

STUDENT SUCCESS TEAM (SST)

Procedural Handbook

(Including Response to Intervention (RtI²)
within a three tiered Intervention Model)



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BUILDING AN EFFECTIVE STUDENT SUCCESS TEAM

The Student Success Team is a problem solving/progress monitoring team which assists students, families and teachers in seeking positive solutions for maximizing student potential once all school-wide Tier 1 and selected Tier 2 supports have been exhausted. It provides an opportunity for school staff, family members, community agencies and other important people in the life of the student, to present their concerns about behavior, academics, attendance, health or social/emotional issues; plan a positive course of action; assign responsibilities and monitor results.

The team's goal is to make recommendations that will facilitate the student's progress, ideally in the general education program. The process is a general education brainstorming of ideas and is neither a function of special education nor an automatic process for assessment for special education services. However, should a special education referral be indicated, after all other interventions have failed, the SST serves as a process to document that the legally mandated regular education interventions, accommodations and modifications have been provided.

Consideration by the SST is also a necessary step preceding all student retention recommendations.

The bottom line: The Student Success Team is a forum for generating individual, high quality interventions which are progress monitored. Concerns which do not require interventions and progress monitoring may be handled at parent / teacher conferences.

Team Member Qualities

- Believe all students have the potential to improve
- Commit to a problem-solving approach
- Generate solutions that target identified concerns
- Communicate and collaborate
- Establish credibility among peers
- Commit to follow-through: schedule / hold meetings, implement interventions etc.

STAGES OF TEAM DEVELOPMENT

Preparing

- Assess the school community/environment to ensure conditions are right to develop a problem-solving team
- Ensure critical elements are present to support collaboration
- Introduce the concept of a problem solving SST process to the team and the site

Mobilizing

- Ensure the team is diverse and represents all staff
- Determine communication ground rules within the team
- Build a common understanding of the team's overall goal
- Support consensus for decision-making
- Develop a problem solving model
- Identify and assign shared leadership roles

Prioritizing

- Agree on a school-wide vision for the SST committee
- Identify and prioritize school-wide/committee concerns
- Develop a mission statement for the team to follow
- Set team goals for the upcoming school year
- Communicate team message for school-wide strategies

Implementing

- Determine necessary tasks; develop strategies
- Establish a plan to evaluate team and individual interventions
- Develop a process to monitor progress of individual students and classroom interventions

Assessing

- Assess team effectiveness
- Celebrate team successes of individual achievements and classroom accomplishments
- Increase overall effectiveness

STUDENT SUCCESS TEAMS...

- Are site-based
- Are team driven
- Use a problem solving/progress monitoring approach
- Focus on individual interventions and supports
 - *Academic*
 - *Behavior*
 - *Attendance*
 - *Health and developmental issues*
 - *Home/Family problems*
 - *Speech and language concerns*
 - *GATE eligibility*
 - *Promotion / retention*

- Use data to drive decisions
- Identify and prioritize the problem(s) of highest concerns
- Write observable and measurable goals(s)
- Generate research-based interventions
- Establish an intervention support system for teacher and student
- Systematically evaluate the effectiveness of the intervention(s) and the student's progress toward the goal(s)
- Follow-up and determine appropriate next steps:
 - *Modify the existing goal*
 - *Modify the existing intervention*
 - *Refer to or create on-site resources / programs*
 - *Refer to outside agencies*
 - *Refer to psycho-educational evaluation*
 - *Other steps as deemed necessary by the SST*

HOW DO STUDENT SUCCESS TEAMS PROBLEM SOLVE?

Define the Problem

- Prioritize problems and choose the one of the greatest concern
- Create a specific and observable description of the behavior (academic / social)

Analyze the Problem

- Gain a clear understanding of the causes of the problem
- Identify relevant obstacles
- Develop a goal to address the problem (observable and measureable)

Generate Solutions

- Brainstorm and evaluate possible solutions
- Make sure solutions directly address the identified problem

Implement the Plan

- Select a research-based intervention
- Assign roles
- Model intervention

Progress Monitor

- Select a method/tool to systematically monitor the student's progress toward the written goal(s) (daily observation/log, weekly assessment of a specific skill, etc.)

Evaluate the Intervention

- Review progress monitoring data
- Determine the appropriate next steps

TEAM MEMBER ROLES AND RESPONSIBILITIES

Case Manager, Administrator or SST Chair

- Manage the case file through the SST process; provide the referral packet, log relevant dates, schedule meetings, organize and keep the official binder
- Attend meetings
- Support the referring teacher through the process; follow-up within the first week to ensure intervention implementation

Facilitator

- Call the meeting to order
- Introduce team members
- Review purpose of the meeting
- Summarize problem areas reported by referring teacher
- Lead group in problem-solving effort

Recorder

- Record problem-solving process on the correct form
- Note contributions made by all members
- Distribute copies of the report forms as appropriate including a copy in the student's cum folder and the school's SST binder

Time Keeper

- Allot specified amount of time per case
- Monitor team progress
- Redirect discussions as necessary

Referring Teacher

- Contact student's parent prior to seeking SST assistance and notify parent using the proper form of the date and time of the meeting
- Complete the referral packet
- Bring the following to the meeting: SST data sheet, pertinent assessment data, cum folder
- State student's present levels of performance and share concerns in observable and measureable terms
- State interventions tried in the classroom prior to this meeting
- Be prepared to state expected behavior (academic, attendance and/or social)
- Attend scheduled meetings

- Agree to share responsibility in implementation of action plan
- Collaborate with team to problem-solve solutions

Parent / Student (SST and follow-up)

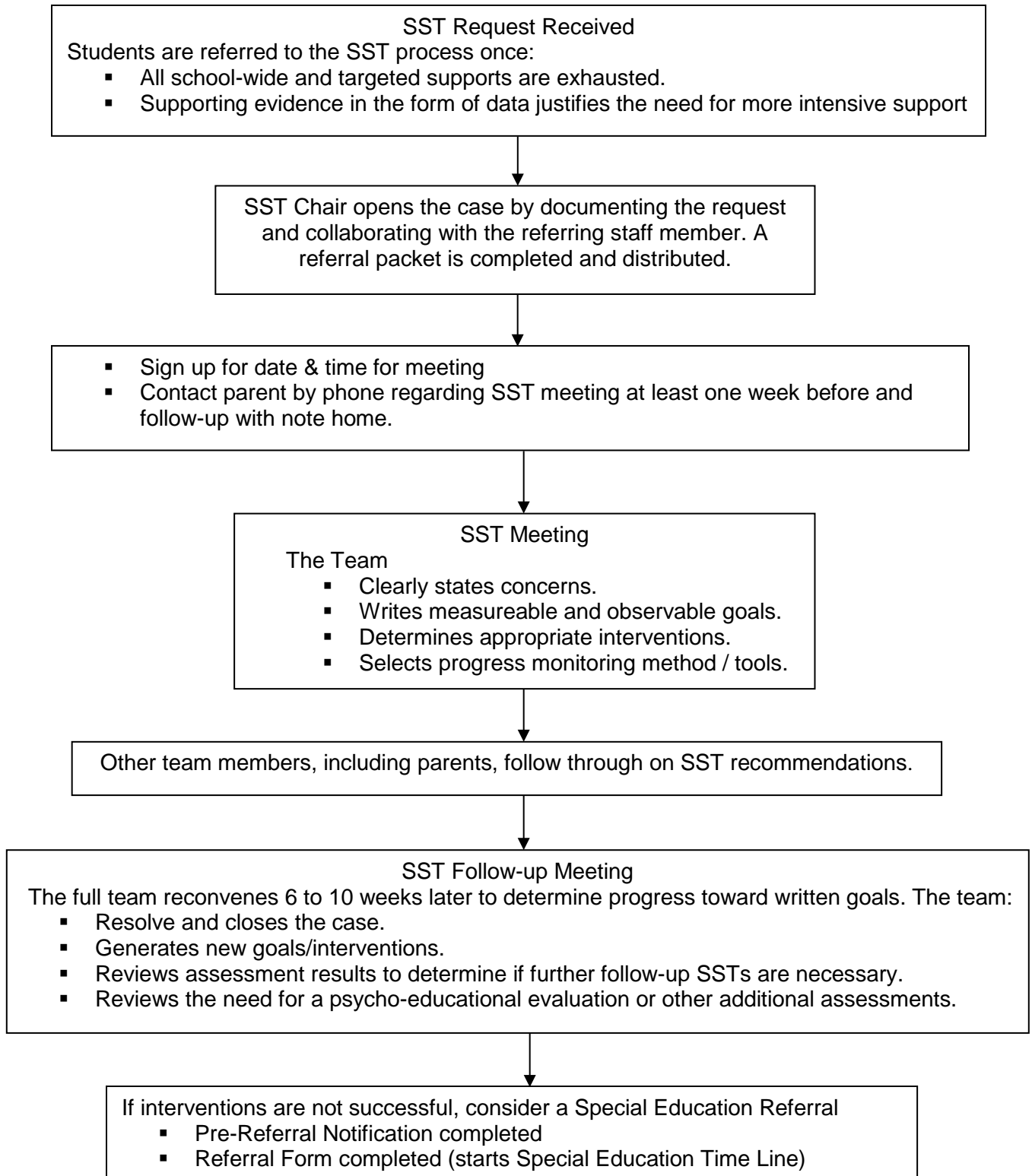
- Share perspective (developmental history, contributing factors, family issues, school history, social / emotional issues observed at home)
- Share interventions implemented in the home
- Share student's concerns and perceptions
- Collaborate with team to problem-solve solutions

Invited Specialists (Support Staff) From the District and Outside who have expertise in the specific areas of concern (academic, health, behavior) (SST and Follow-up)

- Share perspective from specialist's point of view
- Collaborate with team to recommend academic and behavioral intervention strategies, and in designing and facilitating program modifications
- Be involved in gathering further information about the student which may include but not be limited to records review, requests for additional records, consultation with parents, teachers and outside agencies and classroom and playground observations.
- Team members with expertise about special education regulations may guide the team regarding special education eligibility, appropriate referrals and assist in assuring that proper documentation has been done.

At least one member of the team, besides the referring teacher should be a general education teacher.

THE STUDENT SUCCESS TEAM REFERRAL PROCESS FOR CLASSROOM TEACHERS



HOW DOES THE STUDENT SUCCESS TEAM WORK?

