

SAN FRANCISCO UNIFIED SCHOOL DISTRICT

Student Success Team

First Meeting Summary Form (2.0)

First SST meeting date _____ Caregiver(s) notified _____ Attending ___ Not Attending ___
 Student _____ Grade _____ Birthdate _____ C.A. _____ Sex _____ Caregiver _____
 Primary Language _____ HO# _____ School _____
 Facilitator _____ Teacher(s) _____

STRENGTHS	KNOWN INFORMATION	KNOWN MODIFICATIONS	AREAS OF CONCERN	BRAINSTORM STRATEGIES	ACTION ITEMS		WHO	WHEN
Home, school Community, etc.	Review attendance and assessment information including work samples, etc.	Include current services and modifications		Build on strengths and connect to the Desired Student Outcomes				
					DESIRED STUDENT OUTCOMES		AS EVIDENCED BY	
							Method of measuring Progress	

Follow-up meeting date _____ I (caregiver) _____ agree/do not agree (**CIRCLE ONE**) to this action plan. Date _____

Attendees _____
