



## 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)**

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

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**Current Strategies:**

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**Team Recommendations:**

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

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

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

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

Those not in attendance needing this information: \_\_\_\_\_

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

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

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

**Additional Comments:**

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