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| **STUDENT SUCCESS SCHOOL MEETING AGENDA****DATE****TIME** |
| **Participants:** | **Name** | **Position** |
|  | School Administrator |
|  | School Administrator |
|  | Counselor  |
|  | Social Worker |
|  | Behavior Specialist |
|  | Attendance Counselor |
|  | District Student Success Coach |
|  | School Student Success Coach |
|  | General Education Teacher  |
|  | General Education Teacher |
|  | Special Education Teacher |
| **Schedule – 1 Hour** |
| **Time** | **Minutes** | **Activity** | **Notes** |
|  | 5 | Meeting Overview/Follow-up from previous meeting/Announcements |   |
|  | 45 | Student Data Review (information documented on data collection form)1. Summarize data collection/Look for patterns in the data
2. Celebrate Successes/What’s working
3. Focus data review on targeted students not making progress
4. Identify next steps/interventions/person responsible
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|  | 10 | Next Meeting Date/Questions |  |