**Team Agenda**  Date:\_\_\_\_\_\_\_\_\_ RE-Regular Education SR-Support Room

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

***Student***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| ***What is going well in RE*** | ***What is going well in SR*** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***What challenges in RE*** | ***What interventions can be utilized to solve the challenge/s*** | ***Who is Responsible*** | ***Date to be Completed*** |
|  |  |  |  |

* Are we providing antecedents of PBSP
* Are we providing the SDI/s

***Program Related Agenda***

|  |  |  |
| --- | --- | --- |
| ***Current Program Challenges*** | ***Possible Solutions*** | ***Staff Responsible*** |
|  |  |  |

**Follow up Meeting:**

**Note the success of implemented interventions or changes. If continued challenges begin the process on new form. (remember new interventions must be approved by team and part of PBSP. (if no PBSP, consider an FBA)**