

# Student Study Team Summary

Student \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ Primary Lang. \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_ Parents \_\_\_\_\_

	Known		Areas of Concern		Strategies Brainstorm	Actions Prioritize	Persons Responsible	
	Information	Modifications					Questions	Who?
							<b>Follow-Up Date:</b> _____	