

Intervention Support Team Participation Notes

Student _____ School _____

Grade _____ Initial Meeting Date _____ Teacher _____

Team Members should sign the first time they attend. That date is noted above. Thereafter, the date of the meeting will be recorded at the top of the column (highlighted) and participants will initial under the date by their name.

Team Member Role	Signature	Meeting Dates/Initial Attendance			
Administrator					
Teacher					
Guidance					
Reading Coach					
ESE Personnel					
Parent*					
Other					

**Assure parent has been invited to attend and informed of meeting times and location.*

NOTES:
