID # _____ Grade: _____ Date: _____

Purpose of Meeting : _____

Strengths:

Concerns:

Data Review:

Student Goal(s):

Plan of Action: RtI (Select Tier Below) 504 Referral Special Education Referral
TIER I TIER II TIER III

(List specific intervention, personnel responsible, time frame and attach copy of progress monitoring form)

Intervention	Personnel Responsible	Frequency & Time Frame	Mode of Documenting

Follow Up Date: _____ (minimum 6 weeks for intervention and data collection)

Signature of Team Members:

Name/Position

Name/Position

Parents will be contacted by _____ with the results of this meeting.