



SST Summary Form

Student Name:	DOB:
Current Teacher:	School:
Parent Name:	Other Team Members:
Grade:	Date of Meeting:

Student Strengths/Interests:

Specifically Describe Learning &/or Behavioral Concerns

Primary Academic Concerns that Require Intervention: (Check all that apply)

- Oral Expression
 Math Problem Solving
 Basic Reading Skills
 Listening Comprehension
 Math Calculation
 Reading Comprehension
 Written Expression
 Reading Fluency

Behavioral Concerns: (if any)

Variables affecting Academic/Behavioral Performance: (Check all that apply):

- Incomplete Assignments
 Disorganized
 Slow rate of processing
 Attendance
 Difficulty following directions
 Difficulty working independently
 Difficulty working with others
 Difficulty retaining information/memory
 Language barrier

*attach assessment data that would inform the team in decision making (ex. Majors/Minors, MAP data, State Testing Results, Fountas & Pinnell, Attendance, District Writing Assessment, etc.)

Universal/Tier I List classroom strategies/differentiation techniques that have been used:			
Strategy	Start Date	Length of Time Used	Results

Universal/Tier I List classroom accommodations/modifications that have been used:			
Accommodations/ Modifications	Start Date	Length of Time Used	Results

Selected/Tier 2 List interventions beyond core curriculum that have been used:			
Intervention	Dates of Intervention	Length & Frequency of Intervention	Results

Next Steps/Planning:			
Strategies/Accommodations/ Modifications/Interventions:	Specific dates that these will be implemented	Length and frequency of use	Measurement Tool/Progress Monitoring

Next Meeting Date: