

SAT Meeting Summary Form

Student _____ Grade _____ Date _____

School _____ Teacher _____

Referred by teacher parent/guardian _____

Teacher _____ Parent/ Guardian _____

Date of Meeting _____ initial follow up to meeting on _____

In Attendance at the Meeting (SAT chairperson, administrator/principal, general education teachers(s), nurse, counselor, resource specialist, bilingual, parent/guardian, student)

- SAT chairperson Name: _____
- administration Name: _____
- teacher Name: _____
- parent/guardian Name: _____
- parent/guardian Name: _____
- _____ Name: _____
- _____ Name: _____
- _____ Name: _____

Part 1: Check all that apply:

Vision

- Poor Corrected Good Excellent

Impact on Learning: _____

Hearing

- Poor Amplified/Aided Good Excellent

Impact on Learning: _____

Speech/Language

- Normal/Adequate Rapid/Rambling Slow/Slurred
 Somewhat Unintelligible Unintelligible

Impact on Learning: _____

General Physical Health

- Fragile or Impairment Chronic Illness Good Excellent

Impact on Learning: _____

Mental/Behavioral Health Concerns

- None Conduct Anxiety Depression Phobia
- Substance Abuse Other: _____

Impact on Learning: _____

Attitude Toward Self

- Poor Normal/Positive Confident Overconfident Unrealistic

Cultural Background

Describe: _____

Level of Acculturation (see page 18 for definitions.)

- Bicultural assimilated Traditional Marginal

Impact on Learning: _____

Languages Spoken

- None English only Bilingual: _____ and _____
- Other: _____

English Language Proficiency

- Little/None Basic Social Language Mastered Social Language
- Emerging Cognitive Academic Language Fluent/Proficient

Socioeconomic Status

- Low Middle Upper Changing: Up _____ Down _____

Impact on Learning: _____

Academic Progress for Grade Level

Reading
 Evidence-based program/practice: _____

Supplemental instruction for _____ minutes per day (in addition to regular instruction)

Language Arts
 Evidence-based program/practice: _____

Supplemental instruction for _____ minutes per day (in addition to regular instruction)

Math
 Evidence-based program/practice: _____

Supplemental instruction for _____ minutes per day (in addition to regular instruction)

Academic Progress for Grade Level (cont'd)

Science

Evidence-based program/practice: _____

Supplemental instruction for _____ minutes per day (in addition to regular instruction)

Social Studies

Evidence-based program/practice: _____

Supplemental instruction for _____ minutes per day (in addition to regular instruction)

School Attendance

Poor/Infrequent Truant Tardy Frequent Moves Good/Excellent

Impact on Learning: _____

Evidence of Lack of Instruction

No Schooling Periods of No Schooling Ineffective Instruction Not a concern

Attention and Interest in School

Poor/Indifferent Distracted/Bored Alert/Engaged Over-responsive

Impulse Control

Poor Fair Good Excellent

School Social Relationships

No Friends Few/Adequate Friends Many Friends Too Many Friends

Relationship with Teacher

Distant/Reluctant Normal Needs Closeness/Frequent Contact

Learning Style

Visual Auditory/Verbal Tactile/Kinesthetic Combination Active Reflective

Classroom Environment

Highly Structured Structured Unstructured Highly Unstructured Combination

Student's Strengths

_____ _____

_____ _____

PART 2: Summary of Screening and Recent Test Results (include most recent report card and TAKS scores)

PART 3: Additional Information (brought to light at the meeting)

PART 4: Insights/Hypothesis

Based on a review of the information above, note the reason(s) why this student seems to be struggling in school.

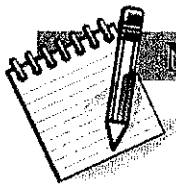
Part 5: Conclusion and Next Steps

Based on the input examined by the SAT, note the next steps decided upon for this student.

The student appears to need no intervention at this time
_____ No further action is required
_____ Follow up on (date): _____

The student's challenges suggest that the **SAT Intervention Plan** is warranted.

Existing data is insufficient for a complete determination. More information needs to be collected. The SAT will meet again on (date): _____.



Notes

Team Members' Signatures:

Administrator

Parent

General Education Teacher

Other (specify)

Counselor

Other (specify)