

STUDENT ASSISTANCE PROGRAM TEAM - MEETING AGENDA

SCHOOL _____ DATE _____ LOCATION _____

Initial SAP Referrals (first time)

STUDENT	GRADE / HMRM #	REFERRING TEACHER & DATE	ASSIGNED POINT PERSON	RECOMMENDATION

Follow up Referrals

STUDENT	GRADE / HMRM #	DATE(S) OF SAP MEETING	INTERVENTIONS AND PLACEMENTS	POINT PERSON

Upcoming SST (other meetings)

STUDENT	DATE /TIME	LOCATION	DESCRIPTION

Program issues / Needs for site eg. Mentoring, support groups, professional dev., etc:

Next week agenda items: