



(After the SST Referral is made, please give student's name to \_\_\_\_\_ to start the paper process)

## SST PROCESS CHECKLIST

**Student Name:** \_\_\_\_\_ **Referred by:** \_\_\_\_\_

**Date of SST:** \_\_\_\_\_

**Counselor:** \_\_\_\_\_ **SST Coordinator:** \_\_\_\_\_

**Concerns:**    Behavioral                      Special Education                      Academic                      Attendance

### Steps in SST Process:

1. ☐ Meeting notice sent: (date) \_\_\_\_\_  
To: \_\_\_\_\_
2. ☐ Teacher Background Information Form Sent
3. ☐ SST notice/letter to parent with Parent Questionnaire Form
- 3.5 ☐ Student Information Questionnaire Form completed at beginning of the SST (H.S.)
4. ☐ Counselor Cumulative File Review Notes /Completed
5. ☐ 1st SST held    ☐ 2nd SST held    ☐ 3rd SST held( if needed)
6. ☐ Student Study Team Notes/Summary/Action Plan Completed
7. ☐ Closing Letter to parent mailed (date) \_\_\_\_\_
8. ☐ Copies of SST Summary/Action Plan and Closing Letter to all teachers and participants (share electronically)

### 9. Next Steps of referral:

- ☐ **Student does/ does not** need special ed testing/504
- ☐ Referral to Special Education/504/Counselor/SARB/Home & Hospital    (with copy of SST documents)  
(date) \_\_\_\_\_



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Date:\_\_\_\_\_

Dear Parent/Guardian of \_\_\_\_\_,

Your child has been referred for a Student Study Team. This team may be composed of counselors, teachers, the school administrators, the school psychologist and parents. The purpose of the study team is to gather information, discuss concerns; and make recommendations for possible interventions to help your student improve his/her school progress.

The meeting will be held on\_\_\_\_\_in the \_\_\_\_\_. You are invited to participate in the Student Study Team for your son/daughter.

Please fill out the enclosed questionnaire and return it in the envelope provided to the Counseling Office by\_\_\_\_\_.

If you have any questions, please contact the school office and leave a message for me at\_\_\_\_\_.

Sincerely,

\_\_(name)\_\_\_\_\_

\_\_(title)\_\_\_\_\_

**Confidential Parent/Guardian Information for Intervention Team**

211 Ridgway Avenue, Santa Rosa, CA 95401



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Completed by:\_\_\_\_\_ Relationship to Student:\_\_\_\_\_

Student's Name:\_\_\_\_\_ Grade:\_\_\_\_\_ Date:\_\_\_\_\_

Who Lives in home (include pets):\_\_\_\_\_

\_\_\_\_\_

Current school performance:\_\_\_\_\_

\_\_\_\_\_

List area(s) of strength:\_\_\_\_\_

\_\_\_\_\_

List area(s) of concern:\_\_\_\_\_

\_\_\_\_\_

Has your student ever been tested and/or found eligible for special education services?

If Yes, please describe:\_\_\_\_\_

\_\_\_\_\_

Community resources you have utilized; i.e., Boys & Girls Club, Learning Center, SAY:

\_\_\_\_\_

\_\_\_\_\_

Previous or current counseling:\_\_\_\_\_

\_\_\_\_\_

**Confidential Parent/Guardian Information for Intervention Team**

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History of Hospitalization. Medication, etc.: \_\_\_\_\_

\_\_\_\_\_

Student perception of areas of concern: \_\_\_\_\_

\_\_\_\_\_

Behavior at home: \_\_\_\_\_

\_\_\_\_\_

Student's responsibilities at home: \_\_\_\_\_

\_\_\_\_\_

Study Skills at home (i.e., length of time, location, days per week, etc.): \_\_\_\_\_

\_\_\_\_\_

Any additional information you would like us to know (i.e., major changes in home environment):



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## SST COUNSELOR REPORT

*This is an official report and will be included in the student's cumulative folder.*

Student: \_\_\_\_\_

Date: \_\_\_\_\_

ID#: \_\_\_\_\_

Counselor: \_\_\_\_\_

DOB: \_\_\_\_\_

Grade: \_\_\_\_\_

**Background Information:** (cumulative folder, enrollment card, health records, student and parent interviews). What family/neighborhood situation, environmental conditions, economic disadvantages, cultural and/or language differences do you think might have affected the student's achievement?

### School Records reveal:

- ☐ has repeated \_\_\_\_\_ grade
- ☐ Has attendance problems
- ☐ Has conduct problems
- ☐ Has prior referral to a Student Study Team on \_\_\_\_\_

Comments:

### What are your current concerns?

### What interventions have been tried?

- ☐ Working with teacher to design classroom modification
- ☐ Prior SST
- ☐ Conferences with student, parent, teacher(s)
- ☐ Progress reports/assignment logs
- ☐ Advocacy SSR/W tutorial/other tutoring
- ☐ Administrator for conduct, attendance issues
- ☐ Referrals: CWA, DAAC, other support agencies \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Dear \_\_\_\_\_

On \_\_\_\_\_ school personnel held a meeting with the Student Study Team for  
\_\_\_\_\_. Attached you will find the notes that were taken during the Student  
Study Team meeting.

\_\_\_\_ Thank you for attending the meeting. Below is a recap of the agreements from the meeting.

\_\_\_\_ We were sorry you were not in attendance, please see below to review some agreements, we look  
forward to any feedback or concerns you have.

Members of the SST agreed on the following steps to help your daughter/son:

**Student responsibilities:**

- ☐ Record homework daily and have teacher initial it.
- ☐ Do a weekly progress report.
- ☐ Check the homework hotline
- ☐ Attend after school tutorial weekly
- ☐ Others:

**Parent responsibilities:**

- ☐ Check planner daily.
- ☐ Check weekly progress reports
- ☐ Stay in communication with student's counselor/teachers.
- ☐ Other:

Feel free to call me at \_\_\_\_\_ if you have any questions or further concerns.

Sincerely,

Student Name: \_\_\_\_\_

Please provide this form on or before **your** Student Success Team Meeting. Please provide your objective assessment of your work in the areas indicated below. A copy of this report is an official report and will be included in your cumulative folder.

### **STUDENT SELF ASSESSMENT**

For each of the following statements, please write “true” or “false” as it applies to you.

1. \_\_\_\_\_ Whenever material seems confusing or unclear, I make sure to ask questions about it of my fellow classmates and/or the instructor (e.g., in class, during office hours, etc.).
2. \_\_\_\_\_ I have created a daily schedule to organize my time and I follow this schedule very closely.
3. \_\_\_\_\_ I attend and actively pay attention and participate in all my classes.
4. \_\_\_\_\_ I complete all the assigned readings, including any supplementary materials and accompanying text boxes, graphs, diagrams, etc.
5. \_\_\_\_\_ I spend an appropriate amount of time studying each week (e.g., 2 to 3 hours of study time per hour of class each week).
6. \_\_\_\_\_ I bring my questions and requests for help to the attention of my instructors in a timely manner (e.g., several days ahead of time for smaller assignments or several weeks for larger projects and exams).
7. \_\_\_\_\_ I pace myself and keep myself healthy and well-rested.
8. \_\_\_\_\_ I strategize and rank order how much time I spend on different activities.
9. \_\_\_\_\_ Rather than trying to go it alone, I team up with other students or enlist the help of my instructors or a tutor to help me better understand class materials.
10. \_\_\_\_\_ I do not procrastinate and I try whenever possible to complete assignments, projects, papers, etc., ahead of time.
11. \_\_\_\_\_ I skim the readings, then I go back and more carefully review anything that seems unclear.
12. \_\_\_\_\_ I take the time to define in my own words any new or unfamiliar concepts or theories.
13. \_\_\_\_\_ I identify the goal(s) and/or scope of assigned readings so that I have a good sense of the author’s purpose.
14. \_\_\_\_\_ I have put forth my best effort in completing assignments and projects and in preparing for exams.
15. \_\_\_\_\_ I have sought help and otherwise made a good personal effort to address potential problem areas identified by each of the above questions to which I have answered “false.”
16. What do you want the Student Success Team to know about you and your situation? How can we help?



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(date) \_\_\_\_\_





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Fecha: \_\_\_\_\_

Estimado Padre de Familia o Tutor Legal de \_\_\_\_\_,

Se le derivó a su hijo(a) a un Equipo de Estudio del Estudiante. Este equipo puede incluir a consejeros, maestros, directores de la escuela, el psicólogo escolar y los padres. El propósito del equipo es recoger información, discutir preocupaciones y hacer recomendaciones para posibles intervenciones que ayuden a su hijo(a) a mejorar su progreso académico.

La reunión tendrá lugar el \_\_\_\_\_ en \_\_\_\_\_. Se le invita a usted a participar en el Equipo de Estudio del Estudiante referente a su hijo(a).

Por favor complete el cuestionario adjunto y entréguelo en el sobre proveído a la Oficina de Consejería a más tardar el \_\_\_\_\_.

Si usted tiene alguna pregunta, comuníquese, por favor, con la oficina de la escuela y deje un mensaje para mí al \_\_\_\_\_.

Atentamente,

\_\_\_\_\_(nombre)\_\_\_\_\_

\_\_\_\_\_(título)\_\_\_\_\_



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## Informacion Confidencial Proveida por el Padre o Tutor para el Equipo de Intervención

Completado por: \_\_\_\_\_ Relación con el estudiante: \_\_\_\_\_

Nombre del estudiante: \_\_\_\_\_ Grado: \_\_\_\_\_ Fecha: \_\_\_\_\_

¿Quiénes viven en la casa (incluya las mascotas)?: \_\_\_\_\_

\_\_\_\_\_

Rendimiento escolar actual: \_\_\_\_\_

\_\_\_\_\_

Apunte los puntos fuertes del estudiante \_\_\_\_\_

\_\_\_\_\_

Apunte las dificultades del estudiante: \_\_\_\_\_

\_\_\_\_\_

¿Su hijo(a) ha sido evaluado y/o identificado para servicios de educación especial alguna vez?

De ser así, describa, por favor: \_\_\_\_\_

\_\_\_\_\_

Recursos comunitarios que usted ha utilizado; por ejemplo, Boys & Girls Club, Learning Center, SAY:

\_\_\_\_\_

\_\_\_\_\_

Consejería, actualmente o en el pasado: \_\_\_\_\_

\_\_\_\_\_

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**Informacion Confidencial Proveida por el Padre o Tutor para el Equipo de Intervención  
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Historial de hospitalizaciones, medicamentos, etc.:\_\_\_\_\_

\_\_\_\_\_

Percepción del estudiante de sus dificultades:\_\_\_\_\_

\_\_\_\_\_

Comportamiento en casa:\_\_\_\_\_

\_\_\_\_\_

Responsabilidades del estudiante en casa:\_\_\_\_\_

\_\_\_\_\_

Hábitos de estudio en casa (duración, lugar, días por semana, etc.):\_\_\_\_\_

\_\_\_\_\_

Otra información que usted desearía proveernos (por ejemplo, grandes cambios en el ambiente dentro del hogar):

Estimado(a) \_\_\_\_\_

El día \_\_\_\_\_ el personal de la escuela llevó a cabo una reunión del Equipo de Estudio del Estudiante en referencia a \_\_\_\_\_. Hemos adjuntado las notas que apuntamos durante la reunión del Equipo de Estudio del Estudiante.

\_\_\_\_ Gracias por asistir a la reunión. A continuación hay un repaso de los acuerdos implementados como resultado de la reunión.

\_\_\_\_ Lamentamos que usted no pudo asistir a la reunión, véase a continuación, por favor, para revisar los acuerdos. Esperamos recibir sus comentarios o preocupaciones.

Los miembros del equipo SST aprobaron los siguientes pasos para ayudarle a su hijo(a):

**Responsabilidades del Estudiante:**

- ☐ Apuntar las tareas cada día y pedir que el maestro lo inicialice.
- ☐ Completar un informe cada semana sobre el progreso.
- ☐ Llamar a la línea directa para repasar todas las tareas que se hacen en casa
- ☐ Asistir a tutorías después de clases cada semana
- ☐ Otras:

**Responsabilidades de los Padres de Familia:**

- ☐ Inspeccionar la agenda cada día.
- ☐ Inspeccionar los informes sobre el progreso cada semana
- ☐ Mantener la comunicación con el consejero y los maestros del estudiante.
- ☐ Otras:

No dude en llamarme al \_\_\_\_\_ si usted tiene alguna pregunta u otra preocupación.

Atentamente,,

