

Miller Junior High School Student Support Team (SST) Form

Teacher:		Date:	
Student:	Grade:	Birth date:	Age:
No. of Schools Attended:	Years Retained:	Days Missed:	Days Tardy:
Parent/Guardian Name:		Home Phone:	
Address:		Work Phone:	
Student's Primary Language:		Parents' Primary Language:	

Cumulative File Reviewed On (date):			
Previous SpEd/Remedial Services:			
Physical Problems:			
Coordination Problems:			
Medications:			
Hearing:	Vision:	Date of Screening:	

Achievement Test Scores	MAP/DIBELS	WASL
	Reading:	
	Math:	
	Writing:	

1. READING PERFORMANCE:

Area of Concern? No Yes Estimated Grade Level: _____

How does he/she compare to average peers in your class? _____

Problem Areas: Please ✓ all that apply. Supporting Evidence (attach assessments used)

<input type="checkbox"/>	Reading readiness skills	_____
<input type="checkbox"/>	Word analysis difficulty	_____
<input type="checkbox"/>	Comprehension skills	_____
<input type="checkbox"/>	Accuracy	_____
<input type="checkbox"/>	Study Skills	_____
<input type="checkbox"/>	Fluency or rate of reading	_____

2. MATH PERFORMANCE:

Area of Concern? No Yes Estimated Grade Level: _____

How does he/she compare to average peers in your class? _____

Problem Areas: Please ✓ all that apply. Supporting Evidence (attach assessments used)

<input type="checkbox"/>	Math readiness skills	_____
<input type="checkbox"/>	Math facts accuracy	_____
<input type="checkbox"/>	Math facts fluency	_____

<input type="checkbox"/>	Multi-digit computation with regrouping	_____
<input type="checkbox"/>	Fractions	_____
<input type="checkbox"/>	Money, time, measurement	_____
<input type="checkbox"/>	Math reasoning (problem solving)	_____

3. WRITING PERFORMANCE:

Area of Concern? No Yes Estimated Grade Level: _____

How does he/she compare to average peers in your class?

Problem Areas: Please ✓ all that apply. Supporting Evidence (attach assessments used)

<input type="checkbox"/>	Conventions	_____
<input type="checkbox"/>	Sentence fluency	_____
<input type="checkbox"/>	Idea development	_____
<input type="checkbox"/>	Organization	_____
<input type="checkbox"/>	Voice	_____
<input type="checkbox"/>	Word Choice	_____
<input type="checkbox"/>	Penmanship-letter formation	_____

4. LANGUAGE PERFORMANCE:

Area of Concern? No Yes

How does he/she compare to average peers in your class?

Problem Areas: Please ✓ all that apply. Supporting Evidence (attach assessments used)

<input type="checkbox"/>	Receptive language (understanding)	_____
<input type="checkbox"/>	Expressive language (use of language)	_____

5. SPEECH PERFORMANCE:

Area of Concern? No Yes

How does he/she compare to average peers in your class?

Please explain:

6. FINE AND GROSS MOTOR CONCERNS:

Area of Concern? No Yes

How does he/she compare to average peers in your class?

Please explain:

7. BEHAVIOR:

Area of Concern?

No

Yes

How does he/she compare to average peers in your class?

<input type="checkbox"/>	Has trouble keeping pace or following along in material	<input type="checkbox"/>	Has a short attention span
<input type="checkbox"/>	Is learning, but at a much slower rate than peers	<input type="checkbox"/>	Frequently out of seat
<input type="checkbox"/>	Is unusually dependent on the teacher	<input type="checkbox"/>	Is disorganized and/or messy
<input type="checkbox"/>	Frequently requires instructions to be repeated	<input type="checkbox"/>	Slow to finish work
<input type="checkbox"/>	Needs an unusual amount of direction to keep task-oriented	<input type="checkbox"/>	Does things which distract other students
<input type="checkbox"/>	Is easily distracted by peripheral noises or movements	<input type="checkbox"/>	Is overactive in most situations
<input type="checkbox"/>	Produces adequately in a 1:1 setting, but not in a group	<input type="checkbox"/>	Is afraid to make a mistake
<input type="checkbox"/>	Seems not to be interested in any classroom activities	<input type="checkbox"/>	Defiant, disrespectful
<input type="checkbox"/>	Functions best when time and activities are highly structured	<input type="checkbox"/>	Chronic tardiness

Other: _____

8. INTERVENTIONS ATTEMPTED: Please check all that apply. See Classroom Intervention Checklist in Google Documents

INSTRUCTION:

<input type="checkbox"/>	Small group instruction	_____
<input type="checkbox"/>	Breakdown of tasks into small steps	_____
<input type="checkbox"/>	Individualized classroom instruction	_____
<input type="checkbox"/>	Lower level text	_____
<input type="checkbox"/>	Taped instructional stories	_____
<input type="checkbox"/>	Computerized instructions	_____
<input type="checkbox"/>	Individualized directions	_____
<input type="checkbox"/>	Use of more concrete materials	_____
<input type="checkbox"/>	Alternate teaching modes	_____
<input type="checkbox"/>	Consultations with specialist	_____
<input type="checkbox"/>	Change grouping	_____
<input type="checkbox"/>	Modify or shorten assignments	_____
<input type="checkbox"/>	Other (attach comments to this form)	_____

BUILDING SUPPORT:

<input type="checkbox"/>	Peer tutors	<input type="checkbox"/>	Special education services
<input type="checkbox"/>	Parent volunteers	<input type="checkbox"/>	Speech/language/hearing services
<input type="checkbox"/>	Title I instruction	<input type="checkbox"/>	Other (attach comments to this form)

PARENT SUPPORT:

<input type="checkbox"/>	Parent/teacher conference	<input type="checkbox"/>	Notes from/to home
<input type="checkbox"/>	Telephone conference	<input type="checkbox"/>	Other (attach comments to this form)

INSTRUCTIONAL BEHAVIORS:

<input type="checkbox"/>	Re-teach/restate rules	<input type="checkbox"/>	Stay after school
<input type="checkbox"/>	Study carrel—to eliminate distractions	<input type="checkbox"/>	Use of logical consequences
<input type="checkbox"/>	Provide a routine schedule	<input type="checkbox"/>	Refer to the assistant principal
<input type="checkbox"/>	Give more choices	<input type="checkbox"/>	Removed from preferred activities
<input type="checkbox"/>	Move to different seat	<input type="checkbox"/>	Seated near the teacher
<input type="checkbox"/>	Time-out	<input type="checkbox"/>	Other (attach comments to this form)

REINFORCEMENT:

	Praise (specific and clear)		Contracts
	Daily effort report		Modeling desirable behavior
	Weekly effort report		Positive referral to assistant principal
	Rewards system		Positive notes sent home
	Other (attach comments to this form)		

Other:

9. PARENT/TEACHER CONFERENCE AND/OR CONTACT:

Date(s):

Plan:

Outcome:

.....Above portion to be completed by classroom teacher (s) and counselor prior to SST Meeting.....

10. Student Study Team Report completed at SST meeting

The purpose of the SST is to identify those students with academic, behavioral, and/or emotional concerns and determine the support needed to enable the student to be successful.

Student Study Team Summary

Student Name:

Student Birthday:

Primary Language:

Date:

Grade:

Team:

Known	Strengths	Areas of Concern	Past/current Interventions	Who/When
DIBELS:				
MAPS/MSP: Reading: Math:				
History:				
Parent Support:				

