|  |  |  |  |
| --- | --- | --- | --- |
|  | **Form 210-3** | | |
|  | **Student Support Team Meeting Template** | | |
|  | Insert School Name,  Address, Town, Sask., Postal Code  Phone: (Number) Fax: (Number)  email address if applicable | **Reference** | **AP 210 Services for Students with Diverse Needs** |
| **Revised** | **August 1, 20XX** |
| **Level** | **School** |
| **Submit to** | **Student Support Services Consultant** |
| **When** | **As required** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name** |  | | | | **Grade** | |  |
| **School Name** |  | | | | | | |
| **Date** |  | **Time** |  | **Location** | |  | |
| **Present** |  | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Meeting Purpose:** |  | |
| **Review of Action Items:** | **Who** | **What** |
| **Discussion items:**   * **Strategies that worked** * **Chief Challenges** * **Proposed Solutions** |  | |
| **Action Items** | **Who** | **What**  1.  2.  3. |
| **Next meeting** |  | |