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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 UpdatesTargeted Schools Report Out Monthly: Early Warning System Data  |  |
|  | 10 | QuestionsCalendar of Events/RemindersNext Meeting & District/School Meeting Dates |  |