



SAT MEETING #1

Student's Name _____ Grade _____ Date _____

Teacher's Name _____

Problem or Concern:

What Intervention/s will you try in order to address the problem or concern prior to the next SAT meeting?

READING/ COMPREHENSION (check all boxes that apply)

- | | |
|--|--|
| <input type="checkbox"/> Additional Phonics | <input type="checkbox"/> Direct Instruction |
| <input type="checkbox"/> Repeated Reading | <input type="checkbox"/> Repeated Listening |
| <input type="checkbox"/> Reciprocal Teaching | <input type="checkbox"/> Tapping |
| <input type="checkbox"/> Listen/Practice/Preview | <input type="checkbox"/> Paired Reading |
| <input type="checkbox"/> Chunk Strategy | <input type="checkbox"/> Click Strategy/Self-Questioning as Reads |
| <input type="checkbox"/> Additional Letter Identification | <input type="checkbox"/> Sound to Work (a apple /a/) |
| <input type="checkbox"/> Choral Responding | <input type="checkbox"/> Story Map |
| <input type="checkbox"/> Use of Visual Aids/Pictures | <input type="checkbox"/> Multi-Step Text Review |
| <input type="checkbox"/> Whisper Phones | <input type="checkbox"/> Fluency Builders |
| <input type="checkbox"/> Vocabulary (Sorry Charlie Game) | <input type="checkbox"/> Vocabulary Builders |
| <input type="checkbox"/> Graphic Organizers
(Main Idea; Elements of Literature) | <input type="checkbox"/> Breaking Tasks Down into Smaller
Parts |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

MATH (check all boxes that apply)

- | | |
|--|---|
| <input type="checkbox"/> Cover/Copy/Compare | <input type="checkbox"/> Math Manipulatives |
| <input type="checkbox"/> Highlight the Operation to be Performed | <input type="checkbox"/> Breaking Tasks Down into Smaller Parts |
| <input type="checkbox"/> Use of Visual Aids/Pictures | <input type="checkbox"/> Flash Cards |
| <input type="checkbox"/> Number Line | <input type="checkbox"/> Folding In |
| <input type="checkbox"/> Touch Math | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Interventions to be completed in classroom

WRITING/ SPELLING (check all boxes that apply)

- | | |
|---|---|
| <input type="checkbox"/> Write-Say Method | <input type="checkbox"/> Multi-Sensory (writing in Jello-O, sand, etc.) |
| <input type="checkbox"/> Graphic Organizer | <input type="checkbox"/> Idea Mapping |
| <input type="checkbox"/> Breaking Tasks Down into Smaller Parts | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

BEHAVIOR/ ORGANIZATION (check all boxes that apply)

- | | |
|---|--|
| <input type="checkbox"/> Giving Breaks | <input type="checkbox"/> Use of a Timer |
| <input type="checkbox"/> Having Student Repeat Directions | <input type="checkbox"/> Assignment Book |
| <input type="checkbox"/> Breaking Tasks Down into Smaller Parts | <input type="checkbox"/> Rewards |
| <input type="checkbox"/> Teacher Proximity | <input type="checkbox"/> Praise |
| <input type="checkbox"/> Use of Checklists or Picture Schedule | <input type="checkbox"/> Time Out |
| <input type="checkbox"/> Use of Visual Aids/Pictures | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

SAT Team members attending this meeting:

_____	_____
_____	_____
_____	_____
_____	_____

Next SAT meeting scheduled for: _____ at _____