

## Problem Solving Team Meeting Notes

**Student Name:** \*

**Teacher:** . #

**Grade:** #

**Date of Meeting:** #

**Problem Solving Team Members in Attendance:**

**Prioritized problem(s):**

**Background/Underlying issues:**

Proposed intervention(s)	Person Resp	Start Date

Additional steps	Person Resp	Start Date

**Method of progress monitoring:**

Measure	Frequency	Person resp

Person Responsible for entering interventions:

Follow up date:

Plan Approval Signatures –