

2005-2006 Student Support Team Forms

- 1) The **REGULAR EDUCATION REFERRAL TO STUDENT SUPPORT TEAM** form is to be completed by the referring teacher. Teachers will need to access the cumulative record in order to complete this form. Incomplete forms will be returned to the teacher for completion. This form is to be completed for all students referred to the S-team.

The remaining forms are dependent upon the referring problem. They reflect interventions the state has identified as having research support. They are presented in a checklist format, with space for **documentation of results of the intervention.** These **results should be expressed in measurable terms (i.e. correct words per minute, math quiz scores, number of times redirected to task).** Most students will require only 2 forms for S-team referral (The Reg. Ed. Referral to S-Team form and one documentation of interventions form).

- 2) If **READING** is the referring problem, the referring teacher should also complete the:
REGULAR EDUCATION DOCUMENTATION OF READING INTERVENTIONS form.
- 3) If **MATH** is the referring problem, the referring teacher should also complete the:
REGULAR EDUCATION DOCUMENTATION OF MATH INTERVENTIONS form.
- 4) If **BEHAVIOR** is the referring problem, the referring teacher should also complete the:
REGULAR EDUCATION DOCUMENTATION OF BEHAVIORAL INTERVENTIONS
- 5) A generic **REGULAR EDUCATION DOCUMENTATION OF INTERVENTIONS** form is included for problems other than reading, math, and behavior.
- 6) Two tracking forms have been provided. One may be used to track individual student support team meetings. The second may be used to track the S-teams on a building level. Both forms are optional.

REGULAR EDUCATION REFERRAL TO STUDENT SUPPORT TEAM

Name _____ DOB _____ Grade ____ Teacher _____

Parents were notified of concern on: **Notification Date** _____ By _____

Primary language of student _____ Primary language in home _____

- If primary language is other than English, attach completed English language proficiency document. (Proficiency or Native Language was assessed and found adequate before referral.)

Areas of Concern (check all that apply): (Student must be assessed in each area related to suspected disability)

| <u>Academic</u> | <u>Physical</u> | <u>Social/Emotional</u> | <u>Communication</u> |
|---|---|---|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Hearing | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Articulation/ speech |
| <input type="checkbox"/> Math | <input type="checkbox"/> Vision | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Oral Language |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Fine Motor | <input type="checkbox"/> Peer Relationships | <input type="checkbox"/> Fluency / stuttering |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Gross Motor | <input type="checkbox"/> Self image | <input type="checkbox"/> Voice |
| <input type="checkbox"/> Following directions | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Discipline | <input type="checkbox"/> Listening skills |
| <input type="checkbox"/> Study skills | <input type="checkbox"/> Hypoactivity | <input type="checkbox"/> Acting Out | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Attention span | <input type="checkbox"/> Self-help/adaptive | <input type="checkbox"/> Attention | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Physical handicaps | <input type="checkbox"/> Task Completion | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |

State Problem(s) in SPECIFIC, OBSERVABLE, MEASURABLE TERMS (i.e. Student reads 10 words per minute with 55% accuracy, student completes 1 of 5 assignments daily, students recognizes 3 letters, etc.)

Other Information:

Prior Schools Attended _____ Dates/Grades Attended _____

Prior Schools Attended _____ Dates/Grades Attended _____

Prior Schools Attended _____ Dates/Grades Attended _____

Name of Test _____ Results _____

Name of Test _____ Results _____

Name of Test _____ Results _____

Has this student ever received special education? Yes No If Yes, when _____

Has student ever been retained? Yes No If Yes, when _____

Date of Vision Screening _____ Pass Fail Action _____

Date of Hearing Screening _____ Pass Fail Action _____

Attendance: Problem No Problem Comments _____

Health: Problem No Problem Comments _____

Other relevant information: _____

Date form received by S-Team Coordinator: _____ Signature of S-Team Coordinator _____

