**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**