

Teacher's Name: \_\_\_\_\_

## Student Support Packet



### **\*Directions\***

- 1.) Fill out the Student Information (Form A) in its entirety.
- 2.) Submit Form A to the Student Support Team for review in the referral tray.
- 3.) During your meeting with your intervention team, have a member fill out the Meeting Summary (Form B).
- 4.) Fill out the Intervention Plan (Form C). Once you have completed your interventions, turn the entire packet into the referral tray.
- 5.) If you feel further assistance is needed, fill out the Request for Teacher Assistance (Form D). Put it in the SST referral tray and you will be contacted by the team to set up a meeting.

# Student Support Team Guidelines

The following directions are to help you in the process of helping your students.

- Step 1: -Classroom teacher has a concern about a student, so he/she fills out the Student Information (Form A). Make a copy for yourself and turn the original in to the SST referral tray in the library.
- Step 2:
- Classroom teacher forms an Intervention (Child Study) Team of staff members who will assist with developing an intervention plan for the student.
  - The Intervention Team will serve as a panel who respond to the classroom teacher's questions and concerns about the student. Teachers can use PLC time for meeting. One of the team members will keep meeting notes on the Meeting Summary (Form B) and serve as a timekeeper.
  - Intervention Team Guidelines:
    - A. Classroom teacher spends 10 minutes or less giving background data on the student and explaining concerns.
    - B. Intervention Team spends 5 minutes asking the teacher questions based on the concerns. They should not be "have you tried...?" questions, but questions to get to the root of the concern.
    - C. Intervention Team spends 5 minutes giving suggestions for interventions.
    - D. Classroom teacher leaves with a copy of the notes from the meeting and suggested interventions on the Meeting Summary (Form B).
- Step 3:
- Classroom teacher selects 1 intervention and implements it for 6 weeks for each area of concern. There are Intervention Sheets attached to this packet to help you record your data.
- Step 4:
- Fill out the Intervention Plan (Form C), make copies of all intervention data for your records and place the original forms in the SST referral tray.
- Step 5:
- Classroom teacher continues interventions if they are successful. If the interventions are not successful, fill out the Request for Student Support Assistance (Form D) and place it in the SST referral tray.
- Step 6:
- SST meets with the classroom teacher, reviews data, and makes recommendations and/or suggestions to help the student and teacher.

# Student Information (Form A)

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Attendance: Absent=\_\_\_\_\_ Tardy=\_\_\_\_\_ Redirection Room Referrals=\_\_\_\_\_

## Areas of Concern:

Reading \_\_\_\_\_  Math \_\_\_\_\_

Speech \_\_\_\_\_  Physical Therapy \_\_\_\_\_

Occupational Therapy \_\_\_\_\_

Behavior

Verbal Aggression \_\_\_\_\_  Physical Aggression \_\_\_\_\_

Withdrawn \_\_\_\_\_  Social Skills \_\_\_\_\_

Other \_\_\_\_\_

\*Service providers will do an initial screening for Speech, OT, PT and possibly mental health to determine if direct service will begin immediately with provider or if a 6 week intervention is warranted by teacher.

## Educational Background Data

MCA Testing: Math= \_\_\_\_\_ Reading= \_\_\_\_\_

Fast Testing: Math= \_\_\_\_\_ Reading= \_\_\_\_\_

(Print out a FAST Individual Skills Report & Individual Benchmark Report)

Other important information: \_\_\_\_\_

## Parent/Guardian Contact Information

I contacted the child's parent(s) about my concerns on the following dates:

<u>Date</u>	<u>Type (phone, conference, etc.)</u>	<u>Summary of Contact</u>
_____	_____	_____

# Meeting Summary (Form B)

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

Student: \_\_\_\_\_

Intervention Team (up to four people)

Purpose: To brainstorm ideas only. Special education teachers and interventionists can be part of the team. Interventions can be done by anyone except special education teachers.

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

4.) \_\_\_\_\_

1. Summary of the Student (background data):

a. Needs (areas to be improved)

b. Strengths in relation to areas of need (build skill set to compensate)

c. Other background data

2. Questions asked:

3. Identify the problem (What is keeping them from achieving their area of need?):

4. Brainstorm intervention options

# Intervention Plan (Form C)

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## Intervention Ideas-

Please check the appropriate box(es) and thoroughly fill out an intervention sheet for every area of concern.

The areas of concern are:

- Reading \_\_\_\_\_  Math \_\_\_\_\_
  - Speech \_\_\_\_\_  Physical Therapy \_\_\_\_\_
  - Occupational Therapy \_\_\_\_\_
  - Behavior
    - Verbal Aggression \_\_\_\_\_  Physical Aggression \_\_\_\_\_
    - Withdrawn \_\_\_\_\_  Social Skills \_\_\_\_\_
  - Other \_\_\_\_\_
- 

My interventions did not make a significant change for the child. I am referring this child to SST and have attached the Request for Teacher Assistance (Form D).

My interventions made a difference! I do not feel this child is in need of further intervention. I will make a copy of this form for my records and put this one in the SST referral binder.

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

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

# Intervention Sheet 1

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Objective: \_\_\_\_\_

Intervention: \_\_\_\_\_

Intervention Data:

BASELINE 1

BASELINE 2

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WEEK 1

WEEK 2

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WEEK 3

WEEK 4

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WEEK 5

WEEK 6

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Explanation of Intervention and Results: \_\_\_\_\_

Successful

Not Successful

(Please circle one)

# Request for Teacher Assistance (Form D)

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Note: Fill this out ONLY if you are referring your student to SST.

## Student Information

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have completed interventions in the following areas:

Reading \_\_\_\_\_  Math \_\_\_\_\_

Speech \_\_\_\_\_  Physical Therapy \_\_\_\_\_

Occupational Therapy \_\_\_\_\_

Behavior

Verbal Aggression \_\_\_\_\_  Physical Aggression \_\_\_\_\_

Withdrawn \_\_\_\_\_  Social Skills \_\_\_\_\_

Other \_\_\_\_\_

I have:

- met with an Intervention Team regarding this student.
- completed a 6 week intervention for each area of concern
- included copies of my intervention data (charts, graphs, contracts, etc.)

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Day 1 Date:	Day 2 Date:	Day 3 Date:	Day 4 Date:	Day 5 Date:
Day 6 Date:	Day 7 Date:	Day 8 Date:	Day 9 Date:	Day 10 Date:
Day 11 Date:	Day 12 Date:	Day 13 Date:	Day 14 Date:	Day 15 Date:
Day 16 Date:	Day 17 Date:	Day 18 Date:	Day 19 Date:	Day 20 Date:
Day 21 Date:	Day 22 Date:	Day 23 Date:	Day 24 Date:	Day 25 Date:
Day 26 Date:	Day 27 Date:	Day 28 Date:	Day 29 Date:	Day 30 Date:

**Intervention Sheet 2 (optional record keeping form)**