



Diocese of Columbus

Form 9: IAT Meeting Summary

Date: _____ Student: _____ Grade: _____

School: _____

Teacher: _____

Referred by: Teacher _____

Parent/Guardian _____

Other _____

Date of Meeting: _____ Initial Follow-up (to meeting on _____)

In attendance at the meeting (IAT team leader, administrator/principal, general education teacher, nurse, counselor, resource specialist, parent/guardian, student, etc.):

IAT Leader Name:

Administrator Name:

Teacher Name:

Parent/Guardian Name:

Parent/Guardian Name:

Name/Title:

Name/Title:

Name/Title:

Name/Title:

Name/Title:



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Form 9: IAT Meeting Summary (Cont'd)

Date: _____ Student: _____ Grade: _____

School: _____

Teacher: _____

Part 1—Check all that apply:

Vision:

- Poor Good
 Corrected Excellent

Impact on Learning:

Hearing:

- Poor Good
 Corrected Excellent

Impact on Learning:

Speech/Language:

- Normal/Adequate Somewhat Unintelligible
 Rapid/Rambling Unintelligible
 Slow/Slurred

Impact on Learning:

General Physical Health:

- Fragile or Impairment Good
 Chronic Illness Excellent

Impact on Learning:

Mental/Behavioral Health Concerns:

- None Phobia
 Conduct Substance Abuse
 Anxiety Other
 Depression

Impact on Learning:

Attitude Toward Self:

- Poor Overconfident
 Normal/Positive Unrealistic
 Confident

Impact on Learning:

Cultural Background:

Describe:

Language(s) Spoken

- English only
 Bilingual: English & _____
 Other: _____
 Nonverbal



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Form 9: IAT Meeting Summary (Cont'd)

Date: _____ Student: _____ Grade: _____

School: _____

Teacher: _____

Part 1—Check all that apply:

Impulse Control:

- Poor Good
 Fair Excellent

Student's Strengths:

(List at least four)

School Social Relationships:

- No Friends Many Friends
 Few/Adequate Friends Too Many Friends

Relationship with Teacher:

- Distant/Reluctant Normal
 Needs Closeness/
Frequent Contact

Learning Style:

- Visual Active
 Auditory/Verbal Reflective
 Tactile/Kinesthetic Combination

Classroom Environment:

- Highly Structured Highly Unstructured
 Structured Combination
 Unstructured



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Teacher: _____

PART 2—Summary of Previous Interventions Tried and Their Effectiveness

Describe each intervention and rate its effectiveness 1-5, with 1 at lowest:

Interventions tried in the classroom (Rating 1-5)

Interventions tried at home (Rating 1-5)

PART 3—Summary of Screening and Recent Test Results:



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PART 4—Additional Information (brought to light at the meeting):

PART 5—Insights/Hypothesis/Goal

Based on a review of the information above, note what might reduce or eliminate the problem and develop a goal based on that hypothesis.