

Student Support and Progress Team Sign-In Form

ATTACHMENT D

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| Meeting Purpose: | Meeting Date: | |
| Student Name: | Student ID: | |
| Teacher/Counselor: | Grade: | Subject (Secondary): |

| No. | Print Name | Signature | Title/Role |
|-----|------------|-----------|--|
| 1 | | | Administrator/Designee |
| 2 | | | General Education Teacher |
| 3 | | | Instructional Specialist |
| 4 | | | Intervention/ Healthy Start Coordinator |
| 5 | | | EL Designee |
| 6 | | | Other*: |
| 7 | | | Other: |
| 8 | | | Other: |
| 9 | | | Other: |
| 10 | | | Other: |
| 11 | | | Other: |
| 12 | | | Other: |

Instructions: Maintain a record of the Sign-In Form on file at the school site for a minimum of five years.

* Additional members who should participate in meetings concerning EL students are the TSP Advisor/Instructional Specialist, the Title III Coach, and the student's ELD or LTEL teacher.