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| **STUDENT SUCCESS DISTRICT MEETING AGENDA**  **DATE**  **TIME** | | | | |
| **Participants:** | **Name** | | **Position** | |
|  | | Special Education Director | |
|  | | District SSIP Coach | |
|  | | GLRS Director | |
|  | | SSIP Program Specialist, GaDOE | |
|  | | District Effectiveness Specialist, GaDOE | |
|  | | Check and Connect Trainer/Ed Consultant | |
|  | | Superintendent | |
|  | | MTSS Specialist | |
|  | | School Psychologist/Student Support | |
|  | | SSIP Coach HS | |
|  | | Principal or Assistant Principal High School | |
|  | | Principal or Assistant Principal Middle School | |
|  | | Principal or Assistant Principal Elementary School | |
| **Schedule – 2 ¼ Hours** | | | | |
| **Time** | **Minutes** | **Activity** | | **Notes** |
|  | 15 | Introductions | |  |
|  | 45 | Review of Current District Plan/Process   * Successes * Barriers to Implementation | |  |
|  | 45 | District & School Expectations   * Identification of targeted Student Success schools * Selection process for targeted students * Number of students per school * Evidence-based intervention(s)/practices * Implementation Fidelity Rubric * District & School Meeting Dates | |  |
|  | 20 | Targeted Schools Updates  Targeted Schools Report Out Monthly: Early Warning System Data | |  |
|  | 10 | Questions  Calendar of Events/Reminders  Next Meeting & District/School Meeting Dates | |  |