\*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):** | | | | | | | | |
|  | | | |  | | | | |
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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: