

**TAYLOR COUNTY SCHOOLS  
STUDENT ASSISTANCE TEAM (SAT) MEETING MINUTES**

**STUDENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **WVEIS:** \_\_\_\_\_

**PURPOSE OF CONFERENCE:**     Initial Meeting         Follow-up Meeting

**Discussion of concern(s) and classroom/progress monitoring data:**

**List any accommodations/modifications needed:**

**Recommendations:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Initiate intervention supports*   | <i>* Requires new<br/>Student Intervention<br/>Record form</i> | <input type="checkbox"/> Refer to 504   |
| <input type="checkbox"/> Change present interventions*   |  | <input type="checkbox"/> Refer for evaluation:  |
| <input type="checkbox"/> Continue present interventions  |  | <input type="checkbox"/> Developmental  |
| <input type="checkbox"/> Phase out/discontinue present interventions   |  | <input type="checkbox"/> Psychoeducational  |
| <input type="checkbox"/> Continue core instruction and regular benchmarking.<br>(No follow up SAT required.) |  | <i>Indicate suspected disability:</i> _____   |
|  |  | <input type="checkbox"/> Other<br><i>(Indicate all that apply):</i> <b>Speech    OT    PT</b> |

**Proposed Meeting Review Date:** \_\_\_\_\_

**DOCUMENTATION OF ATTENDANCE**

<i>Administrator:</i> _____	<i>Current Teacher:</i> _____
<i>Parent:</i> _____	<i>Member:</i> _____
<i>Specialist:</i> _____	<i>Member:</i> _____

Date of parent notification of SAT recommendations: _____	Method: _____
Date of parent notification of student participation in MTSS: _____	Method: _____