

Student Study Team Directions

Complete the following pages to begin the Student Study Team process. Please include as much of the following information for each student referred as possible as it relates to your current concerns. This data will be used to assist the team in determining the most appropriate interventions for the student.

- Work samples representative of student's abilities (multiples of reading, writing, and math). *You may also bring work samples of a student who is performing at an average level in your class to the meeting.
- Results from classroom assessments and screenings
- Report cards
- Information in student's cum folder—previous interventions or identification of needs
- Discipline records
- AZELLA results
- Parent emails/contact records
- Behavior notes/charts/contracts/daily behavior forms

Turn this packet in to the school psychologist as soon as you have it completed to the best of your ability. (S)he will then contact you about scheduling a meeting with the Student Study Team to address your concerns. Thank you for all the work you have done to help this particular student be successful! We look forward to working with you to help resolve this student's struggles.

Please keep this top sheet as a record of what other documents to bring to the meeting.

Student Study Team Overview

OFFICE USE ONLY	
Date Submitted	Enter date.
Date Parent Notified	Enter date.
Date of SST	Enter date.

Student _____ Grade _____ DOB _____

Referring Teacher _____

Is the student ELL? Choose an item. If Yes, attach AZELLA Scores.	Does the student have a 504 plan? Choose an item.
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Indicate areas of concern		Indicate areas of strength	
<input checked="" type="checkbox"/> Reading skills <input type="checkbox"/> Reading comprehension <input type="checkbox"/> Written expression <input type="checkbox"/> Math calculation <input type="checkbox"/> Math reasoning <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Speech <input type="checkbox"/> Other: _____	<input type="checkbox"/> Behavior <input type="checkbox"/> Organizational skills <input type="checkbox"/> Social/emotional <input type="checkbox"/> Gross motor skills <input type="checkbox"/> Fine motor skills <input type="checkbox"/> Oral Expression <input type="checkbox"/> Vision	<input type="checkbox"/> Reading skills <input type="checkbox"/> Reading comprehension <input type="checkbox"/> Written expression <input type="checkbox"/> Math calculation <input type="checkbox"/> Math reasoning <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Speech <input type="checkbox"/> Other: _____	<input type="checkbox"/> Behavior <input type="checkbox"/> Organizational skills <input type="checkbox"/> Social/emotional <input type="checkbox"/> Gross motor skills <input type="checkbox"/> Fine motor skills <input type="checkbox"/> Oral Expression <input type="checkbox"/> Vision
Primary Concern: _____		Student's Interests: _____	

Parent/Guardian Communication (minimum of 3 discussions regarding concerns prior to referral)				
Date	Contact Name	Method	Details of Discussion	Outcome/Expectations

Any other information related to the student's current difficulties (environmental/social circumstances):



Student Study Team Student Health Information

Please have the school nurse complete the following form prior to submitting referral packet to the Student Study Team.

Student: _____ **Grade:** _____ **DOB:** _____

Vision screening	Date screened:	Enter date.	Result	Choose an item.
Hearing screening	Date screened:	Enter date.	Result	Choose an item.

Additional Exam Completed?	Choose an item.	Was a referral made?	Choose an item.
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Health Report/Medical & Developmental History	
Current health/medical status:	
Medications:	
Medical Diagnoses:	
Does the school have possession of medical documentation? Choose an item.	
Birth History:	
Developmental Milestones:	
Hospitalizations/Illness History:	
Other Relevant Information:	

Completed By: _____ **Date Completed:** Enter date. _____

Cumulative File/Historical Review		
Indicate if Present:		Details (if present):
Choose an item.	Retention	Grade:
Choose an item.	Reading Intervention	
Choose an item.	Math Intervention	
Choose an item.	Tutoring	
Choose an item.	Summer School	
Choose an item.	ELL	
Choose an item.	504 Plan	
Choose an item.	Previous SSTs	
Choose an item.	Counseling (in or out of school)	
Choose an item.	Previous Evaluations/ IEP	
Choose an item.	Other:	

CURRENT GRADES

Class	Grade	On Grade Level?
ELA		Choose an item.
Math		Choose an item.
Science		Choose an item.
S.S.		Choose an item.
		Choose an item.
		Choose an item.

