Sacramento City Unified School District

School Name

**SST Teacher Input Request**

Dear Teacher,

We will be holding a Student Study Team (SST) meeting for **Student Name on Date at** **Time in** **Room #**.

In the meantime, your input on this student is critical to his/her success and we would like you to complete and return this form to **Name at** **Email in** **Location by Date**.

Thank you!

**Teacher Name**:       **Subject Taught**:

**Date Completed**:       **Student’s Current Grade**:

**Student’s Attendance**: Tardies:    Excused Absences:    Truancies:

**I. Student Strengths (Please X all)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Always | Usually | Sometimes | Rarely | Unsure |
| 1. Makes an effort |  |  |  |  |  |
| 1. Works well with others |  |  |  |  |  |
| 1. Shows academic improvement |  |  |  |  |  |
| 1. Works independently |  |  |  |  |  |
| 1. Timely to class |  |  |  |  |  |
| 1. Turns in assignments |  |  |  |  |  |
| 1. Involved in class discussions |  |  |  |  |  |
| 1. Respects class rules |  |  |  |  |  |
| 1. Displays respect toward teacher |  |  |  |  |  |
| 1. Needs teacher interventions |  |  |  |  |  |
| 1. Willing to help others |  |  |  |  |  |
| 1. Avoids talking excessively or out of turn |  |  |  |  |  |
| 1. Positive Peer Relationships |  |  |  |  |  |
| 1. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

**II. Academic Data**

**List most recent scores (where applicable):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | Classroom Assessments | | |
| SBAC: ELA | SBAC: Math | CELDT | Other | Math | Reading | Writing |
|  |  |  |  |  |  |  |

**III. Behavior Regularly displayed**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Aggression | Crying | Fearfulness | Insecurity | Stealing |
| Anxiety | Defiance | Foul Language | Lying | Tries Hard |
| Apathy | Dependability | Frustration | Moodiness | Withdrawal |
| Cheerfulness | Explosiveness | Hyperactivity | Nail Biting | Other: |
| Cooperation | Facial Tics | Indifference | Showing Off |  |
|  |  |  |  |  |

**IV. Current/Past Interventions**

**Please check all current and/or past interventions attempted with student, and list result:**

|  |  |  |  |
| --- | --- | --- | --- |
| Environment | | Teaching Techniques | |
| Intervention | Outcome | Intervention | Outcome |
| Clarify rules  Change seating  Reduce distractions  Change class activities  Change groups  Increased physical space  Special quiet/time-out area  Modify schedule  Add structure |  | Vary voice volume  Use hand on shoulder contact  Reduce stimulation  Teacher circulates around room  Repeat instruction same way  Designate activities  Use behavior modification  Use visual aids |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Activities | | Miscellaneous | |
| Intervention | Outcome | Intervention | Outcome |
| Simplify  Shorten  Individual contracts  Buddy system  Notebooks for assignments  Alt assignment structure  Use of tape recorder  Review cum folder |  | Keep work samples  Assessment results  Parent contact  Refer to school social worker/  counselor  Referral to Student Support Ctr  Referral to office  Referral to (specify): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Instruction Program | | Materials | |
| Intervention | Outcome | Intervention | Outcome |
| Cooperative learning  Individualized instruction  Health awareness  Guidance lesson  Small group  Other (specify): |  | Use varied materials  Tapes  Soft music  Play activities  Computer  Books/stories |  |

Additional comments to help create a success plan (suggested accommodation, interventions, connections with home, etc):