A. REFERRAL

1. The referring teacher/counselor completes the SST referral form (see appendix) and submits it to the SST chair.
2. The SST chair schedules the SST meeting. The chair makes every effort to accommodate the individual schedules of all participants including the parents.
3. The teacher/counselor invites the parent/guardian and student, if appropriate, to the SST meeting and informs them of the purpose of the meeting and ways in which they may participate. Questionnaires (see appendix) may be used to help parents and students in planning their contributions to the team discussion. It is important to determine if the parent/student will need an interpreter. The parent contact may be made by phone, note, or in person, no less than a week prior to the meeting.
4. The parent notification letter (see appendix) is sent to the parent by the referring teacher/counselor or administrative designee as a reminder of the meeting date. Retain a copy for school records.

B. MEETING

1. The SST meeting is held as scheduled, chaired by SST chair or the site administrator or designee. A positive environment is maintained while an action plan is developed. The action plan includes possible interventions for the classroom, other school settings, and/or at home.
2. Minutes of the meeting are recorded on the SST Meeting Report Form (see appendix) for each student.
3. Members of the SST consult with the referring teacher about his/her concerns and discuss current strategies for working with the student. They may make suggestions, plan interventions, and designate responsibilities for these interventions.
4. A time frame for follow-up will be established as needed. In follow-up meetings, modifications to the original plan are documented and new target dates assigned.
5. The SST may discuss the appropriateness of special education referral and assessment only after other past SST meetings have documented that other interventions have failed. If a special education referral is being considered the SST should provide the parents with the Pre-Referral Notification, (see appendix).

C. THREE TIERED INTERVENTION MODEL FOR ACADEMIC SUCCESS

The goal of The Three Tiered Intervention Model is to provide a seamless support process that delivers immediate academic support to students based on data and a plan for student success. When a student is referred to the SST due to academic issues, the following system should be utilized. It is assumed that the general education classroom will scaffold down to accommodate students up to two years below grade level. If the Interventions documented in Tier 1 and Tier 2 are not successful, at the Tier 3 level students should be considered for special education.

NEED:	INTERVENTION:	CURRICULUM:	TIME FRAME:
Tier 1:			
Student slightly below grade level standards and benchmarks. (Basic, Below Basic)	Classroom interventions and collaboration: i.e. Instructional Coach, Categorical Programs, Special Education consultation, Homework club, modification of curriculum, after school tutoring, small group instruction in class.	Core	Suggested time for implementation is at least 6 weeks.*
Tier 2:			
Students requiring intense academic interventions. (Far Below Basic)	Intensive level of service in small group instruction: i.e. Reading Lab, Extended Day, Learning Center, High Point, after school tutoring. <u>Systematic Research Based Reading intervention.</u>	Core with embedded district-adopted intervention materials	Suggested time for implementation is at least 3 months.*
Tier 3:			
Consider Special Education with the documentation from Tier 1 and 2 above.	Special Education utilizing the Learning Center, Reading Lab, Extended Day, Resource, SDC, small group instruction, High Point etc. If not eligible for special education continue interventions at Tier 2.	Intensive Intervention Program	

*These time frames are recommendations only and should not be used if a student is in obvious need of special education services.

THE STUDENT SUCCESS TEAM ROLE IN SPECIAL EDUCATION REFERRAL

The California Education Code states that a pupil shall be referred for special education only after resources of the regular education program have been considered and, where appropriate, utilized, (Section 56303). Furthermore, in order for a pupil to be found to have a learning disability, there must be a significant ability/achievement discrepancy, which cannot be corrected through regular or categorical services offered within the regular instructional program, (Section 56337). In some cases, a student may be referred for evaluation for special education eligibility if they have failed to respond to school-based systematic interventions. Therefore, it is clear that every effort must be made to utilize or modify the resources of the regular education program before initiating a Special Education referral.

It is critical that the SST seeks to provide students with a program within the regular education setting if at all possible. Students are entitled to be served in the Least Restrictive Environment (LRE), that is, the setting most like a full-time regular education program. To this end, program accommodations and modifications are explored and tried prior to special education program(s) referrals.

The SST may immediately refer a student for special education referral and assessment if the student appears to be severely handicapped. In most cases, however, modification/accommodations and interventions are made and implemented. Should the suggested accommodation/modification or intervention not serve to fulfill the student's needs, then the SST may decide at one of the student's follow-up meeting that a referral to special education may be needed. This should occur only after there has been sufficient time for the intervention to be successful. If a special education referral might be appropriate, the parents need to receive the Pre-Referral Notification. The SST documentation will serve to show how regular education program options were explored and tried.

If a parent request a special education assessment before the student's case has been considered by the SST and before regular education accommodations and modifications have been implemented, the SST should respond to the parent request as follows:

- a. Within the 15-day special education timeline for parental requests, the parent should be invited to an SST meeting to discuss their concerns and the student's needs.
- b. Should the SST determine that the student is not in need of a special education referral and assessment; the parental request may be denied. If the parent does not agree they may choose to file for a Fair Hearing;
- c. The SST should work with the parent to explain the need for regular program options and should assist the parent in developing accommodations and modifications as appropriate.

Note: In all cases of parental request for assessment, the SST should consult with the special education personnel (e.g., School Psychologist, Speech/Language Specialist, Special Education Teacher(s), Special Education Program Specialist) and be sure that required time lines are met.

TEACHER PREPARATION CHECKLIST FOR STUDENT SUCCESS TEAM MEETING

Be prepared to present specific background information about the students including:

- Strengths
- Social-emotional
- Interests
- Academic functioning in reading, math, and writing (be specific) and bring data to show levels of performance.

Be prepared to:

- Discuss efforts to work with the family to resolve your concerns
- Identify, discuss the area of greatest concern. Discuss strategies and modifications you have already tried in the classroom.
- State your desired outcome in measureable/observable terms
- Collaborate with the team to generate valid interventions (1-2) which target the identified areas of greatest concern
- Implement agreed upon classroom interventions
- Regularly monitor the students (weekly, as specified)

Bring to the SST meeting:

- Recent work samples that reflect both strengths and areas of concern
- In-class assessments which show academic levels
- Other documents that will support the case
- Referral Packet

Referral Packet

When should a student be referred for an SST meeting?

A student should be considered for referral to the SST after school-wide (Tier 1) and targeted (Tier 2) supports have been exhausted and the student continues to demonstrate inadequate progress in the areas of academics, behavior, physical / mental / health or attendance, Students can be referred directly by their parents/ guardian or by a staff member through the on-site SST chair.

In the past, many have perceived their SST process as a vehicle for expediting students into Special education. In reality, the SST is intended to assist students in becoming more successful so as to avoid Special education whenever possible.

Why should I refer a student to SST?

The purpose of the SST is to bring a group of people together who all possess different talents, knowledge and expertise. The function of the team is to support the referring teacher, caregiver and student, by looking at the strengths and concerns from each team member's unique viewpoint. The expectation is that teachers and other referring staff have attempted a variety of evidence-based interventions prior to the SST referral.

The goal is to provide the referring parties with new interventions that address the concerns and tap into student strengths. Therefore, each SST team member accepts some responsibility in assisting the students through their ideas, strategies, or hands-on support. It is critical that schools explore new prevention and intervention strategies.

How can we keep all of the forms organized?

SST forms should be copied and organized prior to commencing the SST process. Sites should keep a binder or file to house all SST case folders. Only certificated staff can access SST folders. A color coded file should be kept in a student's cum to house SST forms.

What forms need to be completed to make a referral to the SST process?

- Referral for SST
- SST Referral Data Collection and CUM Review
- Problem Identification/Clarification for Referral Form
- Behavior Information Form (if behavior is a major issue)
- Classroom Interventions/Modification Implementation (to date)
- English Learner Questionnaire (if applicable)

All other forms will be completed during the SST meetings.



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

Student Success Team Data

The Student Success Team has been established to provide support to classroom teachers with students who are experiencing difficulties in school. Please submit the following information regarding the pupil you would like to refer to the Student Success Team.

THIS IS NOT A REFERRAL FOR ASSESSMENT

Date: _____ School: _____ Teacher: _____

Student's Name: _____ Birth Date: _____ Grade: _____

Ethnicity: _____ Gender: Male Female Primary Language (HLS) _____ CELDT Level _____

Current Program: Mainstream Sheltered Transitional Bilingual Education Dual Immersion

(If student is an ELL, ELL student Information Sheet must be completed)

Attendance: Good May affect Learning (describe concern) _____

CST/STAR Test Results: Date: _____ Reading _____ Math _____ Other _____

(Spanish): STS/STAR: Date: _____ Reading _____ Math _____

Rate each behavior on a scale of 1-4 (1 = weakness and 4 = strength)

	PERFORMANCE LEVEL	DESCRIBE SKILLS
READING (Phonics skills, sight word recognition, fluency, comprehension)		
MATH (calculation skills, understanding of math concepts)		
WRITING (Handwriting, Organization, Writing conventions, Communication of ideas.		
SPEECH AND LANGUAGE (Communication skills, Quality of expressive language and oral participation, speech articulation)		

COMMENTS:

Data Collection and CUM Review

Date: _____

Student: _____ DOB: _____

ID: _____ Grade: _____ Home Language: _____

Retention: _____ Vision or Hearing Concerns: _____

Enrollment History Concerns: _____

Medical or Health Concerns: _____

Medications: _____

SST / IEP History: _____

Behavior concerns: _____

English Language Concerns:

Parent / Guardian Consultation(s):

1st Contact

Name: _____ Date: _____

Outcome: _____

2nd Contact

Name: _____ Date: _____

Outcome: _____

3rd Contact

Name: _____ Date: _____

Outcome: _____

Staff Consultation

Previous Teacher

Name: _____ Date: _____

Outcome: _____

Support Teacher

Name: _____ Date: _____

Outcome: _____

Counselor

Name: _____ Date: _____

Outcome: _____

Other

Name: _____ Date: _____

Outcome: _____

Completed by _____

Problem Identification / Clarification

Student _____ DOB _____

ID _____

Date _____

Check area(s) of concern:

Reading

- Initial sound fluency
- Letter sound fluency
- Nonsense word fluency
- Comprehension
- Vocabulary
- Rhyming words
- Consonant sounds
- Vowel sounds
- Letter naming fluency
- Phoneme segmentation fluency
- Oral reading fluency
- Checking skills
- Word reading
- Beginning sounds
- Oral blending
- Other

Written Expression

- Total words written
- Grammar
- Writes legibly
- Sentence writing
- Punctuation
- Spelling strategies in daily work
- Writes to convey messages
- Paragraph writing
- Other

Math

- Oral counting
- Quantity discrimination
- Math computation
- Number sense
- Number identification
- Math facts (Specify: addition, subtraction, multiplication, division)
- Math reasoning

Behavior

- Overactive / impulsive
- Building relationships
- Maintaining relationships
- Motivation
- Listening
- Rules / expectations
- Compliance
- Organization
- Other

BEHAVIOR INFORMATION FORM (if Behavior is a major issue)

Student _____ DOB _____

ID _____ Date _____

Defining the Interfering Behavior

Describe the specific behavior that interferes with the student's learning and / or the learning of his / her peers:

Environmental Factors

When is the interfering behavior most likely to occur? (Circle)

Before/after school Lunch recess Subject/class changes Morning
Afternoon Missed medications Other: _____

When is the interfering behavior most likely to occur? (Circle)

Bus, walking to / from school Cafeteria / lunch Hallways
Regular education classes Special education classes
Playground / common areas
Other _____

During what subject / activity is the interfering behavior most likely to occur?

Academic subjects (specify) _____

Oral instruction by teacher Task / assigned directions
Starting assigned work Individual seat work
Group work Transitions Unstructured time

Other _____

What interactions / people are most likely to be present, or contribute to, the interfering behavior?

Teacher Classmates Peers Staff

Other _____

Other Contributing factors:

Adult requests / directives

Changes to the routine / schedule

Teasing from other students

Limit setting / imposing consequences

What possible purpose might the interfering behavior serve the student?

What is the “pay-off” for continuing to use the interfering behavior?

Seeking:

Teacher / adult attention

Peer attention

Social Status

Other _____

Avoidance, Escape, Protest:

Sensory overload

Teacher interaction

Peer interaction (s)

Specific subject / activity

Class work

Environment of failure

Other _____

Classroom Interventions / Modifications (To date)

Student _____ DOB _____

ID _____ Date _____

Targeted Area of Concern:

Student's current level of performance (targeted area of concern):

List three interventions and the results (targeted area of concern):

Be specific as to what the intervention was, who implemented the intervention, and how it was implemented, its frequency, and the results / outcomes of each:

1. Research based intervention: ___ Tier one ___ Tier two ___ Tier Three

_____ Outcome (based on data) _____

2. Research based intervention: ___ Tier one ___ Tier two ___ Tier Three

_____ Outcome (based on data) _____

3. Research based intervention: ___ Tier one ___ Tier two ___ Tier Three

_____ Outcome (based on data) _____



West Contra Costa Unified School District

Student Study Team ELL STUDENT INFORMATION SHEET

Date: _____ School: _____

Student's Name _____	Birth Date: _____	Telephone: () _____
Address: _____	City: _____	Zip: _____
Father's/Guardian's Name: _____		
Occupation: _____	Work Telephone: () _____	
Mother's/Guardian's Name: _____		
Occupation: _____	Work Telephone () _____	
Entered school on _____	From Where? _____	
Attendance has been: <input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
		Grades Repeated _____

ORAL LANGUAGE SKILL:

What is this child's (primary) language? _____

What other language(s) is spoken at home? _____

How well does he/she speak this language: Fluent Not Fluent

Level of English Proficiency (CELDT): 1 2 3 4 5 FEP

Date Tested: _____

EDUCATION (Please state in years or months if appropriate):

How long has this child been in English-speaking countries? _____

Has he/she received schooling outside the U.S.? Yes No How long? _____

Has he/she received schooling in the U.S.? Yes No How long? _____

Has he/she received ESL instruction? Yes No How long? _____

Frequency? _____

Other Staff Input Form

To: _____ Date: _____

From: _____ Program / Subject _____

Regarding (student): _____ Birth date _____

Key Questions:

Check appropriate description: **Always Usually Sometimes Never**

Attends classes	_____
Is on time	_____
Comes to class prepared	_____
Completes class assignments	_____
Turns in homework	_____
Follows directions independently	_____
Needs help to complete tasks	_____

Academic performance: Exceeds expectations Meets expectations Below expectations

Behavior: Excellent Satisfactory Poor Unsatisfactory

Student strengths:

Areas of Concern:

Comments:

Signature: _____ *Date:* _____

THE STUDENT SUCCESS TEAM (SST) PROCESS FOR PARENTS

What is the Student Success Team?

The Student Success Team (SST) is a school site team, composed of general education staff and others as appropriate, which reviews concerns regarding individual students. The SST serves as a general education problem-solving process and is a forum to support classroom teachers in their efforts to provide quality classroom experience for all of their students.

The purpose of the SST is early identification and intervention for students who are experiencing difficulties in school. These problems may involve behavior, academics (including speech), attendance, health, or social emotional issues.

The team's goal is to make recommendations that will facilitate the student's progress, ideally in his/her general education program.

Why would I make a referral to the SST?

Any parent may refer their child for a SST review. This referral may be made for any number of reasons, including academic performance, school attendance, behavior problems, health issues, home/family issues, or speech and language concerns.

How do I refer my child?

To refer your child for a SST meeting you need to talk to your child's teacher or the school site principal.

What happens at the SST meeting?

An SST meeting with your child's teacher, appropriate support staff, and administrator/designee will be scheduled at a time convenient for you to attend to discuss your concern(s).

Come prepared to discuss your concern(s) and give pertinent background information, including family, health, and school history as appropriate. You might find it helpful to fill out the SST Parent Questionnaire (and take it with you to the meeting). There are also Student Questionnaires Forms available for Elementary and Secondary that might provide helpful information to the committee.

Staff will assist to clarify problems and help develop an action plan by suggesting appropriate interventions and modifications (i.e. academic/behavioral). Staff may also develop recommendations for you to try at home depending on the issues that are discussed.

The school staff (and you) will try these interventions for several months, and then reconvene the SST to monitor progress with data. Are the interventions working? If not, what other options are available?

If the SST feels that the accommodations/modifications are not successful at the follow-up meeting, further adaptations may be recommended or a referral for a special education assessment may be made.

PARENTAL INVOLVEMENT

Parents are important partners in planning educational or behavioral interventions for their child. They are a valuable resource for critical information about a student's early health and development, primary language use, family structure and history, and school experience. Many students are very different at home than they are in the school environment and parents can offer insights about their children that can facilitate better educational strategies. In exchange, parents who participate in the Student Success Team process have the opportunity to gain insights about their child at school and are often pleased to be able to consult with educators about ways to promote their child's progress and development.

Parents are their children's advocates throughout their school career. The more parents are drawn into the planning and decision-making process at school, the better equipped they are to make the many important educational choices for their child in the future. Cultivating a trusting and mutually respectful relationship between parent and teacher is critical to a student's school adjustment and progress. The SST process is one of many ways in which a school can demonstrate its concern for a student and include the parent in problem solving. It is extremely important that every school explore ways of encouraging parent participation in the SST process.

ENCOURAGING PARENTS TO PARTICIPATE

- The student's teacher should inform the parent both in person and in writing about the SST date, and if possible prepare them for the SST process. Remember that these meetings can feel quite overwhelming to parents, particularly if they are already feeling sensitive or embarrassed about a school problem. Parents need to hear that they are an important part of the team and that they have necessary information and opinions regarding their child.
- Be sure that the parent knows that an interpreter or translator will be provided if needed.
- If transportation is a problem for the parent the school should try to provide it.
- When the parents arrive at the SST meeting, they should be invited to sit near someone they know or have a good relationship with, such as the classroom teacher.
- The SST members should introduce themselves and briefly state their role.
- The purpose of the meeting should be stated clearly and the parent should be told how much time has been allotted to discuss their child.
- All team members who speak at the meeting need to state their observations or ideas frankly but respectfully and with sensitivity to the parent's ability to process the information both intellectually and emotionally.
- It is extremely important that every parent be encouraged to speak or respond to questions so that they feel consulted, not attacked or irrelevant.
- If the parent appears emotionally fragile after the meeting, one of the team members should take a minute to review the information with them individually and hear their concerns.
- If parents are unable to attend the meeting, every effort should be made by the classroom teacher to contact them to review the results of the meeting and invite their input.



STUDENT SUCCESS TEAM MEETING PARENT/GUARDIAN INFORMATION SHEET

What is the Student Success Team?

The student Success Team is a partnership between the home and school which uses a problem solving approach to help students be successful at school.

Who is on the team?

As the student's caregiver, you are an important member of this problem-solving team. In addition to you, other staff members may include: : your child's teacher(s), a team facilitator, a recorder as well as other specialists who have specific skills in the areas relevant to your child's individual needs.

What will the team do during the meeting?

After starting the meeting with introductions, the team will:

1. Clearly define the area of greatest concern regarding your child.
2. Write a goal specifically related to the area of concern.
3. Establish specific interventions to help your child make progress toward their goal.
4. Set up a system to monitor your child's growth.
5. Schedule a follow-up meeting to review progress.

Be prepared to present background information about your child, including examples of:

Strengths / interests (sports, music, art, reading, writing, math, science, etc,)

Academic history- schools attended successes / failures, etc.

Any concerns you may have...

We look forward to meeting with you.

STUDENT SUCCESS TEAMS PARENT/GUARDIAN INFORMATION

Developmental History of Student Date: _____

Student: _____ DOB: _____ ID: _____

Parent / Guardian: _____

Household members living with student:

Name:	Relationship to student	Age	If school-age, list school name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Developmental History:

Length of pregnancy (in months) _____ Child's birth weight _____

Any complications before / during birth _____

Crawled (at age) _____ Walked (at age) _____ First words spoken _____

Describe any concerns the family had regarding the child's development _____

Physical Health:

Date of last physical exam _____ Doctor's name, location _____

Vision, last screening date _____ results _____

Hearing, last screening date _____ results _____

Medication _____

Medical / health concerns _____

Hospitalizations / accidents _____

Trouble eating or sleeping _____

Social/Emotional Health:

Student has: ___ many friends ___ a few friends' ___ one friend ___ no friends

Participates in community organizations (please list) _____

Concerns regarding the child's behavior

Current or prior diagnosis of mental health problems _____

Current or prior therapy or counseling _____

Speech and Language:

Language spoken in the home _____ Language student prefers _____

Understands others: ___ well ___ adequately ___ poorly

Communicates with others: ___ well ___ adequately ___ poorly

Other speech concerns: (stutters, delayed speech etc. :) _____

Motor Development:

Any large movement difficulties (walking running, etc.) _____

Any small movement difficulties (trying shoes, writing, etc.) _____

Enjoys the following sports / games: _____

Other motor problems (clumsiness, delays, etc.) _____

Additional Information:

Please list your child's strengths: _____

Circle all that apply to your child:

Bathes independently

dresses self

feeds self

Completes home chores

tells time

likes school

Gets along with siblings

gets along with friends

gets along with adults

Any relatives who had difficulty learning in school: _____

Please describe any other concerns you may have regarding your child's academic progress:

INFORMACIÓN DEL PADRE Y/O ENCARGADO PARA EL EQUIPO DE ESTUDIOS DEL ALUMNO (SST)

HISTORIAL DE DESARROLLO DEL ALUMNO

Fecha: _____

Alumno: _____ Fecha de nacimiento: _____

Identificación escolar #: _____

Nombre del Padre / Encargado: _____

Integrantes de la familia que viven con el alumno:

Nombre:	Parentesco con el alumno	Edad	Si es de edad escolar, nombre de la escuela a que asiste
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Antecedentes sobre el desarrollo:

Duración del embarazo (en meses): _____ Peso del niño al nacer: _____

¿Alguna complicación antes y/o durante el parto? _____

Gateó (a la edad de): _____ Caminó (a la edad de): _____ Las primeras palabras que dijo fueron (las siguientes): _____

Describa cualquier preocupación relacionada con el desarrollo del alumno que haya tenido la familia:

Salud física:

Fecha del último examen médico: _____ Nombre del médico y localidad: _____

Visión: Fecha del último examen: _____ Resultados: _____

Audición: Fecha del último examen: _____ Resultados: _____

Medicamento(s): _____

Preocupaciones médicas y/o de salud: _____

Hospitalizaciones y/o accidentes: _____

Dificultad para comer y/o dormir: _____

Salud social y emocional:

El alumno tiene: ___ muchos amigos ___ un par de amigos ___ un amigo ___ ningún amigo

Participa en organizaciones comunitarias (por favor, anótelas): _____

Preocupaciones relacionadas con la conducta del alumno (por favor, describa): _____

Diagnóstico actual o previo de problemas de salud mental (por favor, anótelos): _____

Habla y lenguaje:

Idioma que se habla en casa: _____ Idioma que el alumno prefiere: _____

Comprende a los demás: ___ bien ___ adecuadamente ___ mal ___

Se comunica con los demás: ___ bien ___ adecuadamente ___ mal ___

Otras preocupaciones relacionadas con el habla (tartamudea, atrasos del habla, etc.): _____

Desarrollo motriz:

Dificultades con los movimientos de los músculos gruesos (caminar, correr, etc.): _____

Dificultades con los movimientos de los músculos finos (atar cordones de los zapatos, escribir, etc.): _____

Le gustan los siguientes deportes y/o juegos: _____

Otros problemas motores (torpeza, retrasos, etc.): _____

Información adicional:

Por favor, liste las fortalezas de su hijo/hija: _____

Por favor, marque con un círculo todo lo que sea pertinente a su hijo(a):

Se baña independientemente

Se viste por si solo

Come por si solo

Completa los quehaceres del hogar

Sabe decir la hora

Le gusta la escuela

Se lleva bien con los hermanos

Se lleva bien con los amigos

Se lleva bien con los adultos

Algún familiar, ¿tiene o tuvo dificultades de aprendizaje en la escuela?: _____

Por favor, describa cualquier otra preocupación que usted tenga que esté relacionada con el progreso académico de su hijo(a):



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

ELEMENTARY STUDENT QUESTIONNAIRE

(Optional)

1. At school, activities I really like are: _____

2. The activities I like most outside of school are: _____

3. The subjects I am best at are:
 - A. _____
 - B. _____
 - C. _____
4. I learn best when: _____

5. I want more help with these school subjects:
 - A. _____
 - B. _____
6. If I could change one thing about school, it would be: _____

7. My teacher, the principal, my parent(s), and I are having a meeting about me because: _____

8. When I do things well, I like to do or get: _____

9. When I grow up, I would like to be a: _____
10. One good thing about me is: _____

* If the student is unable to read this form, the parent may ask the student these questions and fill in the responses.



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

SECONDARY STUDENT QUESTIONNAIRE
(Optional)

AT SCHOOL

1. I really enjoy: _____

2. One of my strengths is: _____

3. The things (activities, vocations, subjects, etc.) I want to know more about are:

4. Things I like best about school are: _____

5. Things I don't like about school are: _____

6. Changes I would like to make at school are: _____

7. Changes I would like to make within a class or classes are: _____

8. When I do things well, I like to do or get:
 - A. _____
 - B. _____
 - C. _____
9. In order to achieve my career goals, I plan to: _____



SECONDARY STUDENT QUESTIONNAIRE

AT HOME

1. My family (the people who live in my house) includes: _____

2. I get along best with: _____

3. The person I like to talk to most is: _____

IN THE FUTURE

When I finish school, I would like to have one of the following jobs:

1. _____
2. _____
3. _____

The things I am doing right now to prepare for a job when I finish school are:

*If the student is unable to read this form, the parent may ask the student these questions and fill in the response.

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT
STUDENT SUCCESS TEAM MEETING NOTICE

To: SST Member/Resource _____

Student's Name: _____ Birth Date: _____ Grade: _____

Date of Meeting: _____ Day: _____ Time: _____

Place (Room #): _____ Teacher: _____

Comments: _____

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT
STUDENT SUCCESS TEAM MEETING NOTICE

To: SST Member/Resource _____

Student's Name: _____ Birth Date: _____ Grade: _____

Date of Meeting: _____ Day: _____ Time: _____

Place (Room #): _____ Teacher: _____

Comments: _____



West Contra Costa Unified School District

Special Education Department
2465 Dolan Way, San Pablo, CA 94806
Phone: 510-307-4630 Fax: 510-724-8829

Nia Rashidchi.
Assistant Superintendent

Matthew Duffy
Superintendent of Schools

Steve Collins
SELPA Director

Date: _____

RE: Parent Notice of a Student Success Team Referral

Dear Parent:

Your son/daughter _____ has been referred to the Student Success Team process. The purpose of the Student Success Team is to discuss your student's progress and to recommend strategies to assist him/her in being successful in school.

A meeting has been scheduled for _____ at _____ in Room _____. We will be discussing your student's strengths and other areas of concern. You are invited to attend this meeting to give important input. If you will be unable to attend, please contact your student's teacher, and the meeting will be rescheduled.

If you have any questions regarding this letter, please call the school at _____ to speak to your student's teacher/counselor. We look forward to meeting with you so that we may work together to meet your student's educational needs.

Yours truly,

Principal

----- ✂ ----- cut here ----- ✂ -----

Re: Parent Responses to SST Referral Meeting Notice

Please sign and return this form to your student's teacher/counselor _____
Name

- I plan to attend this meeting.
- I will not be able to attend, but I will send a representative.
- Please reschedule the meeting so that I may attend.
- I will need an interpreter for _____ (language).
- I would like to discuss this further and can be reached at () _____
- I will not attend, but please hold the meeting without me. I understand all paperwork generated at this meeting will be sent to me following the meeting.
- Meeting arranged by phone.

Parent's Telephone Number

Signature of Parent/Guardian

Date

Available Hours

STUDENT SUCCESS TEAMS MEETING AGENDA

Introductions

Problem Identification (Review problem identification and environment / functional factors forms)

Problem Analysis (complete SST goals form)

Generate Solutions (complete SST intervention plan form)

Determine Intervention Specifics

- Who
- What
- Where
- When
- How

Set Up Progress Monitoring

Schedule SST Follow-up Meeting (6 to 10 weeks later)

Date:

Time:

Location:

WEST CONRA COSTA UNIFIED SCHOOL DISTRICT

Date: _____

Student Success Team Meeting Report

Student: _____ School: _____ Team Members: _____

Teacher: _____ Primary Language: _____ Grade: _____ Birth Date: _____ Male Female

STRENGTHS	KNOWN		CONCERNS (Prioritize)	QUESTIONS	STRATEGIES (Brainstorm)	ACTION (Prioritize)	RESPONSIBILITY	
	Information	Modifications					Who?	When?
Academic	School Background	Changes in program	Academic	Questions that can't be answered at this time	Team brainstorms multiple creative strategies to address primary concerns	Two to three actions chosen from strategies	Any team member, including the parent and student	Specific dates for completion and follow up
Social	Family Composition	Reading Specialist	Social/Emotional					
Physical	Health		Physical					
What student likes?	Performance levels	Tutoring	Attendance					
Incentives		Repeating Grade						
Potential career interest or skills								

Team Members' Signature & Position:

- | | |
|----------------------------|------------------|
| 1. Parent _____ | 5. _____ / _____ |
| 2. Student _____ | 6. _____ / _____ |
| 3. Administrator _____ | 7. _____ / _____ |
| 4. Referring Teacher _____ | 8. _____ / _____ |

Form SST 10

FOLLOW-UP DATE: _____

Date: _____

WEST CONRA COSTA UNIFIED SCHOOL DISTRICT

Student Success Team Meeting Report

Student: _____ School: _____ Team Members: _____

Teacher: _____ Primary Language: _____ Grade: _____ Birth Date: _____ Male Female

STRENGTHS	KNOWN		CONCERNS (Prioritize)	QUESTIONS	STRATIGIES (Brainstorm)	ACTION (Prioritize)	RESPONSIBILITY	
	Information	Modifications					Who?	When?

Team Members' Signature & Position:

- 1. Parent _____
- 2. Student _____
- 3. Administrator _____
- 4. Referring Teacher _____

- 5. _____ / _____
- 6. _____ / _____
- 7. _____ / _____
- 8. _____ / _____

Form SST 10

FOLLOW-UP DATE: _____

General Education Individual Curriculum Adaptation Plan

Nine Types of Curriculum Adaptations (Adapted from Diana Browning-Wright)

Student Name: _____

CST level-ELA: FBB, BB, B, Adv, (Circle One)

Math: FBB, BB, B, Adv, (Circle One)

<p><u>Quantity</u> Adapt the number of items that the learner is expected to learn or complete.</p> <p><i>Reduce the number of social studies/science terms a learner must learn at any one time.</i></p>	<p><u>Time</u> Adapt the time allotted for learning, task completion, or testing.</p> <p><i>Individualize a timeline for completing a task; pace learning differently (increase or decrease) for some learners.</i></p>	<p><u>Level of Support</u> Increase the amount of personal assistance with a specific learner(s).</p> <p><i>Assign peer buddies, teaching assistants, peer tutors, or cross age tutors, small group instruction.</i></p>
<p><u>Input</u> Adapt the way instruction is delivered to the learner.</p> <p><i>Use different visual aids, enlarge text, plan more concrete examples, provide hands-on activities, place students in cooperative group, books on tape.</i></p>	<p><u>Difficulty</u> Adapt the skill level, problem type, or the rules on how the learner may approach the work.</p> <p><i>Allow the use of a calculator to figure math problems; simplify task directions; change rules to accommodate learner needs.</i></p>	<p><u>Output</u> Adapt how the student can respond to instruction.</p> <p><i>Instead of answering question in writing, allow a verbal response, use a communication book for some students, allow students to show knowledge with hands on materials.</i></p>
<p><u>Participation</u> Adapt the extent to which the learner is actively involved in the task.</p> <p><i>In geography, have a student provide oral presentations to demonstrate understanding of major concepts.</i></p>	<p><u>Adapted Goals</u> Adapt the goals or outcome expectations while using the same materials.</p> <p><i>In Math the student will describe and compare the attributes of plane and solid geometric figures (grade 3) vs. use formulas to determine circumference of circles, etc. (grade 7).</i></p>	<p><u>Substitute Curriculum</u> Provide different instruction and materials to meet the learner's individual goals.</p> <p><i>Student provided intense intervention program from the district approved lists.</i></p>

Note: It is assumed that whole group instruction is targeted toward benchmark and on-target students.

**WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT
MODIFICATION AND STUDENT SUCCESS TEAM RECOMMENDATIONS**

NAME: _____	BIRTH DATE: _____	GRADE: _____
TEACHER: _____	SCHOOL: _____	DATE: _____

<p>PACING</p> <p><input type="checkbox"/> Adjust time for completion of assignments</p> <p><input type="checkbox"/> Allow frequent breaks, vary activities often</p> <p><input type="checkbox"/> Modify assignments requiring coping in a timed situation</p> <hr/> <p>ENVIRONMENT/SCHEDULING</p> <p><input type="checkbox"/> Leave class for assistance</p> <p><input type="checkbox"/> Preferential seating</p> <p><input type="checkbox"/> Define limits (behavioral/physical)</p> <p><input type="checkbox"/> Reduce/minimize distractions:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Visual <input type="checkbox"/> Auditory</p> <p><input type="checkbox"/> Cooling off period</p> <p><input type="checkbox"/> Provide consistent structure</p> <p><input type="checkbox"/> Adjust room temperature</p> <p><input type="checkbox"/> Adjust lighting</p> <p><input type="checkbox"/> Other _____</p>	<p>ASSIGNMENTS</p> <p><input type="checkbox"/> Individual contracts</p> <p><input type="checkbox"/> Give directions in small units</p> <p><input type="checkbox"/> Use written back-up for oral directions</p> <p><input type="checkbox"/> Lower reading level of assignment</p> <p><input type="checkbox"/> Adjust length of assignment</p> <p><input type="checkbox"/> Change format of assignment</p> <p><input type="checkbox"/> Break assignment into a series of smaller assignments</p> <p><input type="checkbox"/> Reduce paper and pencil tasks</p> <p><input type="checkbox"/> Read directions/worksheets to student</p> <p><input type="checkbox"/> Record or type assignments</p> <p><input type="checkbox"/> Maintain assignment notebook</p> <p><input type="checkbox"/> Avoid penalizing for spelling errors</p> <p><input type="checkbox"/> Block off or mask sections of work</p> <p><input type="checkbox"/> Use highlighted texts</p> <p><input type="checkbox"/> Use taped texts</p>
<p>PRESENTATION OF SUBJECT MATTER/MATERIALS</p> <p><input type="checkbox"/> Computer aided instruction</p> <p><input type="checkbox"/> Emphasize teaching</p> <p style="padding-left: 20px;"><input type="checkbox"/> Visual <input type="checkbox"/> Auditory</p> <p style="padding-left: 20px;"><input type="checkbox"/> Tactile <input type="checkbox"/> Multi</p> <p><input type="checkbox"/> Individual/small group instruction</p> <p><input type="checkbox"/> Utilize specialized curriculum</p> <p><input type="checkbox"/> Tape lectures and texts for replay</p> <p><input type="checkbox"/> Présent démonstrations</p> <p><input type="checkbox"/> Utilize manipulatives</p> <p><input type="checkbox"/> Highlight critical information/key concepts</p> <p><input type="checkbox"/> Pre-teach vocabulary</p> <p><input type="checkbox"/> Advanced organizers/study guides</p> <p><input type="checkbox"/> Provide visual cues</p> <p><input type="checkbox"/> Peer and cross-age tutoring</p> <p><input type="checkbox"/> Check often for understanding/review</p> <p><input type="checkbox"/> Have student repeat directions</p> <p><input type="checkbox"/> Emphasize study/organizational skills</p> <p><input type="checkbox"/> Repeated review/drill</p> <p><input type="checkbox"/> Before or after school tutoring</p>	<p>BEHAVIOR MANAGEMENT</p> <p><input type="checkbox"/> Request parent reinforcement</p> <p><input type="checkbox"/> Clearly defined limits</p> <p><input type="checkbox"/> Frequent reminders of rules</p> <p><input type="checkbox"/> Frequent eye contact</p> <p><input type="checkbox"/> Private discussion regarding behavior</p> <p><input type="checkbox"/> Seating near the teacher</p> <p><input type="checkbox"/> Opportunity to help teacher</p> <p><input type="checkbox"/> Ignoring of minor infractions</p> <p><input type="checkbox"/> Implementation of behavior contract</p> <p><input type="checkbox"/> Positive reinforcement</p> <p><input type="checkbox"/> Emphasis on student's special talents</p> <p><input type="checkbox"/> Secret signal between teacher and student</p> <p><input type="checkbox"/> Initiate time out</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>
<p>ASSESSMENT ADAPTATIONS</p> <p><input type="checkbox"/> Modify weights of examination</p> <p><input type="checkbox"/> Credit for projects</p> <p><input type="checkbox"/> Credit for class participation</p> <p><input type="checkbox"/> Adjusted time for completion</p>	<p><input type="checkbox"/> Oral tests</p> <p><input type="checkbox"/> Taped test</p> <p><input type="checkbox"/> Modified Format</p> <p><input type="checkbox"/> Reduced reading level</p>
<p>ADDITIONAL RECOMMENDATIONS</p> <p><input type="checkbox"/> 504 evaluation</p> <p><input type="checkbox"/> Psycho-educational evaluation</p> <p><input type="checkbox"/> Parent Rights mailed</p> <p><input type="checkbox"/> SST recommendations mailed</p> <p><input type="checkbox"/> Modifications reviewed Date: _____</p>	<p style="text-align: center;">LEGEND</p> <p>+ MODIFICATION ATTEMPTED</p> <p>- MODIFICATION TO BE ATTEMPTED</p> <p>* MODIFICATION SUCCESSFUL</p> <p>X MODIFICATION UNSUCCESSFUL</p>

SST INTERVENTION/MONITORING PLAN

Student _____ DOB _____

ID _____ Date _____

GOAL: (from goal development form)

RESEARCH-BASED INTERVENTION(S)

- Site-based intervention description: _____ Person(s) who will implement _____

- Additional intervention description, if appropriate: _____ Person(s) who will implement _____

PROGRESS MONITORING TOOL(S): Person(s) who will monitor
(Data collection)

Follow-up SST Meeting Date: _____

Team member's signatures:

Teacher: _____ Other: _____

Guardian: _____ Other: _____

Student: _____ Other: _____

SST Chair: _____ Other: _____

STUDENT STUDY TEAM GOAL DEVELOPMENT FORM

Student _____ DOB _____

ID _____ Date _____

One goal must be written for the academic / social behavior of highest priority. Team determines whether the student needs to INCREASE or DECREASE a behavior, OR be taught an appropriate REPLACEMENT behavior.

INCREASE or REDUCE an academic and / or social behavior.

1. By When

2. Student

3. Will Do

4. Under What Conditions

5. At What Level of Proficiency

6. Measured by Whom and What Measurement Materials

REPLACE an inappropriate social behavior

1. By When

2. Instead of "X" Behavior

3. To Achieve What Purpose

4. Who

5. Will do "Z" Behavior

6. To Achieve What Purpose or Function

7. Under what Conditions

8. At What Level of Proficiency

9. Measured by whom and what measurement tools

GOAL WRITING

How do we write goals?

Goal writing is an integral part of the SST process. At this time, the team will specifically state desired outcomes. By writing clear and specific goals, the team will be able to determine the success of the implemented goals.

There are a number of mandatory elements which must be included when writing a goal—either academic or social.

- Increase a desired (positive) academic and / or social behavior.
- Reduce (eliminate a PROBLEM behavior
 - By when (date)
 - Who (student)
 - Will do _____
 - Under what conditions
 - At what level of proficiency
 - Measured by whom and measurement method / materials

- Replace an inappropriate social behavior
 - By when (date)
 - Instead of...
 - To achieve what purpose (function)
 - Who (student)
 - Will do _____
 - To achieve what purpose (function)
 - Under what conditions
 - At what level of proficiency
 - Measured by whom and measurement method

Team members must be careful in handling confidential or other sensitive issues that may emerge in the SST meeting.

GOAL WRITING SAMPLE

REPLACE an inappropriate social behavior

1. By When: (will the criteria be reached) By 6/2012
2. Instead of "X" Behavior: (Describe the problem behavior in measureable and observable terms) Instead of talking out in class...
3. To Achieve What Purpose: (State the function in terms of obtain / gain) to gain the attention of the classroom teacher
4. Who: (The student) Johnny
5. Will Do (Z) Behavior: (Specify what the student will do that is measureable and observable. Describe it as if you were taking a picture of the behavior) will use one of the 4 talking cards to talk to the classroom teacher...
6. To Achieve What Purpose or Function: (Repeat the function of the behavior again) To gain the attention of the classroom teacher...
7. Under What Conditions: (in what location, during what activity, with what staff) as taught, practiced by the teacher during recess and demonstrated by the student in class...
8. At What Level of Proficiency: (number of times, % of observations, and number of specific behaviors) with 100% accuracy in a one week period...
9. Measured by whom and what measurement tools: (Who will observe and record; how will the person measure the goal, what tools or materials will be used) as tallied by the teacher and reviewed with the student on a daily basis.

WHAT IS “PROGRESS MONITORING”?

Progress monitoring is the systematic evaluation of growth in an identified area. Systematic evaluation is a well-thought out and structured process which includes detailed information regarding when, how, and by whom the student will be assessed. Frequently evaluating students in the targeted area of concern allows staff to monitor the rate of progress being made as well as the effectiveness of the intervention.

What can be progress monitored?

Any identified area of concern- academic or social / behavioral:

- Reading—fluency, letter or word identification, letter sounds, comprehension, etc.
- Math--- fluency, facts, process, etc.
- Writing---letter formation, words per minute, structure, penmanship, etc.
- Behavior---time on task, talking out, work completion, fighting, attendance, etc.

What tools are necessary to progress monitor?

Monitoring progress is not necessarily a complicated or expensive process. Progress monitoring can be as simple as making tallies on a piece of paper, charting growth, entering data into a spreadsheet (EXCEL), or utilizing an internet-based program like DIBELS or AIMS web.

How often should progress be monitored?

Students who have severe difficulties in academics and behavior will need to be monitored frequently. The following three elements will contribute to the team's determination of how often to progress monitor:

- The type of behavior being progress monitored (reading fluency may require measurement once per week while on-task behavior may require many measurements per day / period.
- Severity of the problem
- Feasibility of implementing the progress monitoring plan

POSSIBLE SKILL AREAS TO PROGRESS MONITOR

Written Expression

- Total words written
- Correct writing sentences
- Words spelled correctly
- Qualitative features of writing
- Spelling

Reading

Early literacy skills

- Initial sound fluency
- Letter naming fluency
- Letter sound fluency
- Phoneme segmentation fluency
- Nonsense word fluency

Oral reading fluency

Reading comprehension

Math

- Oral counting
- Missing number
- Number identification
- Quantity discrimination
- Math computation
- Math facts
- Addition
- Subtraction
- Addition/subtraction mix
- Multiplication
- Division
- Multiplication/division mix
- Addition subtraction multiplication division mix

Behavior

- Attendance
- Time on task
- Staying in seat
- Raising hand
- Completing/starting assignments
- Unstructured time behavior
- Keeping hands to self/fighting
- Asking for assistance

FOLLOW-UP STUDENT STUDY TEAM MEETING

Must we have a follow-up meeting?

The Follow-up Meeting is an important element of the SST process. It is at the Follow-up Meeting where the following important questions are answered:

1. Was the intervention implemented with integrity?
2. Did the student achieve the written goal?

In order to be able to answer these questions, it is very important to clearly define the SST summary, who is responsible for each “action item” and to designate a point person to monitor the implementation of the overall plan. This creates an accountability system which will be monitored when the team comes together again for the follow-up SST meeting (s).

What is “Intervention Integrity”?

Intervention integrity refers to the process of ensuring that all interventions were implemented as agreed upon by the team. Integrity of intervention is directly affected by two factors:

1. Time available to implement the intervention and,
2. Skills necessary to implement the intervention.

FOLLOW-UP AND SUMMARY OF STUDENT STUDY TEAM MEETING INTERVENTION RESULTS

Student _____ DOB _____

ID _____ Initial SST Meeting Date: _____ Date _____

Student's current level of performance:

Student's current level of support: ___ Tier One: ___ Tier Two: ___ Tier Three

Student met the stated goal? _____ Yes: _____ No

Intervention Summary

What worked:

What didn't work:

Team decision:

- Discontinue intervention...goal achieved
 - Continue intervention as previously written
 - Modify the intervention
- Follow-up meeting: _____
Follow-up meeting: _____

- _____
- Refer to Alternative Program: _____
 - Develop 504 plan
 - Refer for Special Education Assessment

Team Member Signatures

Teacher: _____

Guardian: _____

SST Chair: _____

Student: _____

Other: _____

Other: _____

FORMS

STUDENT STUDY TEAM COVER SHEET FOR FILES

Student: _____ DOB: _____

Referring Teacher: _____

Case Manager: _____

SST Referral Packet

- SST Referral Form
- Data Collection and CUM Review Form
- Problem Identification/Clarification
- Behavior Information Form
- Classroom Interventions/Modifications Implemented (to date)
- Documentation of Tiered Supports
- English Language Learner Information (if applicable)
- Other Staff Information Form (if applicable)

SST Meeting

- SST Meeting Agenda
- SST Team Meeting Report and SST Goals
- SST Intervention Plan

SST Follow-Up Meeting(s)

- Summary of Intervention Results Date: _____
- Summary of Intervention Results Date: _____
- Summary of Intervention Results Date: _____
- Summary of Intervention Results Date: _____
- Summary of Intervention Results Date: _____

Case Closed: (Attach documentation and/or discussion of how concerns have been fully addressed / resolved and state all of the next steps)

Date: _____

Forms Appendix

- A. Referral to SST Packet for Teachers
 - 1. SST Referral Form
 - 2. Data collection and CUM Review Form
 - 3. Problem Identification/Clarification for Referral
 - 4. Behavior Information Form (if behavior is a major issue)
 - 5. Classroom Interventions/Modifications Implemented (to date)
 - 6. ELL Student Information Sheet (If applicable)
 - 7. Other Staff Input (if applicable)

- B. SST Parent/Guardian Information: Developmental History of Student

- C. Spanish version of SST Parent/Guardian Information: Developmental History of Student

- D. Elementary Student Questionnaire

- E. Secondary Student Questionnaire

- F. Student Success Team Notice of Meeting for Staff

- G. Parent Notice of Student Success Team Referral and Meeting

- H. Forms to be Used During the SST Meeting
 - 1. SST Agenda
 - 2. SST Team Meeting Report
 - 3. SST Goal Development Plan
 - 4. Modifications' and Student Success Team Recommendations
 - 5. SST Intervention and Monitoring Plan

Follow-up SST Meeting Reports

Summary of SST Intervention Results

- A. Student Referral for Psycho-educational Evaluation

- B. SST Cover Sheet for School Files

- C. Matrix Service Delivery Form

- D. Response to Parent Request for Special Education assessment (student in private school)

- E. Response to Parent request for Special Education assessment (student in a WCCUSD school)

DATA COLLECTION AND CUM REVIEW

Date: _____

Student: _____ DOB: _____

ID: _____ Grade: _____ Home Language: _____

Retention: _____ Vision or Hearing Concerns: _____

Enrollment History Concerns: _____

Medical or Health Concerns: _____

Medications: _____

SST / IEP History: _____

Behavior concerns: _____

English Language Concerns:

Parent / Guardian Consultation(s):

1st Contact

Name: _____ Date: _____

Outcome: _____

2nd Contact

Name: _____ Date: _____

Outcome: _____

3rd Contact

Name: _____ Date: _____

Outcome: _____

Staff Consultation

Previous Teacher

Name: _____ Date: _____

Outcome: _____

Support Teacher

Name: _____ Date: _____

Outcome: _____

Counselor

Name: _____ Date: _____

Outcome: _____

Other

Name: _____ Date: _____

Outcome: _____

Completed by _____

Problem Identification / Clarification

Student _____ DOB _____

ID _____

Date _____

Check area(s) of concern:

Reading

- Initial sound fluency
- Letter sound fluency
- Nonsense word fluency
- Comprehension
- Vocabulary
- Rhyming words
- Consonant sounds
- Vowel sounds
- Letter naming fluency
- Phoneme segmentation fluency
- Oral reading fluency
- Checking skills
- Word reading
- Beginning sounds
- Oral blending
- Other

Written Expression

- Total words written
- Grammar
- Writes legibly
- Sentence writing
- Punctuation
- Spelling strategies in daily work
- Writes to convey messages
- Paragraph writing
- Other

Math

- Oral counting
- Quantity discrimination
- Math computation
- Number sense
- Number identification
- Math facts (Specify: addition, subtraction, multiplication, division)
- Math reasoning

Behavior

- Overactive / impulsive
- Building relationships
- Maintaining relationships
- Motivation
- Listening
- Rules / expectations
- Compliance
- Organization
- Other

BEHAVIOR INFORMATION FORM (if Behavior is a major issue)

Student _____ DOB _____

ID _____ Date _____

Defining the Interfering Behavior

Describe the specific behavior that interferes with the student's learning and / or the learning of his / her peers:

Environmental Factors

When is the interfering behavior most likely to occur? (Circle)

Before/after school Lunch recess Subject/class changes Morning
Afternoon Missed medications Other: _____

When is the interfering behavior most likely to occur? (Circle)

Bus, walking to / from school Cafeteria / lunch Hallways
Regular education classes Special education classes
Playground / common areas
Other _____

During what subject / activity is the interfering behavior most likely to occur?

Academic subjects (specify) _____
Oral instruction by teacher Task / assigned directions
Starting assigned work Individual seat work
Group work Transitions Unstructured time
Other _____

What interactions / people are most likely to be present, or contribute to, the interfering behavior?

Teacher

Classmates

Peers

Staff

Other _____

Other Contributing factors:

Adult requests / directives

Changes to the routine / schedule

Teasing from other students

Limit setting / imposing consequences

What possible purpose might the interfering behavior serve the student?

What is the “pay-off” for continuing to use the interfering behavior?

Seeking:

Teacher / adult attention

Peer attention

Social Status

Other _____

Avoidance, Escape, Protest:

Sensory overload

Teacher interaction

Peer interaction (s)

Specific subject / activity

Class work

Environment of failure

Other _____

CLASSROOM INTERVENTIONS / MODIFICATIONS IMPLEMENTATION

Student _____ DOB _____
ID _____ Date _____

Targeted Area of Concern:

Student's current level of performance (targeted area of concern):

List three interventions and the results- Targeted the Area of Concern:

Be specific as to what the intervention was, who implemented the intervention, and how it was implemented, its frequency, and the results / outcomes of each:

Scientifically-based intervention: ___ Tier one ___ Tier two ___ Tier Three

Outcome (based on data) _____

Scientifically-based intervention: ___ Tier one ___ Tier two ___ Tier Three

Outcome (based on data) _____

Scientifically-based intervention: ___ Tier one ___ Tier two ___ Tier Three

Outcome (based on data) _____



West Contra Costa Unified School District

Student Study Team ELL STUDENT INFORMATION SHEET

Date: _____ School: _____

Student's Name _____	Birth Date: _____	Telephone: () _____
Address: _____	City: _____	Zip: _____
Father's/Guardian's Name: _____		
Occupation: _____	Work Telephone: () _____	
Mother's/Guardian's Name: _____		
Occupation: _____	Work Telephone () _____	
Entered school on _____	From Where? _____	
Attendance has been: <input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
		Grades Repeated _____

ORAL LANGUAGE SKILL:

What is this child's (primary) language? _____

What other language(s) is spoken at home? _____

How well does he/she speak this language: Fluent Not Fluent

Level of English Proficiency (CELDT): 1 2 3 4 5 FEP

Date Tested: _____

EDUCATION (Please state in years or months if appropriate):

How long has this child been in English-speaking countries? _____

Has he/she received schooling outside the U.S.? Yes No How long? _____

Has he/she received schooling in the U.S.? Yes No How long? _____

Has he/she received ESL instruction? Yes No How long? _____

Frequency? _____

OTHER STAFF INPUT FORM (if applicable)

To: _____ Date: _____

From: _____ Program / Subject _____

Regarding (student): _____

Key Questions:

Check appropriate description: **Always** **Usually** **Sometimes** **Never**

	Always	Usually	Sometimes	Never
Attends classes				
Is on time				
Comes to class prepared				
Completes class assignments				
Turns in homework				
Follows directions independently				
Needs help to complete tasks				

Academic performance:

Exceeds expectations Meets expectations Below expectations

Behavior: Excellent Satisfactory Poor Unsatisfactory

Student strengths: _____

Areas of Concern:

Comments: _____

Signature: _____ Date: _____

PARENT/GUARDIAN INFORMATION

Developmental History of Student

Date: _____

Student: _____ DOB: _____ ID: _____

Parent / Guardian: _____

Household members living with student:

Name:	Relationship to student	Age	If school-age, list school name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Developmental History:

Length of pregnancy (in months) _____ Child's birth weight _____

Any complications before / during birth _____

Crawled (at age) _____ Walked (at age) _____ First words spoken _____

Describe any concerns the family had regarding the child's development _____

Physical Health:

Date of last physical exam _____ Doctor's name, location _____

Vision, last screening date _____ results _____

Hearing, last screening date _____ results _____

Medication _____

Medical / health concerns _____

Hospitalizations / accidents _____

Trouble eating or sleeping _____

Social / Emotional Health:

Student has: ___ many friends ___ a few friends' ___ one friend ___ no friends

Participates in community organizations (please list) _____

Concerns regarding the child's behavior

Current or prior diagnosis of mental health problems _____

Current or prior therapy or counseling _____

Speech and Language:

Language spoken in the home _____ Language student prefers _____

Understands others: ___ well ___ adequately ___ poorly

Communicates with others: ___ well ___ adequately ___ poorly

Other speech concerns: (stutters, delayed speech etc. :) _____

Motor Development:

Any large movement difficulties (walking running, etc.) _____

Any small movement difficulties (tying shoes, writing, etc.) _____

Enjoys the following sports / games: _____

Other motor problems (clumsiness, delays, etc.) _____

Additional Information:

Please list your child's strengths: _____

Circle all that apply to your child:

Bathes independently

dresses self

feeds self

Completes home chores

tells time

likes school

Gets along with siblings

gets along with friends

gets along with adults

Any relatives who had difficulty learning in school: _____

Please describe any other concerns you may have regarding your child's academic progress:

INFORMACIÓN DEL PADRE Y/O ENCARGADO PARA EL EQUIPO DE ESTUDIOS DEL ALUMNO (SST)

HISTORIAL DE DESARROLLO DEL ALUMNO

Fecha: _____

Alumno: _____ Fecha de nacimiento: _____

Identificación escolar #: _____

Nombre del Padre / Encargado: _____

Integrantes de la familia que viven con el alumno:

Nombre:	Parentesco con el alumno	Edad	Si es de edad escolar, nombre de la escuela a que asiste
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Antecedentes sobre el desarrollo:

Duración del embarazo (en meses): _____ Peso del niño al nacer: _____

¿Alguna complicación antes y/o durante el parto? _____

Gateó (a la edad de): _____ Caminó (a la edad de): _____ Las primeras palabras que dijo fueron (las siguientes): _____

Describa cualquier preocupación relacionada con el desarrollo del alumno que haya tenido la familia: _____

Salud física:

Fecha del último examen médico: _____ Nombre del médico y localidad: _____

Visión: Fecha del último examen: _____ Resultados: _____

Audición: Fecha del último examen: _____ Resultados: _____

Medicamento(s): _____

Preocupaciones médicas y/o de salud: _____

Hospitalizaciones y/o accidentes: _____

Dificultad para comer y/o dormir: _____

Salud social y emocional:

El alumno tiene: __ muchos amigos __ un par de amigos __ un amigo __ ningún amigo

Participa en organizaciones comunitarias (por favor, anótelas): _____

Preocupaciones relacionadas con la conducta del alumno (por favor, describa): _____

Diagnóstico actual o previo de problemas de salud mental (por favor, anótelos): _____

Habla y lenguaje:

Idioma que se habla en casa: _____ Idioma que el alumno prefiere: _____

Comprende a los demás: __bien __adecuadamente __ mal __

Se comunica con los demás: __bien __adecuadamente __ mal __

Otras preocupaciones relacionadas con el habla (tartamudea, atrasos del habla, etc.): _____

Desarrollo motriz:

Dificultades con los movimientos de los músculos gruesos (caminar, correr, etc.): _____

Dificultades con los movimientos de los músculos finos (atar cordones de los zapatos, escribir, etc.): _____

Le gustan los siguientes deportes y/o juegos: _____

Otros problemas motores (torpeza, retrasos, etc.): _____

Información adicional:

Por favor, liste las fortalezas de su hijo/hija: _____

Por favor, marque con un círculo todo lo que sea pertinente a su hijo(a):

Se baña independientemente

Se viste por si solo

Come por si solo

Completa los quehaceres del hogar

Sabe decir la hora

Le gusta la escuela

Se lleva bien con los hermanos

Se lleva bien con los amigos

Se lleva bien con los adultos

Algún familiar, ¿tiene o tuvo dificultades de aprendizaje en la escuela?: _____

Por favor, describa cualquier otra preocupación que usted tenga que esté relacionada con el progreso académico de su hijo(a):



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

ELEMENTARY STUDENT QUESTIONNAIRE

(Optional)

1. At school, activities I really like are: _____

2. The activities I like most outside of school are: _____

3. The subjects I am best at are:
 - A. _____
 - B. _____
 - C. _____
4. I learn best when: _____

5. I want more help with these school subjects:
 - A. _____
 - B. _____
7. If I could change one thing about school, it would be: _____

7. My teacher, the principal, my parent(s), and I are having a meeting about me because: _____

8. When I do things well, I like to do or get: _____

9. When I grow up, I would like to be a: _____
10. One good thing about me is: _____

* If the student is unable to read this form, the parent may ask the student these questions and fill in the responses.



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

SECONDARY STUDENT QUESTIONNAIRE (Optional)

AT SCHOOL

1. I really enjoy: _____

2. One of my strengths is: _____

3. The things (activities, vocations, subjects, etc.) I want to know more about are:

4. Things I like best about school are: _____

5. Things I don't like about school are: _____

6. Changes I would like to make at school are: _____

7. Changes I would like to make within a class or classes are: _____

8. When I do things well, I like to do or get:
A. _____
B. _____
C. _____

9. In order to achieve my career goals, I plan to: _____



SECONDARY STUDENT QUESTIONNAIRE, cont.

AT HOME

1. My family (the people who live in my house) includes: _____

2. I get along best with: _____

3. The person I like to talk to most is: _____

IN THE FUTURE

When I finish school, I would like to have one of the following jobs:

1. _____

2. _____

3. _____

The things I am doing right now to prepare for a job when I finish school are:

*If the student is unable to read this form, the parent may ask the student these questions and fill in the response.

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

STUDENT SUCCESS TEAM MEETING NOTICE

To: SST Member/Resource _____

Student's Name: _____ Birth Date: _____ Grade: _____

Date of Meeting: _____ Day: _____ Time: _____

Place (Room #): _____ Teacher: _____

Comments: _____

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

STUDENT SUCCESS TEAM MEETING NOTICE

To: SST Member/Resource _____

Student's Name: _____ Birth Date: _____ Grade: _____

Date of Meeting: _____ Day: _____ Time: _____

Place (Room #): _____ Teacher: _____

Comments: _____



West Contra Costa Unified School District

Special Education Department

2465 Dolan Way, San Pablo, CA 94806
Phone: 510-307-4630 Fax: 510-724-8829

Nia Rashidchi.
Assistant Superintendent

Matthew Duffy
Superintendent of Schools

Steve Collins
SELPA Director

Date: _____

RE: Parent Notice of a Student Success Team Referral

Dear Parent:

Your son/daughter _____ has been referred to the Student Success Team process. The purpose of the Student Success Team is to discuss your student's progress and to recommend strategies to assist him/her in being successful in school.

A meeting has been scheduled for _____ at _____ in Room _____. We will be discussing your student's strengths and other areas of concern. You are invited to attend this meeting to give important input. If you will be unable to attend, please contact your student's teacher, and the meeting will be rescheduled.

If you have any questions regarding this letter, please call the school at _____ to speak to your student's teacher/counselor. We look forward to meeting with you so that we may work together to meet your student's educational needs.

Yours truly,

Principal

----- ✂ ----- cut here ----- ✂ -----

Re: Parent Responses to SST Referral Meeting Notice

Please sign and return this form to your student's teacher/counselor _____
Name

- I plan to attend this meeting.
- I will not be able to attend, but I will send a representative.
- Please reschedule the meeting so that I may attend.
- I will need an interpreter for _____ (language).
- I would like to discuss this further and can be reached at () _____
- I will not attend, but please hold the meeting without me. I understand all paperwork generated at this meeting will be sent to me following the meeting.
- Meeting arranged by phone.

Parent's Telephone Number

Signature of Parent/Guardian

Date

Available Hours

**WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT
MODIFICATION AND STUDENT SUCCESS TEAM RECOMMENDATIONS**

NAME: _____ BIRTH DATE: _____ GRADE: _____

 TEACHER: _____ SCHOOL: _____ DATE: _____

<p>PACING</p> <p><input type="checkbox"/> Adjust time for completion of assignments <input type="checkbox"/> Allow frequent breaks, vary activities often <input type="checkbox"/> Modify assignments requiring coping in a timed situation</p> <hr/> <p>ENVIRONMENT/SCHEDULING</p> <p><input type="checkbox"/> Leave class for assistance <input type="checkbox"/> Preferential seating <input type="checkbox"/> Define limits (behavioral/physical) <input type="checkbox"/> Reduce/minimize distractions: <input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Cooling off period <input type="checkbox"/> Provide consistent structure <input type="checkbox"/> Adjust room temperature <input type="checkbox"/> Adjust lighting <input type="checkbox"/> Other _____</p>	<p>ASSIGNMENTS</p> <p><input type="checkbox"/> Individual contracts <input type="checkbox"/> Give directions in small units <input type="checkbox"/> Use written back-up for oral directions <input type="checkbox"/> Lower reading level of assignment <input type="checkbox"/> Adjust length of assignment <input type="checkbox"/> Change format of assignment <input type="checkbox"/> Break assignment into a series of smaller assignments <input type="checkbox"/> Reduce paper and pencil tasks <input type="checkbox"/> Read directions/worksheets to student <input type="checkbox"/> Record or type assignments <input type="checkbox"/> Maintain assignment notebook <input type="checkbox"/> Avoid penalizing for spelling errors <input type="checkbox"/> Block off or mask sections of work <input type="checkbox"/> Use highlighted texts <input type="checkbox"/> Use taped texts</p>
<p>PRESENTATION OF SUBJECT MATTER/MATERIALS</p> <p><input type="checkbox"/> Computer aided instruction <input type="checkbox"/> Emphasize teaching <input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Tactile <input type="checkbox"/> Multi <input type="checkbox"/> Individual/small group instruction <input type="checkbox"/> Utilize specialized curriculum <input type="checkbox"/> Tape lectures and texts for replay <input type="checkbox"/> Present demonstrations <input type="checkbox"/> Utilize manipulatives <input type="checkbox"/> Highlight critical information/key concepts <input type="checkbox"/> Pre-teach vocabulary <input type="checkbox"/> Advanced organizers/study guides <input type="checkbox"/> Provide visual cues <input type="checkbox"/> Peer and cross-age tutoring <input type="checkbox"/> Check often for understanding/review <input type="checkbox"/> Have student repeat directions <input type="checkbox"/> Emphasize study/organizational skills <input type="checkbox"/> Repeated review/drill <input type="checkbox"/> Before or after school tutoring</p>	<p>BEHAVIOR MANAGEMENT</p> <p><input type="checkbox"/> Request parent reinforcement <input type="checkbox"/> Clearly defined limits <input type="checkbox"/> Frequent reminders of rules <input type="checkbox"/> Frequent eye contact <input type="checkbox"/> Private discussion regarding behavior <input type="checkbox"/> Seating near the teacher <input type="checkbox"/> Opportunity to help teacher <input type="checkbox"/> Ignoring of minor infractions <input type="checkbox"/> Implementation of behavior contract <input type="checkbox"/> Positive reinforcement <input type="checkbox"/> Emphasis on student's special talents <input type="checkbox"/> Secret signal between teacher and student <input type="checkbox"/> Initiate time out <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>
<p>ASSESSMENT ADAPTATIONS</p> <p><input type="checkbox"/> Modify weights of examination <input type="checkbox"/> Credit for projects <input type="checkbox"/> Credit for class participation <input type="checkbox"/> Adjusted time for completion</p>	<p><input type="checkbox"/> Oral tests <input type="checkbox"/> Taped test <input type="checkbox"/> Modified Format <input type="checkbox"/> Reduced reading level</p>
<p>ADDITIONAL RECOMMENDATIONS</p> <p><input type="checkbox"/> 504 evaluation <input type="checkbox"/> Psycho-educational evaluation <input type="checkbox"/> Parent Rights mailed <input type="checkbox"/> SST recommendations mailed <input type="checkbox"/> Modifications reviewed Date: _____</p>	<p style="text-align: center;">LEGEND</p> <p>+ MODIFICATION ATTEMPTED - MODIFICATION TO BE ATTEMPTED * MODIFICATION SUCCESSFUL X MODIFICATION UNSUCCESSFUL</p>

WEST CONRA COSTA UNIFIED SCHOOL DISTRICT

Student Success Team Meeting Report

Student: _____ School: _____ Team Members:

Teacher: _____ Primary Language: _____ Grade: _____ Birth Date: _____ Male Female

STRENGTHS	KNOWN		CONCERNS (Prioritize)	QUESTIONS	STRATIGIES (Brainstorm)	ACTION (Prioritize)	RESPONSIBILITY	
	Information	Modifications					Who?	When?

Team Members' Signature & Position:

- 1. Parent _____
- 2. Student _____
- 3. Administrator _____
- 4. Referring Teacher _____

- 5. _____ / _____
- 6. _____ / _____
- 7. _____ / _____
- 8. _____ / _____

Form SST 10

FOLLOW-UP DATE: _____

SST INTERVENTION/MONITORING PLAN

Student _____ DOB _____

ID _____ Date _____

GOAL: (from goal development form)

RESEARCH-BASED INTERVENTION(S)

• Site-based intervention description: _____ Person(s) who will implement _____

• Additional intervention description, if appropriate: _____ Person(s) who will implement _____

PROGRESS MONITORING TOOL(S): Person(s) who will monitor
(Data collection)

Follow-up SST Meeting Date: _____

Team member's signatures:

Teacher: _____ Other: _____

Guardian: _____ Other: _____

Student: _____ Other: _____

SST Chair: _____ Other: _____

STUDENT STUDY TEAM GOAL DEVELOPMENT FORM

Student _____ DOB _____

ID _____ Date _____

One goal must be written for the academic / social behavior of highest priority. Team determines whether the student needs to INCREASE or DECREASE a behavior, OR be taught an appropriate REPLACEMENT behavior.

INCREASE or REDUCE an academic and / or social behavior.

1. By When

2. Student

3. Will Do

4. Under What Conditions

5. At What Level of Proficiency

6. Measured by whom and What Measurement Materials

REPLACE an inappropriate social behavior

1. By When

2. Instead of "X" Behavior

3. To Achieve What Purpose

4. Who

5. Will do "Z" Behavior

6. To Achieve What Purpose or Function

7. Under what Conditions

8. At What Level of Proficiency

9. Measured by whom and what measurement tools

FOLLOW-UP AND SUMMARY OF STUDENT STUDY TEAM MEETING INTERVENTION RESULTS

Student _____ DOB _____

ID _____ Initial SST Meeting Date: _____ Date _____

Student's current level of performance:

Student's current level of support: ___ Tier One: ___ Tier Two: ___ Tier Three

Student met the stated goal? _____ Yes: _____ No

Intervention summary

What worked:

What didn't work:

Team decision:

- Discontinue intervention...goal achieved
- Continue intervention as previously written Follow-up meeting: _____
- Modify the intervention Follow-up meeting: _____

- _____
- Refer to Alternative Program: _____
 - Develop 504 plan
 - Refer for Special Education Assessment

Team Member Signatures

Teacher: _____

Guardian: _____

SST Chair: _____

Student: _____

Other: _____

Other: _____

STUDENT STUDY TEAM COVER SHEET FOR FILES

Student: _____ DOB: _____

Referring Teacher: _____

Case Manager: _____

SST Referral Packet

- SST Referral Form
- Data Collection and CUM Review Form
- Problem Identification/Clarification
- Behavior Information Form
- Classroom Interventions/Modifications Implemented (to date)
- Documentation of Tiered Supports
- English Language Learner Information (if applicable)
- Other Staff Information Form (if applicable)

SST Meeting

- SST Meeting Agenda
- SST Team Meeting Report and SST Goals
- SST Intervention Plan

SST Follow-Up Meeting(s)

- Summary of Intervention Results Date: _____
- Summary of Intervention Results Date: _____
- Summary of Intervention Results Date: _____
- Summary of Intervention Results Date: _____
- Summary of Intervention Results Date: _____

Case Closed: (Attach documentation and/or discussion of how concerns have been fully addressed / resolved and state all of the next steps)

Date: _____



West Contra Costa Unified School District

Special Education Department
2465 Dolan Way, San Pablo, CA 94806
Phone: 510-307-4630 **Fax:** 510-724-8829

Nia Rashidchi.
Assistant Superintendent

Matthew Duffy
Superintendent of Schools

Steve Collins
SELPA Director

Date: _____

Student's Name: _____ Birth Date: _____

Dear _____,

I am writing in response to your request for special education assessment of your son/daughter. The following is to reiterate the decision of Student Success Team (SST) which was held on _____. Based on the findings described below, the District will not move forward at this time with a special education assessment for the following reasons:

- Your child is making satisfactory progress in his/her current school program
- Your child does not demonstrate learning or behavioral concerns that cannot be addressed in a regular, general education setting.
- The Student Success Team (SST) recently met to discuss interventions and modification it believes may support your child's success at school and/or home. These modifications need to be tried and evaluated for effectiveness before further assessment can be considered.
- Modifications to your child's schedule or program have recently been initiated which are intended to support his/her school progress. The Student Success Team (SST) has determined that these modifications appear to be helpful and appropriate and recommends that additional time be given to assess their overall effectiveness.
- Poor attendance cannot be ruled out as a primary cause of your child's unsatisfactory progress.
- Other: _____

The data we used to reach this decision included:

- Review of educational records
- Psychologist/counselor conferences
- Individual teachers' reports from current and past teachers
- Recommendations of the Student Success Team (SST)
- Current grades and class performance
- Past grades and class performance
- Parent information shared at the SST meeting
- Other: _____

In order to protect children from inappropriate identification as disabled, the law requires that a child shall be referred for special education instruction and services "only after the resources of the regular education program have been considered and, where appropriate, utilized". Special Education is provided for those students whose needs are so great that they cannot be met in the regular education program, even with modifications.

You have the right to appeal this decision through the due process procedures, including mediation and/or hearing. If you have questions regarding your legal rights, please call the Special Education Department at (510) 307-4530. If you have any questions concerning this decision, call your child's school.

Sincerely,

Principal/SST Representative

Enclosure: Notification of Parent Rights/Procedural Safeguards



cc: School Psychologist

West Contra Costa Unified School District

Special Education Department
2465 Dolan Way, San Pablo, CA 94806
Phone: 510-307-4630 **Fax:** 510-724-8829

Nia Rashidchi.
Assistant Superintendent

Matthew Duffy
Superintendent of Schools

Steve Collins
SELPA Director

Date: _____

Student's _____ Birth Date: _____

Dear _____,

This letter will serve as written notice of the District's conclusions with respect to your referral of your son/daughter for special education assessment. Based on the findings described below, the district will not move forward at this time with a special education assessment for the following reasons:

In order to protect children from inappropriate identification as disabled, the law requires that a child shall be referred for special education instruction and services "only after the resources of the regular education program have been considered and, where appropriate, utilized". Special Education is provided for those students whose needs are so great that they cannot be met in the regular education program, even with modifications.

An explanation of your legal rights is enclosed. You have the right to appeal this decision through the due process procedures, including mediation and/or hearing. Please call the Special Education Department at (510) 307-4630 if you have any questions concerning your legal rights or call your child's school if you have any questions concerning this decision.

Sincerely,

Principal/SST Representative

Enclosure: Notification of Parent rights/Procedural Safeguards
cc: School Psychologist/Student's CUM Folder