

Student Support Team (SST) Referral Form
School District of Sevastopol
Elementary Form

The purpose of this form is to provide information to SST members about a selected student during the SST meeting. This form should be completed, and a copy given to the principal and director of pupil services prior to the SST meeting.

Date: _____

Next Meeting: _____ (six weeks after the initial meeting)

Persons attending: _____

**Principal, Director of Pupil Services, Classroom Teacher, Special Education Teacher, Reading Specialist (if reading is a concern), School Counselor (if behavior is a concern) Physical/Occupational Therapist, Speech/Language, English Language Learner (if appropriate)*

Referral Information	
Student Name:	Date:
Grade:	Teacher:
Date of Birth:	Gender: M F
Parent/Guardian Name (s):	
Address:	
Phone:	Email:
Date Parents/Guardian Contacted:	

Strengths, Motivators and Needs
Where do they excel and what do they need to be able to do? What are we missing, what do we want to know? What are the barriers for the student to learn? (academic, behavioral, communication, social/emotional)

Cumulative File/Record Review

Pertinent State Test Scores														
MAP Reading:														
Each shaded set of boxes represents one year of testing- fall, mid-year, spring. Report in percentiles.														
Grade ____			Grade ____			Grade ____			Grade ____			Grade ____		
MAP Math:														
Each shaded set of boxes represents one year of testing- fall, mid-year, spring. Report in percentiles.														
Grade ____			Grade ____			Grade ____			Grade ____			Grade ____		

FORWARD: Report in percentiles		
Grade 3:	Grade 4:	Grade 5:
ELA:	ELA:	ELA:

Math:	Math:	Math:
	Science:	
	Social Studies:	

Guided Reading Levels: Circle current Fountas and Pinnell guided reading level.					
Grade 1:	Grade 2:	Grade 3:	Grade 4:	Grade 5:	Grade 6:
A B C D E F G H I	J K L M	N O P	Q R S	T U V	W X Y

PALS: Identified on **PALS** ____ (Yes) ____ (No) ____ Summative Score and ____ Score Benchmark

Cumulative File Review, cont.
Past Teacher Comments (Red Flags):

Attendance: Days Absent in each grade					
K:	1:	2:	3:	4:	5:

Previous/Current Services: Please indicate which services are previous (P) and which are current (C).					
___Special Education IEP Area: _____	___Title I	___Summer School	___Tutor support	___ELL	
___Guidance	___Peer Mentoring	___Outside Agencies	___Medical Interventions (physician, therapist, family support, etc.)		
___Other: _____					

School History:
Grade Retention: (Specify grade level): _____
Other Schools Attended: _____
Family dynamics (divorce, single parent, parent works nights, etc.): _____
Current medical conditions: _____
Medications: _____
Previous special education evaluation or identification: _____

Current Classroom Assessment Data
Describe current performance in classroom or attach most recent report card (please consider Moby max, Benchmark Strategy Assessment):

Current Teacher Concerns:

Check all that apply.

Reading	Writing	Math	Behavior
<p>___ Phonemic Awareness- ability to segment and manipulate the sounds of oral language.</p> <p>___ Phonics- relationships between sounds and letters and how written letters relate to spoken sounds.</p> <p>___ Vocabulary</p> <p>___ Fluency-</p> <p>___ Rate- the speed</p> <p>___ Accuracy-words read correctly</p> <p>___ Prosody-pitch, stress, expression and phrasing</p> <p>___ Comprehension-</p> <p>Comments or other observations:</p>	<p>___ Clarity of ideas</p> <p>___ Penmanship/Mechanics</p> <p>___ Grammar</p> <p>___ Conventions</p> <p>___ Spelling</p> <p>___ Organization</p> <p>___ Other: _____</p> <p>Comments or other observations:</p>	<p>___ Basic Facts</p> <p>___ Problem Solving</p> <p>___ Computation</p> <p>___ Key Concepts</p> <p>___ Reasoning</p> <p>___ Other: _____</p> <p>Comments or other observations:</p> <p>Occupational and Physical Therapy</p> <p>___ Fine Motor</p> <p>___ Gross Motor</p> <p>___ Vision</p> <p>___ Coordination</p> <p>___ Balance</p> <p>___ Other: _____</p> <p>Comments or other observations:</p>	<p>___ Problems following directions</p> <p>___ Frequently off task</p> <p>___ Unorganized</p> <p>___ Impulsive</p> <p>___ Easily distracted/Distracts others</p> <p>___ Defiant</p> <p>___ Problems working to ability</p> <p>___ Work not turned in on time</p> <p>___ Lacks meaningful Friendships/ Left out by peers for activities</p> <p>___ Interacts inappropriately</p> <p>___ Physically aggressive or argumentative</p> <p>___ Excessively anxious</p> <p>___ Sensory issues</p> <p>___ Withdrawn</p> <p>___ Frequent health complaints</p> <p>___ Other: _____</p> <p>Comments or other observations:</p>

Teacher Observations (consider including specials and physical education):

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Tier 1 Classroom Teacher Modification/Accommodation Documentation

Date Started: _____ Date Ended: _____

Learning/Behavior Concern:	Goal	Modification/Accommodation	Frequency (Days/Min.)	Data	Effectiveness 1=Low 5=High
				2 (1) weeks:	
				4 (2) weeks:	
				6 (3) weeks:	
				8 (4) weeks:	

Date Started: _____ Date Ended: _____

Learning/Behavior Concern:	Goal	Modification/Accommodation	Frequency (Days/Min.)	Data	Effectiveness 1=Low 5=High
				2 (1) weeks:	
				4 (2) weeks:	
				6 (3) weeks:	
				8 (4) weeks:	

Parent Contact Dates:	Concerns/Discussion Summary