

PEABODY PUBLIC SCHOOLS

LANGUAGE ASSESSMENT TEAM (LAT) MEETING

Student Name:	School Name:
Date of Meeting:	Next Meeting Date:

Areas of Student Growth/Success:
Areas of Concern:
Methods of Differentiation and/or scaffolding that have been used in the classroom:
Other/Miscellaneous:
Suggestions/Strategies to support academic achievement of student before our next meeting:

Note: Please invite appropriate people for the issues/topics being discussed.

TEACHERS: Please bring samples of your differentiation and samples of student work to the meeting.

PEABODY PUBLIC SCHOOLS

LANGUAGE ASSESSMENT TEAM (LAT) MEETING

Sign-In:

ESL Teacher	
ESL Coordinator	
Content Teacher	
Special Education Teacher	
Guidance Counselor	
Principal	
Other (please specify role)	