

Students Name: _____

Date of Meeting: _____

Pre-Meeting for PST

Members in Attendance	Members Role

Qualifies for:

IEP date:

Current areas of Concern:

Student's Classroom	Student's Classroom	Peer Play Classroom	Peer Play Classroom
Strengths	Concerns	Strengths	Concerns

Students Name: _____

Date of Meeting: _____

Modification Needed	Plans for modifications in classroom/peer play/both	Staff to develop materials	Staff to implement	Other support needed	Check back on: