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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 | |  |
|  | 10 | Next Meeting Date/Questions | |  |