

Coach: \_\_\_\_\_ Teacher: \_\_\_\_\_ Child: \_\_\_\_\_  
 Meeting date: \_\_\_/\_\_\_/\_\_\_\_\_ Start time: \_\_\_\_:\_\_\_\_ End Time: \_\_\_\_:\_\_\_\_ Total minutes (minus pauses) \_\_\_\_\_  
 Audio Recording:  Yes  No Other Adults Present: \_\_\_\_\_

**Action Plan Progress and Summary**

<p>Current goal for Child:</p>	<p>Was the goal met? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, what is the new goal?                   Follow-up needed/comments:</p>
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**Challenges Present (check all that apply and please explain in notes section):**

- Knowledge
- Disability or health issues
- Language issues
- Fiscal issues
- Existing job demands
- Teaming/staffing issues
- New students
- Conflicting demands
- Resistance to change
- Other:

**Notes:**

Prior to the Meeting	Yes	No	Notes
1. Reminder of meeting date and time sent to all team members, including family.			
Reflection			
2. Reviewed plan & goal.			
3. Team shared reflections on child progress.			
4. Shared child progress monitoring data.			
5. Summarized individualized interventions completed with child since the last meeting.			
6. If a goal was accomplished, discussed next steps (such as creating a new goal, monitoring for maintenance, or continuing with Tier 1 and/or Tier 2 supports only).			<input type="checkbox"/> N/A
7. If continuing to work on same goal, plan was revised to improve outcomes.			<input type="checkbox"/> N/A
Closing/Scheduling			
8. We discussed a new goal target date & scheduled a team review meeting.			<input type="checkbox"/> N/A Due to no longer receiving Tier 3 Supports Date & Time:

**Notes:**