

Student Assistance Team Request for Assistance (Form 1)

Student Name:	Date:
Age:	Date of Birth:
Grade:	Referring Teacher:
Parents:	Parent Phone:
Date of Parent Contact:	Administrator Signature/Date:

Reason for referral (What you would like the student to be able to do that he/she does not presently do?)

Student Strengths

Background information (e.g. previous test data, vision/hearing, medical information, attendance, home language, grades, baseline data)

Prior Actions Taken to Address the Concern (e.g. changing the way student demonstrates skills, changes to physical environment, interventions to improve academic skills or behavior)

Were any of these methods successful? What data do you have to support that they did or did not work? Please attach the data to this form.

Initial SAT Meeting (Form 2)

Date: _____

Problem Identification (State specific area of concern.)

Baseline Data (compare current level of performance/behavior vs. expected level of performance/behavior.)

Why the Problem is Occurring?

Academic common reasons for problems

- ☐ The task is too hard for the student.
- ☐ They have not had enough help doing the task. For example, the student has a high error rate when trying to do the academic task.
- ☐ The student has not spent enough time doing the academic activity. For example, the student is slow when doing the academic task.
- ☐ The student has not done the academic task that way before.
- ☐ The student does not want to do the academic task.
- ☐ Other:

Behavioral common reasons for problems

- ☐ It is a small group or class wide problem.
- ☐ The student needs help learning the appropriate behavior (Acquisition)
- ☐ The student is able to avoid (e.g. academic or social task) something when they engage in the behavior.
- ☐ The student is able to gain something (e.g. attention) when they engage in the problem behavior.
- ☐ The student needs help doing the behavior in a new setting, time or manner. For example, the student can do the behavior in one class, but not in another class or the lunchroom. (Generalization)
- ☐ Other:

Plan Development

Intervention Procedures

- 1.
- 2.
- 3.
- 4.

Interventionist:

Materials:

When/Where:

Frequency/Duration (min. per session and sessions per week):

Start Date:

Goal Statement: (e.g. at the end of 6 weeks, when given a 2nd grade reading passage, student will read with an expected performance of 45 words per minute).

Progress Monitoring Data Collection Plan to determine if the student is making progress toward the above stated goal:

Other Accommodations that will be provided:

Schedule Follow Up Meeting

Date: _____ Time: _____ Location: _____

Members in attendance at this meeting:

_____	_____
_____	_____
_____	_____
_____	_____

SAT Follow Up Meeting #____ (Form 3)

Date: _____

Restate Student Goal (From Initial SAT Meeting form):

Use Data to Evaluate Progress Toward Goal (Circle One in Each Column):

Intervention response	Data looks like:	Decision (please circle one)
Positive	<p>Goal met or exceeded</p> <p>Gap has closed or is closing</p> <p>Data is on or above the aimline</p>	<p>Continue the intervention with the same goal</p> <p>Continue the intervention with increased goal</p> <p>Gradually fade the intervention to determine if student's skills have improved and intervention is no longer needed.</p>
Questionable	<p>Goal not yet met, but improvement is seen</p> <p>Gap is no longer widening</p>	<p>Was the intervention implemented as intended?</p> <p>If yes—increase intensity of current intervention for a short period of time and assess impact. If there is improvement, continue at this level. If no improvement, return to Problem Solving.</p> <p>If yes—slightly modify the current intervention</p> <p>If no—employ strategies to increase implementation integrity.</p>
Poor	<p>Goal is not met.</p> <p>Gap continues to widen with no change in rate/performance. Data points are below the aimline.</p>	<p>Was the intervention implemented as intended?</p> <p>If yes—Return to problem solving.</p> <p>If no—employ strategies to increase implementation integrity.</p>

****If data points are variable ask your school psychologist to assist you in drawing a Tukey trendline.**

Plan to increase implementation integrity (if needed):

Describe any changes to the intervention (based on above decision):

Describe other accommodations that will be provided:

Team Member jobs between now and the next review date:

Who: _____ What: _____

Who: _____ What: _____

Next Review Date: _____

Members in attendance at this meeting:

_____	_____
_____	_____
_____	_____
_____	_____