GRADE HISTORY

- Have improved each year
- Have remained the same
- Have dropped each year
- Dropped suddenly in grade

ENROLLMENT/ATTENDANCE HISTORY

Grade:					
School:					
Days Tardy:					
Days Absent:					

Student Study Team
Current Academic Performance

Elementary School students *(click triangle to the left to expand/collapse)*

Universal Screening <i>(e.g. Achieve 3000, AIMSweb, Dreambox, Imagine Math, etc.)</i>				
Month/Year	Measure/Test	Score	Performance Category	Grade Level Expectation/ Benchmark Cutoffs

ELA District Assessments <i>(at least previous 2 yrs)</i>		
Month/Year	Score	Grade Level Mean*

Math District Assessments <i>(at least previous 2 yrs)</i>		
Month/Year	Score	Grade Level Mean*

Middle and High School students *(click triangle to the left to expand/collapse)*

Course Assessments			
Date	Course	Score	Class Average

ELA District Assessments <i>(from 7th & 8th grade if available)</i>	
Month/Year	Score

Math District Assessments <i>(from 7th & 8th grade if available)</i>	
Month/Year	Score



Student Study Team
Current Academic Performance

3rd-12th Grade Students: AzMERIT and AIMS Science Results *(click triangle to the left to expand/collapse)*

<i>State Tests</i>								
Grade/Year	Area	Score	Performance Category		Grade/Year	Area	Score	Performance Category
	Rdg			▶		Mth		
	Rdg			▶		Mth		
	Rdg			▶		Mth		
				▶				
	Wrt			▶		Sci		
	Wrt			▶		Sci		

Student Study Team Current Behavioral Performance

NOTE: Attach discipline history from *Infinite Campus*, if applicable (include entire history).

Frequency of Behaviors	
Rate 1-5 if concerns: 1 - Multiple times each period/class, 2 - multiple times daily, 3 - daily, 4 - weekly, or 5 - monthly	
No Concerns Talking out during instruction	No Concerns Dishonesty
No Concerns Distracting others during work time	No Concerns Stealing
No Concerns Work completion	No Concerns Physical aggression to peers or staff
No Concerns Turning in assignments	No Concerns Difficulty accepting feedback
No Concerns Inappropriate comments to staff/peers	No Concerns Poor persistence on difficult tasks
No Concerns Inappropriate language/cursing	No Concerns Leaves seat/desk
No Concerns Verbal aggression or threats to peers/staff	No Concerns Poor manners
No Concerns Lack of interest in others	No Concerns Poor self-esteem
No Concerns Difficulty working cooperatively in groups	No Concerns Difficulty starting tasks
No Concerns Misunderstanding personal boundaries	No Concerns Poor hygiene
No Concerns Poor friendship building or maintenance	No Concerns Misreads others' behavior/intentions
Other: _____	Other: _____

Lunch Detentions: _____ # After School Detentions: _____ # On-Campus Suspensions _____
 # Off-Campus Suspensions _____
 Other Discipline Frequency Data (e.g. time out of class, work detail, Buddy Classroom, etc.): _____

Colleagues consulted about this student (academic and/or behavior):

Classroom Observation (optional):

Student Study Team Accommodations

“Interventions always involve instruction.”

Indicate the specific concern(s) and interventions implemented. Please provide copies of data collected in relation to this intervention.

Resources: www.successmtss.com/mtss/ www.PBISworld.com
 www.intensiveintervention.org www.interventioncentral.org
 www.fcrr.org/for-educators/sca.asp <http://www.koi-education.com/pbis/>

Specific Concern #1:
Intervention:
Time Period:
Data used to measure progress (Type, Baseline, and Goal):
Results:
Specific Concern #2:
Intervention:
Time Period:
Data used to measure progress (Type, Baseline, and Goal):
Results:
Specific Concern #3:
Intervention:
Time Period:
Data used to measure progress (Type, Baseline, and Goal):
Results:
Specific Concern #4:
Intervention:
Time Period:
Data used to measure progress (Type, Baseline, and Goal):
Results:

