

Teacher Support Team (TST) Meeting Summary Form

Student: _____
Last First MI

MEETING DATE: _____

Summary of Discussion: _____

() Check if Summary is continued on the back.

Recommendations:

<input type="checkbox"/> Parental Contact	<input type="checkbox"/> Additional Screening (5 yr. old, in-school)
<input type="checkbox"/> Parent attended TST meeting	<input type="checkbox"/> Hearing/Vision Screening
<input type="checkbox"/> Parent did not attend TST meeting	<input type="checkbox"/> Medical Follow-up
<input type="checkbox"/> TST-5 mailed on _____	<input type="checkbox"/> Referral to School Counselor
<input type="checkbox"/> TST-5 sent home on _____	<input type="checkbox"/> Referral to Community Agency
<input type="checkbox"/> Academic Instructional Intervention in the area(s):	<input type="checkbox"/> Remain in Regular Education
___ Reading	<input type="checkbox"/> Continue Instructional Intervention(s) in Regular Education Classroom
___ Math	<input type="checkbox"/> Complete Teacher Narrative Packet
___ Language	<input type="checkbox"/> Refer to Local Survey Committee
___ Behavior	<input type="checkbox"/> Other:
___ Other _____	
<input type="checkbox"/> Functional Behavioral Assessment	
<input type="checkbox"/> Behavior Intervention Plan	
<input type="checkbox"/> Student Conference	
<input type="checkbox"/> Other:	

TST Members Present:

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The students and subjects discussed in this meeting are CONFIDENTIAL. This meeting is being conducted and data collected for use only for the purpose of identifying possible achievement and/or social-behavioral problems. These forms and all supporting data are to be kept in a secure place.