Sacramento City Unified School District

School Name

**SST Request Form**

This form is the first step in the SST request process. All fields on both sides of this form must be completed before an SST date is scheduled.

**I. Basic Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Student: |  | ID #: |  |
| Grade: |  | Gender: |  |
| Primary Lang: |  | Home Lang: |  |
|  |  |  |  |

Is the student currently identified as, or receiving any of the following (check all that apply):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🞏 Foster Youth | 🞏 Homeless | 🞏 Bilingual Ed | 🞏 Counseling | 🞏 Sp Ed |

**II. Student Strengths**

**III. Specific Concerns**

**IV. Communication**

Please list details about communication with parent(s), other teachers or support staff regarding these issues/concerns:

**V. Attendance and Behavior**

Attendance:

|  |  |  |  |
| --- | --- | --- | --- |
| Days Enrolled: |  | Days Present: |  |
| Excused Absences: |  | Unexcused Absences: |  |
| Tardies: |  |  |  |

Behavior Regularly Displayed:

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

**VI. Academic Data**

List most recent scores (where applicable):

|  |  |
| --- | --- |
|  | Classroom Assessments |
| SBAC: ELA | SBAC: Math | BMK: ELA | BMK: Math | Math | Reading | Writing |
|  |  |  |  |  |  |  |

**VII. 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🞏 Referral to counselor🞏 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 |  |

Completed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Teacher / Staff Signature Date