



SAT (Student Assistance Team) Form

The SAT (Student Assistance Team) is a general education problem-solving team that works to support students who are experiencing academic, behavioral, or social-emotional difficulties. The team's purpose is to design, implement, and document intervention strategies within the general education setting to help students succeed. (Rule 51, Section 006.01C)

General Information

Student Name:	Today's Date:
Age:	Date of Birth:
Grade:	Referring Teacher:
Parent(s)/Guardian(s):	Home Phone:
Address:	City, State, Zip:

Contact Log

<p>List dates and summary of parent(s)/guardian(s) communication about the SAT process, concerns, and/or strategies put in place in the classroom.</p> <p><i>***Note in comment section if communication was phone, email, parent/teacher conferences</i></p>	
Date	Summary of Communication

Background/Health Information (As Applicable)

Is there a language other than English spoken in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If marked 'yes', please specify language: _____
Is the student <u>currently</u> in English Language (EL) classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If marked 'yes', list date of entry: _____
Has the student received EL services in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If marked 'yes', please include information from the English Language Proficiency Assessment (ELPA): Date of ELPA: _____



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		Scores: Oral: _____ Reading: _____ Writing: _____
Has the student's vision been screened?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If marked 'yes', please include information about the screening: Date of Screening: _____ Distance Vision: R _____ / _____ L _____ / _____ Near Vision: R _____ / _____ L _____ / _____
Has the student's hearing been screened?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If marked 'yes', please include information about the screening: Date of Screening: _____ <p style="text-align: center;">Passed/Failed</p>
Has the student ever had a Special Education Evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No	If marked 'yes', please include information: Date of Evaluation: _____ Category: _____ Related Services: _____
Referrals for services (social worker, community social services, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If marked 'yes', please specify: _____

Academic and Behavior Information (As Applicable)

Mobility	Number of schools attended:
Attendance	Number of Days Absent: Number of Tardies: Attendance Plan: Attended Preschool: Has the student ever been retained:



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Behavioral Data	Office Discipline Referrals: Suspensions:
Assessment Data	NSCAS Reading: NSCAS Math: NSCAS Science: MAP Reading MAP Math: Acadience/DIBELS 8th Data: Other:

Student Strengths

Academic and Behavioral Concerns (If Applicable)

Basic Reading Skills <i>The student struggles with...</i> <ul style="list-style-type: none"><input type="checkbox"/> phonemic awareness<input type="checkbox"/> letter recognition/letter-sound knowledge<input type="checkbox"/> phonics/decoding<input type="checkbox"/> sight word recognition<input type="checkbox"/> fluency<input type="checkbox"/> accuracy<input type="checkbox"/> other: _____	Reading Comprehension <i>The student struggles with...</i> <ul style="list-style-type: none"><input type="checkbox"/> limited vocabulary<input type="checkbox"/> identifying the main idea<input type="checkbox"/> making inferences<input type="checkbox"/> retell<input type="checkbox"/> using context clues<input type="checkbox"/> other: _____
Written Expression <i>The student struggles with...</i> <ul style="list-style-type: none"><input type="checkbox"/> spelling<input type="checkbox"/> grammar<input type="checkbox"/> capitalization/punctuation<input type="checkbox"/> legibility<input type="checkbox"/> reversals<input type="checkbox"/> sentence structure<input type="checkbox"/> generating ideas<input type="checkbox"/> other: _____	Math Calculation <i>The student struggles with...</i> <ul style="list-style-type: none"><input type="checkbox"/> number recognition<input type="checkbox"/> addition<input type="checkbox"/> subtraction<input type="checkbox"/> multiplication<input type="checkbox"/> division<input type="checkbox"/> fractions<input type="checkbox"/> other: _____



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Math Reasoning

The student struggles with...

- solving problems involving time
- solving measurement problems
- solving multi-step word problems
- money
- fractions
- other: _____

Motor Coordination

The student struggles with...

- fine motor skills
- gross motor skills
- explain: _____

Behavior Concerns

The student struggles with...

- being easily distracted
- doing homework/completing work
- participating during class activities
- making noises
- being verbally aggressive
- peer relationships
- stealing
- tantrums
- falling asleep during class
- noncompliance

- being physically aggressive
- taking responsibility for behavior
- blurting
- being unprepared for class
- asking for help when needed
- perfectionism
- lying
- other: _____

Speech/Language/Hearing Concerns

The student struggles with...

Articulation

- substitutions one sound for another - 'wabbit' for 'rabbit'
- omits a sound - 'han' for 'hand'
- distorts sounds
- other: _____

Receptive Language

- following directions
- understanding what gestures mean
- answering questions
- identifying objects and pictures
- reading comprehension
- other: _____

Expressive Language

- naming objects
- using gestures
- using facial expressions
- vocabulary
- syntax (grammar rules)
- semantics (word/sentence meaning)
- morphology (forms of words)
- other: _____

Fluency

- repetitions
- interjections
- prolongations
- other: _____

Hearing

- doesn't respond when spoken to
- previous hearing problems (explain:)
- explain: _____



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Strategies/Interventions Tried Log

Strategy or Intervention Tried	Date Started	Teacher Responsible	Follow-up Date	Documentation Provided	Response
<i>EX: Gave student checklist to write down tasks to complete</i>	9/5/2025	Dufek	10/5/2025	N/A	Select ▾
<i>EX: UFLI</i>	9/2/2025	Dufek	10/17/2025	Yes	Select ▾
