

**STUDENT ASSISTANCE PROGRAM TEAM
MEETING AGENDA**

School: _____ Date: _____ Location: _____

I.) Initial SAP referral:

<u>Student</u>	<u>Grade/ Homeroom</u>	<u>Referring Teacher/ Date of Referral</u>	<u>Recommendation</u>
1.			
2.			
3.			
4.			
5.			

I.) Follow-up from Initial Referral:

<u>Student</u>	<u>Grade/ Homeroom</u>	<u>Dates of SAP Meeting</u>	<u>Interventions/ Placements</u>	<u>Contact/ Case Mgr.</u>
1.				
2.				
3.				
4.				
5.				

I.) Any SSTs Scheduled?

<u>Student</u>	<u>Date</u>	<u>Time</u>	<u>Location</u>
1.			
2.			
3.			
4.			
5.			

I.) Program Issues/ Needs for site eg. Mentoring, support groups, professional development, ect.

- 1.
- 2.
- 3.

I.) Next Week's Agenda Items eg. New students, program needs, ect.

Items for SAP agenda should be given to (name) _____ By (day/time) _____