



Lafayette County C-1 High School Teacher Support Team

Student: _____

Grade: _____

Referring Teacher: _____

Date reviewed permanent file: _____

Parent Contact:

Date:

Parent Contacted:

Outcome:

Date:	Parent Contacted:	Outcome:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date met with Critical Contact: _____

State Problem:

Goal Developed:

To be completed by TST Facilitator

TST scheduled for: _____

Date Parent contacted about meeting: _____

Follow up meeting scheduled for: _____