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:**

**Date: / / Time: 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 by / / .

**Name: Title:**

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):**

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

**III. 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: |
|  |  |  |  |  |

**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):