SST Meeting Notes

Student:	D.O.B	Age:	Grade:	Meeting Date:
Parents:	SST Meeting 1 2 3 4 5	Primary Language:		Review Date:
Team Members Present				
Principal:	Psychologist:			Teacher:
Resource Specialist:				Other:

Strengths	Known Information	Areas of Concern	Accommodations / Modifications	Strategies / Actions	Who / Where