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: | Student Name | 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**

Type student strengths here

**III. Specific Concerns**

Type student concerns here

**IV. Communication**

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

Type communication details here

**V. Attendance and Behavior**

Attendance:

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

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 |  |
|  |  |  |  |  |

**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