

Record of Student Referral, Interventions, and Progress Monitoring

Meeting Protocol. At each Student Service Team meeting, teachers discuss 3-6 students who need intervention of some type. The Facilitator develops the agenda, based on information gathered at the SST Common Planning Time meeting, and uploads it to Google Drive before the meeting, then runs the meeting according to this document. A note-taker takes notes and a timekeeper ensures the meeting adheres to the time. **Meetings begin and end on time so student success is optimized.**

Presentation of Students. At each meeting, 2-4 students are monitored for progress and 2-3 students are introduced. Presenting teachers bring this completed form or the completed Progress Monitoring form, along with supporting data to the meeting.

STUDENT NAME:

GRADE:

PRESENTING TEACHER:

Date of Referral: 1

1. General Information	Student Name	Student DOB	Student ID#
Homeroom Teacher's Name: Homeroom #	Name of person making referral (if different)	Individual Education Plan YES <input type="checkbox"/> NO <input type="checkbox"/>	Behavior Intervention Plan YES <input type="checkbox"/> NO <input type="checkbox"/>
Type of Classroom <input type="checkbox"/> General Ed <input type="checkbox"/> Hybrid <input type="checkbox"/> SEI Student-Teacher Ratio	English Language Development Level:	Parent/Guardian Name(s)	Language Spoken at Home:
Parent Contacted prior to SST Referral? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date(s) of Contact	Parent Phone Cell	Best Form of Contact <input type="checkbox"/> Letter <input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Text

2. Student Profile			
Academic Grade equivalent performance in...	Reading	Writing	Math
How is core curriculum (Tier 1) going? (Note student/teacher absences, interruptions to learning, fidelity, etc.)			
Academic Data	Assessments (type, frequency, outcome):	Reading level: DIBELS: PARCC: ANET: ACCESS: Other (type and frequency):	

Social/Emotional/ Behavioral Briefly describe...	...the student's relationship with peers.	...the student's relationship with adults.	...other
Family/Home Briefly describe...	...the student's family.	...the student's living situation.	...the parent/teacher relationship.
Health/Medical	Hearing and vision	Diagnosis/medication	Overall health/hygiene
Attendance	Current school year	Last school year	Previous school year

3. Areas of Strength		
<input type="checkbox"/> High achievements on tests/quizzes <input type="checkbox"/> consistent homework <input type="checkbox"/> Does well on class work <input type="checkbox"/> Creative Thinker <input type="checkbox"/> Motivated to do well <input type="checkbox"/> Organized <input type="checkbox"/> Follows directions <input type="checkbox"/> Participates in class activities	<input type="checkbox"/> Leadership qualities <input type="checkbox"/> Friendly and Outgoing <input type="checkbox"/> Verbalizes needs appropriately <input type="checkbox"/> Manages conflicts with peers well <input type="checkbox"/> Involved in extra-curricular activities <input type="checkbox"/> Has clear personal talent/skill	<input type="checkbox"/> Has positive sense of self <input type="checkbox"/> Extended Family Support <input type="checkbox"/> Home/School Partnership <input type="checkbox"/> Involved in Academic Social Support <input type="checkbox"/> Other:

4. Current Support Services			
Please provide program names:	<input type="checkbox"/> Before School <input type="checkbox"/> Counseling <input type="checkbox"/> Tutoring <input type="checkbox"/> After School	<input type="checkbox"/> Summer Program <input type="checkbox"/> Classroom Intervention <input type="checkbox"/> Attendance Support <input type="checkbox"/> Big Brother/Sister	<input type="checkbox"/> Social Curriculum: Open Circle <input type="checkbox"/> Mentoring <input type="checkbox"/> Read To A Child

