

STUDENT SUPPORT TEAM (SST) REQUEST FORM
Teacher/School Staff Referral

Student Name	ID #	Date of Birth	Date
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Contact Information

Teacher Name	School	Grade
Person Making Referral (if other than teacher)		Language Spoken at Home
Parent Contacted Prior to SST referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Name(s)	Parent Phone Home Work Cell

Academic Information

Grade Level		Statewide Assessment Scores	
Reading	Math	Reading	Math
Writing		Writing	

Learning and/or Behavioral Concerns *(Describe)*

Where do the problem(s) occur? *(Check all that apply)*

<input type="checkbox"/> Classroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> School grounds
<input type="checkbox"/> Gym	<input type="checkbox"/> Bus	<input type="checkbox"/> Home
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Other (describe)	

Teacher Referral

Student Strengths

<input type="checkbox"/> Positive attitude	<input type="checkbox"/> High expectations for self.	<input type="checkbox"/> Transitions easily
<input type="checkbox"/> Hard worker	<input type="checkbox"/> Organized	<input type="checkbox"/> Takes pride in appearance
<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Good sense of humor	<input type="checkbox"/> Athletic
<input type="checkbox"/> Works well in groups	<input type="checkbox"/> Cooperates	<input type="checkbox"/> Musically talented
<input type="checkbox"/> Works well independently	<input type="checkbox"/> Responsible	<input type="checkbox"/> Artistically inclined
<input type="checkbox"/> Respectful of authority	<input type="checkbox"/> Creative	<input type="checkbox"/> Other:
<input type="checkbox"/> Motivated	<input type="checkbox"/> Has leadership qualities	

Academic Concerns: (Check all that apply)

<input type="checkbox"/> Grades declining	<input type="checkbox"/> Poor reading skills	<input type="checkbox"/> Does not follow directions
<input type="checkbox"/> Slow rate of work	<input type="checkbox"/> Poor math skills	<input type="checkbox"/> Low retention rate
<input type="checkbox"/> Incomplete assignments	<input type="checkbox"/> Poor writing skills	<input type="checkbox"/> Disorganized
<input type="checkbox"/> Does not work well independently	<input type="checkbox"/> Does not work well with others	<input type="checkbox"/> Other:

Behavioral Concerns: (Check all that apply)

<input type="checkbox"/> Verbally disruptive	<input type="checkbox"/> Bullies others	<input type="checkbox"/> Attention seeking behaviors
<input type="checkbox"/> Physically disruptive	<input type="checkbox"/> Destroys property	<input type="checkbox"/> Steals/cheats/lies
<input type="checkbox"/> Physically aggressive	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Avoided by peers
<input type="checkbox"/> Verbally aggressive	<input type="checkbox"/> Hostile when criticized	<input type="checkbox"/> Easily frustrated
<input type="checkbox"/> Victim of bullying	<input type="checkbox"/> Argumentative/defiant	<input type="checkbox"/> Truant/tardy
Other:		

Personal Concerns: (Check all that apply)

<input type="checkbox"/> Poor hygiene	<input type="checkbox"/> Appears sickly	<input type="checkbox"/> Burn marks
<input type="checkbox"/> Sleeps in class/lethargic	<input type="checkbox"/> Nausea/vomiting	<input type="checkbox"/> Evidence of self-mutilation
<input type="checkbox"/> Agitated/nervous	<input type="checkbox"/> Bloodshot eyes	<input type="checkbox"/> Obese or under weight
<input type="checkbox"/> Difficulty moving/uncoordinated	Other:	

Other Comments/Concerns

Classroom Interventions Previously Tried

What strategies have been used prior to the SST referral? *(Check all that apply)*

Strategy	Length of time strategy used	Results?
<input type="checkbox"/> Instructional accommodations Specify:		
<input type="checkbox"/> Modified curriculum		
<input type="checkbox"/> Materials modification Specify:		
<input type="checkbox"/> Alternative materials		
<input type="checkbox"/> Small-group instruction		
<input type="checkbox"/> Tutoring		
<input type="checkbox"/> Assistive technology		
<input type="checkbox"/> Daily guided reading		
<input type="checkbox"/> English as a second language support		
<input type="checkbox"/> Daily behavior chart		
<input type="checkbox"/> Positive behavior supports		
<input type="checkbox"/> Assigned seating		
<input type="checkbox"/> Time out		
<input type="checkbox"/> Problem-solving conference		
<input type="checkbox"/> Attendance monitoring		
<input type="checkbox"/> Parent conference		
Other:		

Student Data and Evidence

Documentation must be provided for each student concern. The following are examples of the types of evidence that may be used by the SST team to determine appropriate response. Check off each type of documentation that you are submitting and attach to this referral form.

- Student work samples
- Observations
- Class quizzes and tests
- Curriculum-based measures
- Student portfolio
- Student interview notes
- Parent interview notes
- Interviews with colleagues and/or specialists (summary notes)
- Attendance records
- Record of discipline referrals
- Other: Specify