**St Andrew’s Primary School**

**Program Support Group Meeting**

**Minutes of Meeting**

**Student’s Name: Class: Date:**

**Teacher’s Name:**

**Members Present:**

Parent / Parent Advocate:

Teacher / Support Staff:

Principal / representative:

Student Support:

Specialist:

1. **Purpose of the Meeting / Key issues for Meeting** (including actions from previous meeting)

1. **Present description of performance since last meeting** (Class teacher, Aide, Parent, Other)
2. **Set Long Term / Short Term Goals**

1. **Re Development of Management Plan (**Implementation strategies / monitoring process)

1. **Any other recommendations / action as an outcome from today’s meeting**
2. **Next Meeting: Date**

1. **Agenda Items for Next Meeting**