5. Primary Reason for Referral	
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<input type="checkbox"/> Academic <input type="checkbox"/> Social <input type="checkbox"/> Emotional/Behavioral <input type="checkbox"/> Family/Home <input type="checkbox"/> Health/Medical <input type="checkbox"/> Attendance	Briefly describe the concern: Social/Emotional/Behavioral:
Where the student displays area of concern	<input type="checkbox"/> Classroom <input type="checkbox"/> Computers <input type="checkbox"/> Home <input type="checkbox"/> Outside on school grounds <input type="checkbox"/> Hallway <input type="checkbox"/> Theater <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bus <input type="checkbox"/> Art <input type="checkbox"/> Gym <input type="checkbox"/> Recess <input type="checkbox"/> Bus <input type="checkbox"/> Other:

6. Strategies Tried Prior to SST Referral	Length of Implementation	Results
Description of Strategy #1:		
Description of Strategy #2:		
Description of Strategy #3		

REFERRAL PRESENTATION NOTES:

Time	Note-taker:	Meeting Date:
	Review of referral	
3 minutes	Clarifying questions	
5 minutes	Participants brainstorm ideas and next steps	
5 minutes	What interventions does the teacher want to commit to? Action Plan: (Describe the intervention and who will implement it.)	
	Who will progress monitor, with what, and how often?	PM by: PM tool: PM frequency: weekly biweekly (circle)

1 min	What is the time frame for the intervention cycle?	
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PROGRESS MONITORING

Referring teacher completes this form in preparation for the next meeting.

Week/Date	Action Taken	Data Gathered	Outcome	Next Steps
1				
2				
3				
4				

Progress is reviewed by the team for feedback.

Time	Note-taker:	CYCLE 1 Meeting Date:
2 minutes	Response to Intervention Data about Area of Concern:	
2 minutes	What does the data tell us? Does it indicate that the student has responded to the intervention?	
2 min	How is Tier 1 (Core) going? (Note student/teacher absences, interruptions to Core, fidelity, etc.)	
2 min	Does the student still need intervention? If so, what level of intervention does the student need?	
	What intervention will be tried next? Action Plan: (describe the intervention and who will implement it) Goal for Progress Monitoring: _____ _____	
	Who will progress monitor, with what and how often?	PM by: _____ PM tool: _____ PM frequency: weekly biweekly (circle)
1 min	What is the timeframe for	Start date: _____

	the intervention cycle?	Review date: _____
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Referring teacher completes this form in preparation for the next meeting.

Week/Date	Action Taken	Data Gathered	Outcome	Next Steps
1				
2				
3				
4				

Progress is reviewed by the team for feedback.

Time	Note-taker:	CYCLE 2 Meeting Date:
2 minutes	Response to Intervention Data about Area of Concern:	
2 minutes	What does the data tell us? Does it indicate that the student has responded to the intervention?	
2 min	How is Tier 1 (Core) going? (Note student/teacher absences, interruptions to Core, fidelity, etc.)	
2 min	Does the student still need intervention? If so, what level of intervention does the student need?	
	What intervention will be tried next? Action Plan: (describe the intervention and who will implement it) Goal for Progress Monitoring: _____ _____	
	Who will progress monitor, with what and how often?	PM by: _____ PM tool: _____ PM frequency: weekly biweekly (circle)
1 min	What is the timeframe for the intervention cycle?	Start date: _____ Review date: _____

Referring teacher completes this form in preparation for the next meeting.

Week/Date	Action Taken	Data Gathered	Outcome	Next Steps
1				
2				
3				
4				

Progress is reviewed by the team for feedback.

Time	Note-taker:	CYCLE 3 Meeting Date:
2 min	Response to Intervention Data about Area of Concern:	
2 min	What does the data tell us? Does it indicate that the student has responded to the intervention?	
2 min	How is Tier 1 (Core) going? (Note student/teacher absences, interruptions to Core, fidelity, etc.)	
2 min	Does the student still need intervention? If so, what level of intervention does the student need?	
	What intervention will be tried next? Action Plan: (describe the intervention and who will implement it) Goal for Progress Monitoring: _____ _____	
	Who will progress monitor, with what and how often?	PM by: _____ PM tool: _____ PM frequency: weekly biweekly (circle)
1 min	What is the timeframe for the intervention cycle?	Start date: _____ Review date: _____