REGULAR EDUCATION DOCUMENTATION OF READING INTERVENTIONS

The public agency must document a history of failed classroom interventions and / or programs which, however appropriate, proved ineffective, before referring a student for special education evaluation. **(Must document at least 2 research based interventions and /or programs were implemented and date that interventions and/or programs failed.)**

Student: _____ Teacher: _____ Grade: _____

| READING INTERVENTIONS | Date Begun | Date Ended | Comments/Data |
|--|------------|------------|---------------|
| Daily whole group reading instruction in: | | | |
| Phonological Awareness Activities (K) | | | |
| -Identify and make oral rhymes | | | |
| -Segment spoken sentences into words | | | |
| -Segment spoken words into syllables | | | |
| -Identify and practice onset and rhyme sounds | | | |
| -Identify spoken words w/ same initial sounds | | | |
| -Identify spoken words w/ same end sounds | | | |
| -Blend orally presented phonemes into words | | | |
| -Segment orally presented word into phonemes | | | |
| Phonics Activities (K-2) | | | |
| -match letters/sounds (initial and final letters) | | | |
| -blend sounds to read real and nonsense words | | | |
| -read aloud charts, stories, CVC, CVCe, blends, word families, diphthongs, etc. | | | |
| -dictate words w/ featured letter/sound pair | | | |
| -pair students for practice reading aloud | | | |
| -recognize print patterns-chunks, endings, etc. | | | |
| Fluency (Grades 2-3) | | | |
| -model fluent reading | | | |
| -repeated reading of same text (3-4 times) | | | |
| -choral reading | | | |
| -echo reading | | | |
| -shared reading | | | |
| -text at independent reading level (95% accuracy) | | | |
| Vocabulary (K-1) | | | |
| -sort words into basic categories | | | |
| -describe common objects | | | |
| -classify categories of words | | | |
| Vocabulary (Grades 2-3) | | | |
| -teach common synonyms and antonyms | | | |
| -use known word in compound words | | | |
| -teach homophones/homographs | | | |
| -use dictionary to locate word meanings | | | |
| Vocabulary (Grades 4-5) | | | |
| -identify/apply knowledge of word origins, derivations, synonyms, etc. to derive meaning | | | |
| -use a thesaurus to identify related words | | | |
| Reading Comprehension (All Grades) | | | |
| -teach to self-monitor comprehension | | | |
| -teach use of graphic/semantic organizers | | | |
| -teach use of questions to guide reading | | | |
| -teach ways to generate questions | | | |
| -teach story structure | | | |
| -teach summarization | | | |
| -elaboration (prediction, prior knowledge, etc.) | | | |
| Other | | | |

REGULAR EDUCATION DOCUMENTATION OF MATH INTERVENTIONS

The public agency must document a history of failed classroom interventions and / or programs which, however appropriate, proved ineffective, before referring a student for special education evaluation. **(Must document at least 2 research based interventions and /or programs were implemented and date that interventions and/or programs failed.)**

