TUSCOLA INTERMEDIATE SCHOOL DISTRICT
Student Assistance Team
Meeting Summary/Action Plan

Student’s Name: ____________________ Date of Meeting: ____________

Team Members Present

_________________________________________ __________________
Name/Title                               Name/Title
_________________________________________ __________________
Name/Title                               Name/Title
_________________________________________ __________________
Name/Title                               Name/Title
_________________________________________ __________________
Name/Title                               Name/Title

Significant Findings

_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________

Action Plan

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<tr>
<th>Problem Area(s)</th>
<th>Alternative(s) to be Tried</th>
<th>Person Responsible</th>
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Is additional data needed to establish intervention plan?  ____Yes  ____No

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<th>Type of Data to be Collected</th>
<th>Person Responsible</th>
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**Action Plan Recommendation**

Based upon review and evaluation of the concern(s) and information/assessments, this student assistance team recommends that the following plan be developed (Please check one):

☐ Follow-up meeting to review action plan. Date: ______________________

☐ Develop behavior intervention plan. Date: _______________________

☐ Section 504 Referral. Suspected handicapping condition:_________________________________________________________

Date of 504 plan meeting: _______________________________________

☐ Special Education Referral. Suspected special education eligibility:_________________________________________________________

☐ A plan recommendation cannot be made at this time due to the need for additional information/assessment(s). Recommendations for additional information/assessments and person(s) responsible for collecting:_________________________________________________________

This meeting will reconvene on: _______________________________________