Check accommodations that have been implemented

Student Study Team Current Academic Performance

Physical Arrangement of Room	Test Taking	Organization
<input type="checkbox"/> Seating near teacher <input type="checkbox"/> Seating near instruction Seating near a positive role model <input type="checkbox"/> Seating that may reduce distracting stimuli <input type="checkbox"/> Seating in low traffic area <input type="checkbox"/> Seating that may allow use of a study carrel <input type="checkbox"/> Other	<input type="checkbox"/> Allow open book/notes for exams <input type="checkbox"/> Allow extra time for testing <input type="checkbox"/> Reduce need for writing on exam <input type="checkbox"/> Allow giving exams orally <input type="checkbox"/> Give take-home exams <input type="checkbox"/> Have test read to student <input type="checkbox"/> Alternate location for testing <input type="checkbox"/> Retake tests below 70% <input type="checkbox"/> Use progress charts <input type="checkbox"/> Other	<input type="checkbox"/> Send daily/weekly progress reports/grade checks home <input type="checkbox"/> Provide an assignment sheet <input type="checkbox"/> Provide a homework notebook <input type="checkbox"/> Recognize positive efforts <input type="checkbox"/> Develop reward system for homework <input type="checkbox"/> Allow peer assistance to develop organizational skills <input type="checkbox"/> Frequent agenda monitoring/checks <input type="checkbox"/> Opportunities to complete missing work during lunch or after school <input type="checkbox"/> Other
Lesson Presentation	Assignments/Worksheets	Sensory/AT
<input type="checkbox"/> Pairing student with peer to check work <input type="checkbox"/> Provide visual aids <input type="checkbox"/> Providing a peer tutor <input type="checkbox"/> Providing a peer note taker, copy of, or fill in the blank notes <input type="checkbox"/> Provide a written outline <input type="checkbox"/> Writing key points on the board <input type="checkbox"/> Teaching through multi-sensory modes <input type="checkbox"/> Break presentations into segments <input type="checkbox"/> Allow oral presentations by child <input type="checkbox"/> Check for understanding of concepts <input type="checkbox"/> Use of manipulatives <input type="checkbox"/> Encourage highlighting of instructional materials <input type="checkbox"/> Other	<input type="checkbox"/> Give extra time to complete tasks <input type="checkbox"/> Simplify complex directions <input type="checkbox"/> Provide a structural routine in written form <input type="checkbox"/> Break work into shortened segments <input type="checkbox"/> Provide an example of the end product <input type="checkbox"/> Give frequent short quizzes <input type="checkbox"/> Reduce assignments and homework <input type="checkbox"/> Do not penalize for poor spelling <input type="checkbox"/> Provide an example of the end product <input type="checkbox"/> Use of graphic organizers <input type="checkbox"/> Provide options for student to present their understanding of content. <input type="checkbox"/> Opportunities to complete writing assignments on the computer <input type="checkbox"/> Written assignments graded on content only (if mechanics not being assessed) <input type="checkbox"/> Accommodated grading <input type="checkbox"/> Other	<input type="checkbox"/> Use of headphones to minimize sound distractions <input type="checkbox"/> Use of dividers to reduce visual distractions <input type="checkbox"/> Wiggle seat <input type="checkbox"/> Pencil grip <input type="checkbox"/> Visual boundaries around desk area/designated work space <input type="checkbox"/> Scheduled movement breaks <input type="checkbox"/> Movement breaks outside of class as needed <input type="checkbox"/> In class place for student to stand/move <input type="checkbox"/> Visual calendar/schedule on desk <input type="checkbox"/> Develop strategies for transitions (e.g. holding an object, particular place in line, early/late dismissal) <input type="checkbox"/> Slant board <input type="checkbox"/> Use self-monitoring devices <input type="checkbox"/> Use of calculator <input type="checkbox"/> Adaptive paper <input type="checkbox"/> Other
Behavior		
<input type="checkbox"/> Praise specific positive behaviors <input type="checkbox"/> Keep class rules simple and clear <input type="checkbox"/> Extra warnings prior to implementing consequence <input type="checkbox"/> Allow student to run an errand for a break <input type="checkbox"/> Written contract with the student. <input type="checkbox"/> Use self-monitoring strategies <input type="checkbox"/> Give extra privileges and rewards <input type="checkbox"/> Implement time-out/break procedures in or outside of classroom <input type="checkbox"/> Allow short breaks between assignments <input type="checkbox"/> Provide non-verbal cues to stay on task <input type="checkbox"/> Provide verbal cues to stay on task	<input type="checkbox"/> Ignore inappropriate behavior <input type="checkbox"/> Allow special/extra privileges for positive behavior <input type="checkbox"/> Daily/weekly communication to parent <input type="checkbox"/> Consistent motivational/incentive plan with student with or without direct parent involvement <input type="checkbox"/> Additional role playing about specific expected behavior with the student <input type="checkbox"/> Repeat directions <input type="checkbox"/> Predictable structure and routines established <input type="checkbox"/> Personal prompting to attend to teacher <input type="checkbox"/> Have student repeat/paraphrase directions or expectations <input type="checkbox"/> Restricted recess or lunch <input type="checkbox"/> Other	

Student Study Team Meeting Notes/Summary

Study Study Team Notes/Summary:

Action Item:

Person Responsible:

➤

➤

➤

➤

➤

➤

- Follow the Action Plan and reconvene the SST if needed
- Refer to Multidisciplinary Evaluation Team (MET)

Name

Title

Date
