INSERT SOP NAME

SCHOOL-BASED TEAM MEETING MINUTES

|  |  |
| --- | --- |
| Student Name: | Grade: |
| DOB: | Meeting Date: |

**MEMBERS OF THE TEAM PRESENT AT THE MEETING**

|  |  |
| --- | --- |
|  **(Administrator)** |  **(Referring Source)** |
| Name Position **(Specialist)**  | Name Position **(Teacher)**  |
| Name Position | Name Position |

Name Position Name Position

**GUIDELINES**

**INFORMATION REVIEWED** may include standardized and nonstandardized testing (specify), cumulative and specialized records, files, discussions with school personnel and parents, student observations, and student work samples.

**OPTIONS CONSIDERED** may include remedial or adjusted general education program, including changes in textbooks, teaching strategies, class placement, grouping, and/or staffing.

**INFORMATION REVIEWED BY THIS TEAM AND OPTIONS CONSIDERED:**

**TEAM’S RECOMMENDATION:**

A. PURSUE ALTERNATIVE ACTION (Specify):

or

B. REFER FOR EVALUATION

or

C. \_\_\_\_\_ NO FURTHER ACTION