



## Student Support Planning Meeting

**School:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_

**Teachers Present:**

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**Student Strengths:** (consider advocacy, social emotional, academic skill, independence, work ethic)

**Student Challenges** (consider advocacy, social emotional, academic skill, independence, work ethic):

**Current Strategies:**

**Team Recommendations:**

**Follow-Up Plan/Persons Responsible:**

Contact parents regarding meeting via    **call**                      **meeting**                      **email**

Parent to be contacted by: \_\_\_\_\_

Date: \_\_\_\_\_

**Those not in attendance needing this information:**

Will be contacted by    **call**                      **meeting**                      **email**

Date: \_\_\_\_\_

Follow Up Student Planning Meeting Date: \_\_\_\_\_

**Additional Comments:**

