Teacher SST Form

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete steps 1-10 before bringing student to SST team. Send all documentation to SST chair prior to initial SST meeting on student.

1. What are the **specific skill deficits** (academic and/or behavioral)?

2. Vision Screen Passed: Yes No Hearing Screen Passed: Yes No

3. Days missed current year: \_\_\_\_\_\_\_\_\_\_\_\_ Days missed previous year:\_\_\_\_\_\_\_\_

4. Medical concerns:

5. Two or more of the following (Documentation Attached):

* NWEA (below 25th %ile two or more semesters): \_\_\_\_
* Two or more levels behind on F& P measures): \_\_\_\_
* Basic or below basic range on PAWS testing: \_\_\_\_
* Classroom performance B or BB for a period of two months or more: \_\_\_\_\_
* Four or more FAST data points that show below expected performance when compared to peers (OR) less than expected rate of growth compared to peers: \_\_\_\_\_

6. Attached work samples that show academic deficit.

7. Office referral data attached.

8. Is student an English Language Learner: Yes No

9. Parent contacted and informed about concerns. Date:

Parent told that student will be brought to SST team. Yes No

10. Complete and attach the Student Abilities Checklist.

**With SST team complete the following:**

***Intervention #1***

Based on data what are the ***specific*** skills has the student not learned (Identified area of need)?

What is the most effective way that skill can be taught (evidence-based intervention)?

Who will teach the skill?

When during the day will intervention be given?

How often will intervention be given?

What is the length of this Intervention cycle?

What data will show if the intervention has been effective?

How will we know if the student has learned the skill?

Date results will be reported back to the SST:

Date results will be shared with parents:

Results of Intervention Cycle 1:

***Intervention #2***

Based on data what are the ***specific*** skills has the student not learned (Identified area of need)?

What is the most effective way that skill can be taught (evidence-based intervention)?

Who will teach the skill?

When during the day will intervention be given?

How often will intervention be given?

What is the length of this Intervention cycle?

What data will show if the intervention has been effective?

How will we know if the student has learned the skill?

Date results will be reported back to the SST:

Date results will be shared with parents:

Results of Intervention Cycle 2: