

Somerset Public Schools  
Somerset Berkley Regional School District  
2016.2017

**STUDENT SUCCESS TEAM**  
*Initial Request for Assistance*

Date: \_\_\_\_\_ Teacher name: \_\_\_\_\_

Room Number: \_\_\_\_\_ Student name: \_\_\_\_\_

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

Please describe the student's area(s) of difficulty:

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You may contact me on the following days and times:

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How and when was the parent/guardian notified about these concerns:

- ☐ **Phone call:** \_\_\_\_\_
- ☐ **Note Home:** \_\_\_\_\_
- ☐ **Conference:** \_\_\_\_\_

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**STUDENT SUCCESS TEAM (SST)  
REFERRAL FORM**

**This information sheet is to help teachers prepare for discussing a student at the initial SST meeting. As such, please answer the following questions so that SST members will be better prepared to help you address your student's needs.**

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

Person Responsible for Referral: \_\_\_\_\_

The presenting problem is \_\_\_academic/social/emotional\* \_\_\_both\*\*

*\*Please see Social/Emotional Referral form*

*\*\* If both are issues, please complete both forms.*

**STUDENT INFORMATION**

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

Date of Birth: \_\_\_\_\_

Dominant Language: \_\_\_\_\_

Passed Vision \_\_\_\_\_ Passed Hearing: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parents' Dominant Language: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Current Grade of Record: \_\_\_\_\_

Please list the student's current support program(s) (i.e., ELL, resource, math/reading, speech clinic, etc.). PLEASE INCLUDE TEACHER NAMES:

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How is the student's health?

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How is the student's attendance/tardiness?

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Please identify the student's relevant academic program(s) and/or curricula:

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Please list the student's strengths (i.e., academic, behavioral, personal, etc.):

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**DETAILS OF REFERRAL (i.e. DEFINING THE PROBLEM):**

Describe the student's problem in observable, measurable terms (please avoid the use of diagnostic labels):

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How was the student's academic performance and/or behavior assessed? (Please be specific, i.e. STAR, DIBELS, etc.) If applicable, enter test scores and percentile ranks.

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**Problem-Identification Information**

1. **Interventions Attempted:** Please describe specific attempts that you or others have made thus far to meet this student's academic, social, and/or emotional needs:

Area of Concern	Intervention	Date Began-Ended (Approximate)	Person(s) Responsible	Outcome/Goal (attach data)
<i>Sample: Fluency</i>	<i>Fluency reading in lower-leveled text</i>	<i>Sept. – Oct.</i>	<i>Mrs. Jones, Classroom Teacher</i>	<i>Student still moves slowly across text</i>

2. In what settings/situations does the problem occur **most** often?

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3. When would be the best day(s)/time(s) for a member of the SST to observe the student having the difficulties that you describe above?

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***Please provide any additional pertinent information such as this student's most current report card, MCAS/PARCC scores, schedule, and attendance record and return with referral.***

4. Is there any other information about the student that you think will help the SST improve outcomes for the student?

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**STUDENT SUCCESS TEAM**  
**Initial Meeting Minutes**  
*Academic/Social/Emotional Concerns*

**Student:** \_\_\_\_\_ **Grade/Room:** \_\_\_\_\_

**Meeting Date:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Persons Attending:**

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**Classroom Teacher(s):** \_\_\_\_\_

**Facilitator:** \_\_\_\_\_

**Recorder:** \_\_\_\_\_

**Additional Team Members:**

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**Support Staff Notified:**

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**Step 1: Identify the Issue**

**Academic & Behavior**

Utilize collected data (refer to the SST Information Sheet) to define the student's academic and/or social/emotional issues. How different is the student's *performance level* from the performance levels of typical, same-grade peers? How different does the student's *behavior* look from the behavior of typical, same-grade peers?

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If multiple problems exist, please rank order *three* which you want to address immediately.

Target Problem No. 1:

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Target Problem No. 2:

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Target Problem No. 3:

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Is additional data needed to help identify the problem? If so, what additional information will be collected? YES \_\_\_\_\_ (Please complete *SST Follow Up*) NO \_\_\_\_\_

## **Step 2: Develop Goals & Objectives**

Establish observable, measurable, and realistic/ambitious goals for change. When selecting goals, consider both the student's current level of performance/behavior and where you want the student to be in a set number of weeks. If possible, use research based and/or normative standards to set the criterion for success.

**Goal-Target Problem No. 1:**

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**Goal-Target Problem No. 2:**

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**Goal-Target Problem No. 3**

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**Step 3: Design an Achievement/Behavior Support Plan**

Describe the intervention strategies that will be placed within an initial achievement/behavior support plan (in steps if possible):

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Are there any special instructional materials/resources, personnel, or training needed?  
(Please specify).

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**Step 4: Regularly Monitor Student Progress**

Use the organizers provided below to describe how information will be collected to evaluate *regularly* the effectiveness of the achievement/behavior support plan, as well as who is responsible.

*Target Problem No. 1:*

Progress monitoring materials:

How often will progress monitoring take place?

Person responsible:

*Target Problem No. 2:*

Progress monitoring materials:

How often will progress monitoring take place?

Person responsible:

*Target Problem No. 3:*

Progress monitoring materials:

How often will progress monitoring take place:

Person responsible:

## **Step 5: Review and Assignment of Responsibilities**

At the close of the meeting:

\_\_\_\_\_ The recorder reviews the main points of the achievement/behavior support plan and the progress monitoring procedures with the team.

\_\_\_\_\_ Who will be responsible for following up on the effectiveness of the achievement/behavior support plan every two (2) weeks for four (4) to six (6) week? \_\_\_\_\_



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**STUDENT SUCCESS TEAM (SST)**

*Follow-Up Information*

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

Teacher name: \_\_\_\_\_ Room Number: \_\_\_\_\_

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

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

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**Week 2:**

Are the interventions being implemented as designed at the meeting? Y/N  
If not, why? What evidence is provided?

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Are there additional supports/resources that are needed?

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Do you feel the intervention(s) is effective? Have you seen progress?

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Is the frequency of the intervention implementation being recorded? **YES**    **NO**

If issues are not resolved, please inform the Principal or SST Coordinator.

**Week 4:**

Are the interventions being implemented as designed at the meeting? Y/N  
If not, why? What evidence is provided?

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Are there additional supports/resources that are needed?

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Do you feel the intervention(s) is effective? Have you seen progress?

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Is the frequency of the intervention implementation being recorded? **YES**    **NO**

If issues are not resolved, please inform the Principal or SST Coordinator.

**Week 6:**

Are the interventions being implemented as designed at the meeting? Y/N  
If not, why? What evidence is provided?

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Are there additional supports/resources that are needed?

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Do you feel the intervention(s) is effective? Have you seen progress?

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Is the frequency of the intervention implementation being recorded? **YES**    **NO**

If issues are not resolved, please inform the Principal or SST Coordinator.