Sacramento City Unified School District

School Name

**Student Study Team Meeting Summary**

Check one: [ ]  Initial SST [ ]  2nd (Follow-up) SST [ ]  3rd (Follow-up) SST

1. **Student Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Today’s Date** | **Student Name** | **Grade** | **Teacher** | **Age** | **Birthdate** | **Gender** |
|       |       |       |       |       |       |       |
| Primary Language: |       | Previous SST Date(s): |       |
| Programs:  | [ ]  Foster Youth | [ ]  Homeless | [ ]  ELL | [ ]  Speech | [ ]  SSC | [ ]  SpEd | [ ]  504 | [ ]  Other:  |

1. **Strengths:** Include strengths at school (academic, social, interests) and at home (family supports, community, and interests):

Type student strengths here

1. **Areas of Concern:** Include academic, emotional, health, social and home concerns

Type student concerns here

1. **Student History**

|  |  |
| --- | --- |
|  **Health**  | **Assessment Data (Most Current)** |
| Was Pregnancy & birth typical: [ ] Yes [ ] No | If Complications, please describe:      | SBAC – ELA: |        |
|  | SBAC – Math: |       |
| Developmental milestones met: [ ]  Walking [ ]  Talking [ ]  Toileting  | BMK – ELA: |       |
| Health concerns: [ ]  Hearing [ ]  Vision [ ]  Dental [ ]  Sleep | BMK – Math: |       |
| Chronic conditions:            | Current medications:            | Reading: |       |
| Does student have health insurance? [ ] Yes [ ] No | Type of insurance:        | Writing: |       |
|  **Family & Home** | Math: |       |
| Family members (in or out of the home):            |  | CELDT: |       |
| History of schools attended (include preschool):            | # of Absences: |       |
| English Language Learner? [ ] Yes [ ] No | # of Tardies |       |
| Other:            | Behavior: |       |

1. **Prior Interventions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Intervention** | **Time Frame** | **Goal** | **Outcome** |
| 1.
 | From       to       |       |       |
| 1.
 | From       to       |       |       |
| 1.
 | From       to       |       |       |
| 1.
 | From       to       |       |       |
| 1.
 | From       to       |       |       |

1. **Action Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Intervention/Accommodation** | **Start Date** | **Person Responsible** | **Expected Outcome** | **Review Date** | **New Action?** |
| 1.
 |       |       |       |       | [ ]  Yes [ ]  No |
| 1.
 |       |       |       |       | [ ]  Yes [ ]  No |
| 1.
 |       |       |       |       | [ ]  Yes [ ]  No |
| 1.
 |       |       |       |       | [ ]  Yes [ ]  No |
| 1.
 |       |       |       |       | [ ]  Yes [ ]  No |

1. **Follow-up Date** (schedule within 4-8 weeks):
2. **Team Members**

|  |  |  |
| --- | --- | --- |
| **Title** | **Name** | **Signature** |
| 1. Parent/Guardian
 |  |  |
| 1. Student (if applicable)
 |  |  |
| 1. Administrator
 |  |  |
| 1. Referring Teacher
 |  |  |
| 1. Facilitator
 |  |  |
|  |  |  |
|  |  |  |
|  |  |  |