

**SAN FRANCISCO UNIFIED SCHOOL DISTRICT**

**Student Success Team**

Summary Form for Follow-up Meetings (2.0A)

Dates:

2<sup>nd</sup> SST Meeting \_\_\_\_\_

3<sup>rd</sup> SST Meeting \_\_\_\_\_

Add'l SST Meetings \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ C.A. \_\_\_\_\_ Sex \_\_\_\_\_ Caregiver \_\_\_\_\_

Primary Language \_\_\_\_\_ HO# \_\_\_\_\_ School \_\_\_\_\_

Facilitator \_\_\_\_\_ Teacher(s) \_\_\_\_\_

PAST ACTION ITEMS	OUTCOME OF PAST ACTION ITEMS	NEW INFORMATION	BRAINSTORM NEW STRATEGIES	NEW AND CONTINUING ACTION ITEMS	WHO	WHEN
	Were the Desired Student Outcomes achieved?		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 \_\_\_\_\_  
 \_\_\_\_\_