**Date of Meeting**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  **Initial**  [ ] **Follow-up** (to meeting \_\_\_\_\_\_\_\_\_\_)

**Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by [ ] Teacher [ ] Parent/Guardian [ ] Other

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendance at SAT Meeting:**

[ ] SAT Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Teacher: ­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Title Name*

 [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Title Name*

 [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Title Name*

**SAT Form No. 9: SAT Meeting Summary**

**Part 1 - Check all that apply:**

**Vision** [ ] Poor [ ] Corrected [ ] Good [ ]  Excellent

**Hearing** [ ] Poor [ ] Amplified/Aided [ ] Good [ ] Excellent



**Speech/Language** [ ] Normal/Adequate [ ] Rapid/Rambling [ ] Slow/Slurred

 [ ] Somewhat Unintelligible [ ] Unintelligible

**General Physical Health**  [ ] Fragile or Impaired [ ] Chronic Illness

 [ ] Good [ ] Excellent



**Mental/Behavioral Health Concerns** [ ] None [ ] Conduct [ ] Anxiety

 [ ] Depression [ ] Phobia [ ] Substance Abuse [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_



**Attitude Toward Self** [ ] Poor [ ] Normal/Positive [ ] Confident

 [ ] Overconfident [ ] Unrealistic

 

*Impact on Learning:*

*Impact on Learning:*

**SAT Form No. 9: SAT Meeting Summary**

*Other Pertinent Information*

*Describe*

(*List at least four*)

**Impulse Control** [ ] Poor [ ] Fair [ ] Good [ ] Excellent

**School Social Relationships** [ ] No Friends [ ] Few/Adequate Friends

  [ ] Many Friends [ ] Too Many Friends

**Relationship with Teacher** [ ] Distant/Reluctant [ ] Normal

  [ ] Needs Closeness/Frequent Contact

**Learning Style(s)** [ ] Visual [ ] Auditory/Verbal [ ] Tactile/Kinesthetic

**Classroom Environmen**t [ ] Highly Structured [ ] Structured

  [ ] Unstructured Highly [ ] Unstructured Combination

**Student Strengths**

**Cultural Background**

**Languages Spoken** [ ] English only [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Bilingual

*Describe:*

*Describe:*

*Describe*:

**Part 2 - Summary of Previous Interventions Tried and Their Effectiveness**

Describe each intervention and rate its effectiveness 1 - 5. Attach a copy of the Catholic Intervention Plan, if available, or other pertinent information.

**Interventions Tried in Classroom**

1 2 3 4 5

Lowest [ ]  [ ]  [ ]  [ ]  [ ]  Highest

1 2 3 4 5

Lowest [ ]  [ ]  [ ]  [ ]  [ ]  Highest

**Interventions Tried at Home**

1 2 3 4 5

Lowest [ ]  [ ]  [ ]  [ ]  [ ]  Highest

**Part 3 - Summary of Screening and Recent Test Results**

**Part 4 - Additional Information (discussed at the meeting)**

**Part 5 - Insights/Hypothesis**