

INSTRUCTIONAL STUDY TEAM SUMMARY AND PLAN

Case Manager _____

Teacher _____

Student _____

School _____

Primary Language _____ Grade _____ Age _____

ID no. _____

E.P.I. code _____

Parents _____

Date of Initial IST _____

FU date #1: _____

FU date #2: _____

FU date #3: _____

FU date #4: _____

STRENGTHS	OBSERVATIONS/REFLECTIONS	QUESTIONS/CONCERNS (Prioritize)

INSTRUCTIONAL STUDY TEAM SUMMARY AND PLAN

INTERVENTION: Instr. Approach Reflections/Identified Patterns	WORK PLAN: Goals and Objectives	RESPONSIBILITY		OUTCOME
		Title	Timelines	
<input type="checkbox"/> Staff Conference <input type="checkbox"/> Grade Level Conference <input type="checkbox"/> 1-1 w/Principal and Teacher <input type="checkbox"/> Peer Coaching <input type="checkbox"/> Teacher/Specialist Conversation <ul style="list-style-type: none"> <input type="checkbox"/> Nurse <input type="checkbox"/> Counselor <input type="checkbox"/> Psychologist <input type="checkbox"/> SLP 				

INSTRUCTIONAL STUDY TEAM MEETING PARTICIPANTS

1. Administrator _____
2. Teacher _____
3. Peer Coach _____
4. Parent/guardian _____
5. Student _____
6. Counselor _____

7. Psychologist _____
8. Nurse _____
9. SLP _____
10. Resource Specialist _____
11. Reading Resource _____
12. Math Specialist _____

OTHERS

- _____
- _____
- _____
- _____