

**S.T.E.M. EARLY COLLEGE HIGH SCHOOL  
(STUDENT SUPPORT TEAM) DELIBERATION FORM  
CONFIDENTIAL**

**Date of Meeting:** \_\_\_\_\_ **Time Convened:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **ID:** \_\_\_\_\_ **GR:** \_\_\_\_\_

**ACADEMICS:**

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**BEHAVIOR:**

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**ATTENDANCE:**

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**RECOMMENDATIONS:**

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**TESTING:**

ELA \_\_\_\_\_

MATH \_\_\_\_\_

SCIENCE \_\_\_\_\_

SOC ST \_\_\_\_\_

**SIGNATURE OF COMMITTEE MEMBERS:**

**Student** \_\_\_\_\_

**Teacher** \_\_\_\_\_

**Parent** \_\_\_\_\_

**Teacher** \_\_\_\_\_

**Parent** \_\_\_\_\_

**Teacher** \_\_\_\_\_

**Counselor** \_\_\_\_\_

**Teacher** \_\_\_\_\_

**Principal** \_\_\_\_\_

**Teacher** \_\_\_\_\_

**Teacher** \_\_\_\_\_

**Attn Clerk** \_\_\_\_\_