

Baltimore County Public Schools  
**STUDENT SUPPORT TEAM**  
**MEETING PARTICIPANTS FORM**

**Student's Name:**

**Date of Meeting:**

**DOB:**

**Grade:**

**Meeting participants:**

*(Note: signatures not required)*

\_\_\_\_\_

Student Support Team Chair

\_\_\_\_\_

Parents/Guardians

\_\_\_\_\_  
*(participant name)*

\_\_\_\_\_  
*(position)*

\_\_\_\_\_  
*(participant name)*

\_\_\_\_\_  
*(position)*

\_\_\_\_\_  
*(participant name)*

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*(position)*

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*(participant name)*

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*(position)*

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*(participant name)*

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*(position)*

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*(participant name)*

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*(position)*