

PST Meeting Follow-Up

Name of Student _____ Date of Referral _____

Date of Birth _____ Meeting Date _____ Grade _____

Members in Attendance _____

Intervention Used	Interventionist	Frequency	Results/Progress Monitoring
See attached			

- Is the student making progress toward the goal?
- Is the student decreasing the discrepancy between him/her and the general education peers?

Decision Making Conclusion:

Acceptable Progress:	Slow Progress:	No Progress:
<ul style="list-style-type: none">• Monitor• Decrease intervention support• Continue current plan	<ul style="list-style-type: none">• Modify Plan• Change intervention• Increase intervention Time	<ul style="list-style-type: none">• Modify Plan• Change intervention• Further Testing

Comments:

Suggestions for Home:

Next Meeting Date_____