Student: _____ Teacher: _____ Grade: _____

| If child is having difficulty because | Date Begun | Date Ended | Comments/Data |
|---|-------------------|-------------------|----------------------|
| Overall skills are lower than grade level: | | | |
| -assess for level of instruction | | | |
| -provide small group instruction on needed skills | | | |
| Difficulty remembering math facts: | | | |
| -separate facts into sets or fact families | | | |
| -provide extra opportunities for practice | | | |
| -provide references to assist in fact calculation | | | |
| -use manipulative objects | | | |
| -practice flashcards with peer/volunteer | | | |
| -use folding in technique for flashcard practice | | | |
| -student self-check/correct practice sheets | | | |
| Difficulty attending to important details: | | | |
| -highlight operational signs/key words | | | |
| -use vertical lines/graph paper for organization | | | |
| -reduce number of problems per page | | | |
| -use a window overlay to isolate problems | | | |
| -have student repeat directions to teacher | | | |
| Inability to read text for word problems: | | | |
| -align material with students reading level | | | |
| -highlight key words in math problem | | | |
| Slow rate of work completion: | | | |
| -reduce number of items to complete | | | |
| -provide manipulatives | | | |
| Problems sequencing steps for computations | | | |
| -consistent review of steps | | | |
| -reference sheet kept at student desk | | | |
| -use of acronyms to remember steps | | | |
| -color coding of steps | | | |
| -use of manipulative objects | | | |
| -use of calculator | | | |
| Failure to visualize concepts | | | |
| -use simple, consistent language | | | |
| -provide visual examples | | | |
| -assess and explicitly teach concept terminology | | | |
| Difficulty solving word problems | | | |
| -use concrete examples | | | |
| -highlight key operational words | | | |
| -have student restate problem | | | |
| -use of calculator/manipulatives | | | |
| Other | | | |
| -peer tutoring | | | |
| -small group instruction | | | |
| -individual assistance from teacher/volunteer | | | |
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REGULAR EDUCATION DOCUMENTATION OF BEHAVIORAL INTERVENTIONS

The public agency must document a history of failed classroom interventions and / or programs which, however appropriate, proved ineffective, before referring a student for special education evaluation. **(Must document at least 2 research based interventions and /or programs were implemented and date that interventions and/or programs failed.)**

Student: _____ Teacher: _____ Grade: _____

| Behavioral Interventions | Date Begun | Date Ended | Comments/Data |
|---|------------|------------|---------------|
| If problem is inappropriate behavior: | | | |
| -Post classroom rules | | | |
| -Model desired behaviors | | | |
| -Verbal/nonverbal reminders of behavior | | | |
| -Provide choices | | | |
| -Positive attention to others who are modeling appropriate behavior | | | |
| -Positive reinforcement of appropriate behavior | | | |
| -Remind student of expected behavior | | | |
| -Daily/weekly behavior report home | | | |
| -Positive notes home | | | |
| -Proximity control | | | |
| -Loss of privileges | | | |
| -In class isolation | | | |
| -Time out | | | |
| -Use of logical/natural consequences | | | |
| -Parent conference | | | |
| -Interaction w/ school counselor | | | |
| -Change class routine | | | |
| -Discipline contract | | | |
| -Seating change | | | |
| -Extra Teacher attention | | | |
| -Curriculum change | | | |
| -Schedule change | | | |
| If problem is off-task behavior/work completion | | | |
| -Preferential seating (away from distractions) | | | |
| -Use of study carrel | | | |
| -Seat near well-focused students | | | |
| -Have student repeat directions to teacher | | | |
| -Assess instructional level/adapt curriculum | | | |
| -Reduce/modify assignment | | | |
| -Placement change within regular education | | | |
| -Daily effort report | | | |
| -Weekly effort report | | | |
| -Use assignment book (parent & teacher sign) | | | |
| -Use timer for self-monitoring of task complete | | | |
| -Provide "to do" list for student's desk | | | |
| -Break task into smaller chunks | | | |
| -Reward system for task completion | | | |
| Other | | | |
| -Individual/small group instruction | | | |
| -Small group instruction | | | |
| - Use mulit-sensory learning approaches | | | |
| - Provide routine schedule | | | |
| | | | |
| | | | |

REGULAR EDUCATION DOCUMENTATION OF INTERVENTIONS

The public agency must document a history of failed classroom interventions and / or programs which, however appropriate, proved ineffective, before referring a student for special education evaluation. **(Must document at least 2 research based interventions and /or programs were implemented and date that interventions and/or programs failed.)**

Student: _____ Teacher: _____ Grade: _____

Description of problem(s): _____

| Intervention | Date Begun | Date Ended | Data/Comments |
|--------------|------------|------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

S-Team Tracking Form for _____
(Student)

Date referral received by S-Team Coordinator: _____

| Date | Team Members Present | Action | Outcome | Decision | Next Meeting |
|------|----------------------|--------|---------|----------|--------------|
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