**SAT Review Meeting - Intervention Log**

**(To be used to document SAT Review Meetings - complete one for each meeting and attach data)**

*Interventions are small group or individualized instruction on a specific skill based on student’s current ability.*

**Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Previous Intervention:****Outcome of previous intervention:** | **New Intervention Implemented:****Sessions/week\_\_\_\_\_\_ Length of session \_\_\_\_Min****Date Initiated****Person Responsible:**  |
|  |  |
| **Previous Intervention:****Outcome of previous intervention:** | **New intervention implemented:****Sessions/week\_\_\_\_\_\_ Length of session \_\_\_\_Min****Date Initiated****Person Responsible** |
|  |  |
| **Previous Intervention:****Outcome of previous intervention:** | **New Intervention Implemented:****Sessions/week\_\_\_\_\_\_ Length of session \_\_\_\_Min****Date Initiated****Person Responsible:** |

**\*\*\*\*referral documentation must include 9 weeks of TARGETED INTERVENTION (3-5X/WK, 15-30 MIN/EACH) AND 9 WEEKS OF INTENSIVE INTERVENTION (3-5X/WK, 30-60 MIN/EACH) AND 6 PROGRESS MONITORING DATA POINTS\*\*\*\***

Outcome of SAT Review meeting

* The SAT will implement interventions and will reconvene within **45 days** to review results of interventions. Date for review meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* The SAT will implement the interventions, but feels a multidisciplinary evaluation is necessary to determine a need for special education services. Please see what is required for an evaluation referral.
* The SAT will implement interventions and refer for a 504
* Close Case

**if option 2 is chosen Consultation with Wayne county office of special programs staff is encouraged during the mdet process**

**As a result of choosing option 2 the following have been provided to the parent on the following date \_\_\_\_\_\_\_\_**

**\_\_\_\_ Notice of evaluation**

 **\_\_\_\_ Procedural Safeguards**

**\_\_\_\_ Prior Written notice**

**Confidentiality Statement: Signatures indicate participation in the meeting where above interventions were developed. Signatures also indicate all information shared at this SAT meeting must remain confidential, within the confines of professional duties or as mandated by law, and cannot be shared with anyone without a signed release from the child’s parent or guardian**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Administrator or Designee (Required) Date Guardian (Required to Invite) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Teacher (Required) Date Member (1 Other Member Required) Date**

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**Member Date Member Date**