\*Make a copy of this form and send to the SIT Coordinator after your meeting.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student:** | **Race:**  | **Gender:** | **DOB:**  |
| **School:** da Vinci | **Grade:** | **Date:**  |
| **Parent/Guardian:** | **Primary Language:** |
| **Teachers involved in and approving intervention plan (name and relationship to student):** |
|   |   |
|   |   |
|   |   |
|  |  |  |  |  |  |  |  |  |

 Student strengths – 5 minutes:

Define the issue – 5 minutes:

B. Brainstorm Interventions/Strategies/Accommodations – 10 minutes:

|  |  |  |  |
| --- | --- | --- | --- |
| **Intervention** | **Person Responsible** | **How to Collect Data** | **How do you know****if it worked** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

Summary (if meeting is a follow-up please attach data) – 5 minutes:

Other concerns or pertinent information: