



## Example Student Support Team (SST) Meeting Agenda and Meeting Minutes

Student Name \_\_\_\_\_ Referral Source \_\_\_\_\_ School \_\_\_\_\_

Today's Date	Time	Location	Facilitator/SAT Leader	Record Keeper	Time Keeper

Team Members (List name, position, and role)

1.	2.	3.	4.	5.	6.
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### Identification

Student Strengths and Skills:
Present Levels of Performance (Student & Typical Peer Performance):

Primary nature of the concern?

<input type="checkbox"/> Academic	<input type="checkbox"/> Behavior	<input type="checkbox"/> Social-emotional
<input type="checkbox"/> Substance Use	<input type="checkbox"/> Family/home	<input type="checkbox"/> Other _____

Description of Concern: (who, what, when, where, why, how often)
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Use **RIOT** = **R**eview of historical records and products, **I**nterviews of key stakeholders, **O**bservations in natural settings, **T**ests (i.e., formal assessments)

### Analysis

Possible Related Concerns

Student Characteristics: (e.g., attention, language, vision concerns)	Family/Community: (e.g., lack of instruction at home, tragedy in local community)
Peer: (e.g., loud/disruptive peers, student has no friends in class)	Teacher/Staff: (e.g., cultural differences in communication between teacher and student, teacher has not effectively communicated rules & expectations)
Environment: (e.g., poor seating arrangement, classroom too loud)	Curriculum: (e.g., material not relevant/interesting to the student, class periods too long or short, unorganized lesson plan)

Hypothesis: Why do we think this concern is occurring? (consider 4 functions of behavior: **SEAT** = Sensory, Escape/avoidance, Attention, Tangibles/activities and potential skill deficits or causes of the concern)

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### Existing Interventions

(**EBI** = Evidence-Based Intervention)

Past EBI Plans	Materials Used	Frequency & Duration of EBI	Implementer(s) of EBI Plan	Fidelity Met?	EBI Plan Working? (Outcome Data)
<u>EBI #1</u> : EXAMPLE: Check-In/Check-Out (CICO)	Goal/Expectations List Daily Progress Report Point Card	5-minute daily CICO at beginning and end of school day; bi-weekly assessment of progress	CICO facilitator- Mrs. Schultz	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	-Stop -Modify -Continue -New EBI needed  (Outcome Data)
<u>EBI #2</u> :				<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	
<u>EBI #3</u> :				<input type="checkbox"/> Yes	

				<input type="checkbox"/> Partial <input type="checkbox"/> No	
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**Plan Development & Implementation**

EBI Plans	Materials Needed	Frequency & Duration of EBI	Implementer(s) of EBI Plan	Goals/Expected Outcomes	Caregiver Consent?	Progress Monitoring*	Fidelity**
<u>EBI #1:</u>					<input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>EBI #2:</u>					<input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>EBI #3:</u>					<input type="checkbox"/> Yes <input type="checkbox"/> No		

\*For progress monitoring: List the tool, the person responsible, and how often progress will be monitored.

\*\*For fidelity: List the person responsible and how fidelity will be assessed (e.g., fidelity checklist).

**Evaluation**

How will the team know if the EBI is working based on progress monitoring data? (e.g., worse, no change, improvement but goal not met, goal met)

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**Future Plans**

Meeting Date	Time	Location

Who will check in with team after EBI implementation and when?

EBI #1: EXAMPLE Mrs. Schultz (2 weeks)	EBI #2:	EBI #3:
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Tasks for Next Meeting

1:	4:
2:	5:
3:	6:

**Form Adapted From:**

[SAT Meetings 1-6](#), [PBIS, Ohio 5-Step Process Template](#), [PBIS Team Meeting and Problem Solving](#) , TIPS II (September 2015) Meeting Minutes Form