|  |  |
| --- | --- |
|  | **Form 210-3** |
|  | **Student Support Team Meeting Template** |
|  | Insert School Name,Address, Town, Sask., Postal CodePhone: (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**1.
2.
3.
 |
| **Discussion items:*** **Strategies that worked**
* **Chief Challenges**
* **Proposed Solutions**
 |  |
| **Action Items** | **Who** | **What**1. 2. 3.  |
| **Next meeting** |  |