



# Diocese of Columbus

## Form 10: IAT Follow-Up Meeting Summary

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

IAT Participants: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

**What can the student do?: List three student strengths (skills, attitude, effort)**

DATA: Goal(s)	Person Responsible	Baseline Data

**Recommendation for Actions:** \_\_\_\_\_

**Review 1** **Date:** \_\_\_\_\_

- 1. Was the intervention implemented as planned?  Yes  No
- 2. Was the DATA goal reached?  Yes  No
- 3. Further action:  Continue Plan  Add DATA Goal  Revise Plan  Close Case

Choose new intervention: \_\_\_\_\_

**Next Meeting Date:** \_\_\_\_\_



# Diocese of Columbus

## Form 10: IAT Follow-Up Meeting Summary (Cont'd)

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

IAT Participants: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

**Who was unable to attend and will need minutes?**

Reports of Progress: Parent	Reports of Progress: Teacher(s)	Reports of Progress: Student

**Brainstorm of new ideas:** \_\_\_\_\_

**Items Requiring Action:**

Who:

Does What:

By when:

**How will the new or revised plan's progress be monitored?:**