Sacramento City Unified School District

School Name

**SST Parent Feedback Form**

Dear Parent/Guardian,

As the single most important factor in your child’s academic success, we thank you for joining us for today’s Student Study Team (SST) meeting. In an ongoing effort to ensure that this process is meaningful to our parent participants, please take a few minutes to complete the survey below, and return it to Name in Location (ie: front office) on your way out of the school today.

Today’s Date: / /

Your Name: Phone Number:

Your Child’s Name: Grade:

1. How were you notified of this meeting?
[ ] Letter/Invitation [ ] Phone Call [ ] Both [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Was the **purpose** of the SST meeting made clear at the beginning of the meeting?
[ ] Yes [ ] No
3. Were introductions made at the beginning of the meeting, and if so, were you asked to introduce yourself?
[ ] Yes [ ] No
4. In discussing your child, did the team start by listing his/her **strengths**?
[ ] Yes [ ] No

1. Did you feel that your input at the meeting was valued?
[ ] Yes [ ] No
2. Were the next steps – also called “interventions” – to helping your student made clear?
[ ] Yes [ ] No

1. Do you agree with the outcome of the SST?
[ ] Yes [ ] No
2. Please provide any additional comments or questions, and a member of the SST team will get back to you: