STUDENT SUCCESS TEAM
(SST)

Procedural Handbook

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

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Special Education Department
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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 measurable)

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 measurable 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

SST Request Received

Students are referred to the SST process once:
- All school-wide and targeted supports are exhausted.
- Supporting evidence in the form of data justifies the need for more intensive support.

SST Chair opens the case by documenting the request and collaborating with the referring staff member. A referral packet is completed and distributed.

- Sign up for date & time for meeting
- Contact parent by phone regarding SST meeting at least one week before and follow-up with note home.

SST Meeting

The Team
- Clearly states concerns.
- Writes measurable and observable goals.
- Determines appropriate interventions.
- Selects progress monitoring method / tools.

Other team members, including parents, follow through on SST recommendations.

SST Follow-up Meeting

The full team reconvenes 6 to 10 weeks later to determine progress toward written goals. The team:
- Resolve and closes the case.
- Generates new goals/interventions.
- Reviews assessment results to determine if further follow-up SSTs are necessary.
- Reviews the need for a psycho-educational evaluation or other additional assessments.

If interventions are not successful, consider a Special Education Referral
- Pre-Referral Notification completed
- Referral Form completed (starts Special Education Time Line)
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.

<table>
<thead>
<tr>
<th>NEED:</th>
<th>INTERVENTION:</th>
<th>CURRICULUM:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1:</td>
<td>Student slightly below grade level standards and benchmarks. (Basic, Below Basic)</td>
<td>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.</td>
<td>Core</td>
</tr>
<tr>
<td>Tier 2:</td>
<td>Students requiring intense academic interventions. (Far Below Basic)</td>
<td>Intensive level of service in small group instruction: i.e. Reading Lab, Extended Day, Learning Center, High Point, after school tutoring. Systematic Research Based Reading intervention.</td>
<td>Core with embedded district-adopted intervention materials</td>
</tr>
<tr>
<td>Tier 3:</td>
<td>Consider Special Education with the documentation from Tier 1 and 2 above.</td>
<td>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.</td>
<td>Intensive Intervention Program</td>
</tr>
</tbody>
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*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.
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)

Atteneance: □ 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)

<table>
<thead>
<tr>
<th>PERFORMANCE LEVEL</th>
<th>DESCRIBE SKILLS</th>
</tr>
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<tbody>
<tr>
<td><strong>READING</strong> (Phonics skills, sight word recognition, fluency, comprehension)</td>
<td></td>
</tr>
<tr>
<td><strong>MATH</strong> (Calculation skills, understanding of math concepts)</td>
<td></td>
</tr>
<tr>
<td><strong>WRITING</strong> (Handwriting, Organization, Writing conventions, Communication of ideas)</td>
<td></td>
</tr>
<tr>
<td><strong>SPEECH AND LANGUAGE</strong> (Communication skills, Quality of expressive language and oral participation, speech articulation)</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>DESCRIBE SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL SKILLS</td>
</tr>
<tr>
<td>Peer relationships, maintaining friendships, adult relationships, social competency)</td>
</tr>
<tr>
<td>ATTENTION SPAN</td>
</tr>
<tr>
<td>(Sustained task focus, listening skills, task completion)</td>
</tr>
<tr>
<td>BEHAVIOR</td>
</tr>
<tr>
<td>(Self-control, motivation, response to adult authority, compliance with rules and routines)</td>
</tr>
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**CURRENT AND PREVIOUS INTERVENTIONS:**
- □ Retention - Grade _______
- □ Modified curriculum/alternative curriculum: __________________________________________________________________________
  __________________________________________________________________________
- □ Learning Center support/Small group academic intervention – Description of grade levels, time and frequency of service:
  __________________________________________________________________________
- □ Extra in-class instruction  □ Behavior Contract  □ Counseling  Comments: ________________________________
  __________________________________________________________________________
- □ After school program providing:  □ Tutoring  □ Homework support
  __________________________________________________________________________
- □ Parent Conference –Dates: ________________________________
- □ Modified schedule: ________________________________
- □ Other: ________________________________
- □ Change of school within district (describe): ________________________________

____________________________  ______________________________
Teacher Signature                Date

____________________________  ______________________________
Administrator/Designee Signature Date
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
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: ____________________________________

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.
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

Student: ____________________________ DOB: _______ ID: _______

Parent / Guardian: ______________________________________________________

Household members living with student:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to student</th>
<th>Age</th>
<th>If school-age, list school name</th>
</tr>
</thead>
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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

<table>
<thead>
<tr>
<th>Nombre:</th>
<th>Parentesco con el alumno</th>
<th>Edad</th>
<th>Si es de edad escolar, nombre de la escuela a que asiste</th>
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Fecha: _______________

Alumno: _____________________    Fecha de nacimiento: ______________________

Identificación escolar #: ________________________

Nombre del Padre / Encargado: ___________________________________

Integrantes de la familia que viven con el alumno:

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.
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.
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

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:
## Student Success Team Meeting Report

**Student:** ______________________________

**School:** ____________

**Team Members:** __________________

**Teacher:** ________________

**Primary Language:** _______

**Grade:** _____

**Birth Date:** _________

### STRENGTHS

<table>
<thead>
<tr>
<th>Academic</th>
<th>Social</th>
<th>Physical</th>
<th>What student likes?</th>
<th>Incentives</th>
<th>Potential career interest or skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Background</td>
<td>Family Composition</td>
<td>Health</td>
<td>Performance levels</td>
<td>Tutoring</td>
<td>Repeating</td>
</tr>
<tr>
<td>School Background Modifications</td>
<td>Reading Specialist</td>
<td>Changes in program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information</td>
<td>Modifications</td>
<td>Changes in program</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### KNOWN

<table>
<thead>
<tr>
<th>Academic</th>
<th>Social</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
<td>Social/Emotional</td>
<td>Physical</td>
</tr>
<tr>
<td>Questions that can’t be answered at this time</td>
<td>Team brainstorms multiple creative strategies to address primary concerns</td>
<td></td>
</tr>
</tbody>
</table>

### CONCERNS

<table>
<thead>
<tr>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions that can’t be answered at this time</td>
</tr>
</tbody>
</table>

### STRATEGIES

<table>
<thead>
<tr>
<th>Action (Prioritize)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two to three actions chosen from strategies</td>
</tr>
</tbody>
</table>

### ACTION (Prioritize)

<table>
<thead>
<tr>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any team member, including the parent and student</td>
</tr>
</tbody>
</table>

### FOLLOW-UP DATE

**Date:** __________________

---

**Team Members’ Signature & Position:**

1. Parent ______________________________  
2. Student _____________________________  
3. Administrator ________________________  
4. Referring Teacher _____________________

5. __________________________________ / _______________________
6. __________________________________ / _______________________
7. __________________________________ / _______________________
8. __________________________________ / _______________________

Form SST 10

---

**FOLLOW-UP DATE:** ________________
WEST CONRA COSTA UNIFIED SCHOOL DISTRICT

Student Success Team Meeting Report

Student: _______________________ School: _____________________ Team Members: __________________
Teacher: _______________________ Primary Language: ___________ Grade: ________ Birth Date: _________ [Male] [Female]

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>KNOWN</th>
<th>CONCERNS</th>
<th>QUESTIONS</th>
<th>STRATEGIES</th>
<th>ACTION</th>
<th>RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Information</td>
<td>Modifications</td>
<td>(Prioritize)</td>
<td>(Brainstorm)</td>
<td>(Prioritize)</td>
<td>Who?</td>
</tr>
</tbody>
</table>

Team Members’ Signature & Position:
1. Parent ______________________________ 5. __________________________________ / _______________________
2. Student _____________________________ 6. __________________________________ / _______________________
3. Administrator ________________________ 7. __________________________________ / _______________________
4. Referring Teacher _____________________ 8. __________________________________ / _______________________

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) |

### Quantity
Adapt the number of items that the learner is expected to learn or complete.

*Reduce the number of social studies/science terms a learner must learn at any one time.*

| Time
Adapt the time allotted for learning, task completion, or testing. |
| Individualize a timeline for completing a task; pace learning differently (increase or decrease) for some learners. |

| Level of Support
Increase the amount of personal assistance with a specific learner(s). |
| Assign peer buddies, teaching assistants, peer tutors, or cross age tutors, small group instruction. |

### Input
Adapt the way instruction is delivered to the learner.

*Use different visual aids, enlarge text, plan more concrete examples, provide hands-on activities, place students in cooperative group, books on tape.*

### Difficulty
Adapt the skill level, problem type, or the rules on how the learner may approach the work.

*Allow the use of a calculator to figure math problems; simplify task directions; change rules to accommodate learner needs.*

| Output
Adapt how the student can respond to instruction. |
| 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. |

### Participation
Adapt the extent to which the learner is actively involved in the task.

*In geography, have a student provide oral presentations to demonstrate understanding of major concepts.*

### Adapted Goals
Adapt the goals or outcome expectations while using the same materials.

*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).*

| Substitute Curriculum
Provide different instruction and materials to meet the learner’s individual goals. |
| Student provided intense intervention program from the district approved program lists. |

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: ______________ |

**PACING**
- [ ] Adjust time for completion of assignments
- [ ] Allow frequent breaks, vary activities often
- [ ] Modify assignments requiring coping in a timed situation

**ENVIRONMENT/SCHEDULING**
- [ ] Leave class for assistance
- [ ] Preferential seating
- [ ] Define limits (behavioral/physical)
- [ ] Reduce/minimize distractions:
  - [ ] Visual
  - [ ] Auditory
- [ ] Cooling off period
- [ ] Provide consistent structure
- [ ] Adjust room temperature
- [ ] Adjust lighting
- [ ] Other __________________________________

**ASSIGNMENTS**
- [ ] Individual contracts
- [ ] Give directions in small units
- [ ] Use written back-up for oral directions
- [ ] Lower reading level of assignment
- [ ] Adjust length of assignment
- [ ] Change format of assignment
- [ ] Break assignment into a series of smaller assignments
- [ ] Reduce paper and pencil tasks
- [ ] Read directions/worksheets to student
- [ ] Record or type assignments
- [ ] Maintain assignment notebook
- [ ] Avoid penalizing for spelling errors
- [ ] Block off or mask sections of work
- [ ] Use highlighted texts
- [ ] Use taped texts

**PRESENTATION OF SUBJECT MATTER/MATERIALS**
- [ ] Computer aided instruction
- [ ] Emphasize teaching
  - [ ] Visual
  - [ ] Auditory
  - [ ] Tactile
  - [ ] Multi
- [ ] Individual/small group instruction
- [ ] Utilize specialized curriculum
- [ ] Tape lectures and texts for replay
- [ ] Présent démonstrations
- [ ] Utilize manipulatives
- [ ] Highlight critical information/key concepts
- [ ] Pre-teach vocabulary
- [ ] Advanced organizers/study guides
- [ ] Provide visual cues
- [ ] Peer and cross-age tutoring
- [ ] Check often for understanding/review
- [ ] Have student repeat directions
- [ ] Emphasize study/organizational skills
- [ ] Repeated review/drill
- [ ] Before or after school tutoring

**BEHAVIOR MANAGEMENT**
- [ ] Request parent reinforcement
- [ ] Clearly defined limits
- [ ] Frequent reminders of rules
- [ ] Frequent eye contact
- [ ] Private discussion regarding behavior
- [ ] Seating near the teacher
- [ ] Opportunity to help teacher
- [ ] Ignoring of minor infractions
- [ ] Implementation of behavior contract
- [ ] Positive reinforcement
- [ ] Emphasis on student’s special talents
- [ ] Secret signal between teacher and student
- [ ] Initiate time out
- [ ] Other __________________________________
- [ ] Other __________________________________
- [ ] Other __________________________________

**ASSESSMENT ADAPTATIONS**
- [ ] Modify weights of examination
- [ ] Credit for projects
- [ ] Credit for class participation
- [ ] Adjusted time for completion
- [ ] Oral tests
- [ ] Taped test
- [ ] Modified Format
- [ ] Reduced reading level

**ADDITIONAL RECOMMENDATIONS**
- [ ] 504 evaluation
- [ ] Psycho-educational evaluation
- [ ] Parent Rights mailed
- [ ] SST recommendations mailed
- [ ] Modifications reviewed Date:

**LEGEND**
- + MODIFICATION ATTEMPTED
- * MODIFICATION TO BE ATTEMPTED
- * MODIFICATION SUCCESSFUL
- X MODIFICATION UNSUCCESSFUL
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 measurable 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 measurable 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
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 interventionhs 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 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: _______________________________
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 _______________________________________

56 | P a g e
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
Targeted Area of Concern:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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) ______________________________________________________

__________________________________________________________________________
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

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:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to student</th>
<th>Age</th>
<th>If school-age, list school name</th>
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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:

<table>
<thead>
<tr>
<th>Nombre</th>
<th>Parentesco con el alumno</th>
<th>Edad</th>
<th>Si es de edad escolar, nombre de la escuela a que asiste</th>
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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, anóteles):___________
_____________________________________________________________________________

**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 sí solo  Come por sí 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.
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.
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

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: ________________ |

### PACING
- [ ] Adjust time for completion of assignments
- [ ] Allow frequent breaks, vary activities often
- [ ] Modify assignments requiring coping in a timed situation

### ENVIRONMENT/SCHEDULING
- [ ] Leave class for assistance
- [ ] Preferential seating
- [ ] Define limits (behavioral/physical)
- [ ] Reduce/minimize distractions:
  - [ ] Visual
  - [ ] Auditory
  - [ ] Cooling off period
  - [ ] Provide consistent structure
  - [ ] Adjust room temperature
  - [ ] Adjust lighting
  - [ ] Other

### PRESENTATION OF SUBJECT MATTER/MATERIALS
- [ ] Computer aided instruction
- [ ] Emphasize teaching
  - [ ] Visual
  - [ ] Auditory
  - [ ] Tactile
  - [ ] Multi
- [ ] Individual/small group instruction
- [ ] Utilize specialized curriculum
- [ ] Tape lectures and texts for replay
- [ ] Present demonstrations
- [ ] Utilize manipulatives
- [ ] Highlight critical information/key concepts
- [ ] Pre-teach vocabulary
- [ ] Advanced organizers/study guides
- [ ] Provide visual cues
- [ ] Peer and cross-age tutoring
- [ ] Check often for understanding/review
- [ ] Have student repeat directions
- [ ] Emphasize study/organizational skills
- [ ] Repeated review/drill
- [ ] Before or after school tutoring

### ASSIGNMENTS
- [ ] Individual contracts
- [ ] Give directions in small units
- [ ] Use written back-up for oral directions
- [ ] Lower reading level of assignment
- [ ] Adjust length of assignment
- [ ] Change format of assignment
- [ ] Break assignment into a series of smaller assignments
- [ ] Reduce paper and pencil tasks
- [ ] Read directions/worksheets to student
- [ ] Record or type assignments
- [ ] Maintain assignment notebook
- [ ] Avoid penalizing for spelling errors
- [ ] Block off or mask sections of work
- [ ] Use highlighted texts
- [ ] Use taped texts

### BEHAVIOR MANAGEMENT
- [ ] Request parent reinforcement
- [ ] Clearly defined limits
- [ ] Frequent reminders of rules
- [ ] Frequent eye contact
- [ ] Private discussion regarding behavior
- [ ] Seating near the teacher
- [ ] Opportunity to help teacher
- [ ] Ignoring of minor infractions
- [ ] Implementation of behavior contract
- [ ] Positive reinforcement
- [ ] Emphasis on student’s special talents
- [ ] Secret signal between teacher and student
- [ ] Initiate time out
- [ ] Other
- [ ] Other
- [ ] Other

### ASSESSMENT ADAPTATIONS
- [ ] Modify weights of examination
- [ ] Credit for projects
- [ ] Credit for class participation
- [ ] Adjusted time for completion
- [ ] Oral tests
- [ ] Taped test
- [ ] Modified Format
- [ ] Reduced reading level

### ADDITIONAL RECOMMENDATIONS
- [ ] 504 evaluation
- [ ] Psycho-educational evaluation
- [ ] Parent Rights mailed
- [ ] SST recommendations mailed
- [ ] Modifications reviewed

### LEGEND
+ MODIFICATION ATTEMPTED
- MODIFICATION TO BE ATTEMPTED
* MODIFICATION SUCCESSFUL
X MODIFICATION UNSUCCESSFUL

Date: ____________________________
WEST CONRA COSTA UNIFIED SCHOOL DISTRICT

Student Success Team Meeting Report

Student: ________________________________ School: ________________________ Team Members: ____________

Teacher: ________________ Primary Language: ___________ Grade: ________ Birth Date: _________ □ Male □ Female

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>KNOWN</th>
<th>CONCERNS (Prioritize)</th>
<th>QUESTIONS</th>
<th>STRATEGIES (Brainstorm)</th>
<th>ACTION (Prioritize)</th>
<th>RESPONSIBILITY</th>
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</thead>
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</tbody>
</table>

Team Members’ Signature & Position:

1. Parent ______________________________ 5. __________________________________ / ____________________________
2. Student _____________________________ 6. __________________________________ / ____________________________
3. Administrator ________________________ 7. __________________________________ / ____________________________
4. Referring Teacher _____________________ 8. __________________________________ / ____________________________

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: _______________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
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 earning 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
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