

# Elkhart and St. Joseph Counties Head Start Consortium

## Student Assistance Team (SAT) Meeting

Please circle:    **Health Nutrition**                      **Mental Health/Behavior**                      **Attendance**                      **Transportation**  
                          **Educational Concerns**                      **Parent Education**

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Site/Room #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Primary language of child/parents:** \_\_\_\_\_

**Participants:**

*Check if present:*

*Signatures:*

_____	<b>Classroom Teacher:</b>	_____
_____	<b>Teacher Assistant:</b>	_____
_____	<b>FACS:</b>	_____
_____	<b>Facilitating Manager:</b>	_____
_____	<b>Parent:</b>	_____
_____	<b>Parent:</b>	_____
_____	<b>Other:</b>	_____

**Pertinent data from Behavior/Physical/Development assessments (including IEP etc.):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Agenda concerns for this SAT meeting:**

- 1.
- 2.

**Notes including: (Presenting problem/strategies used and effectiveness; continue on the back if more space is needed)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Intervention Plan:**

What are we going to do?	What materials do we need?	Who will oversee the strategy?	When will it get done? Follow up?