

## *Student Support Team (SST) Information Sheet*

### **General Information**

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
*(If student is ELL or LAP, please confer with Reading Specialist prior to referral)*

Person Making Referral: \_\_\_\_\_ Date: \_\_\_\_\_

Please note any medical or health concerns for this student \_\_\_\_\_

\_\_\_\_\_

Current school or Agency Support Services or program(s) in place for this student (e.g., counseling, tutoring, etc.): \_\_\_\_\_

\_\_\_\_\_

What are several strengths, talents, or specific interests for this student?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### **Instructional Information**

**Specific concern:** List any academic, social, emotional, or medical factors that seem to negatively affect the student's progress.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does the student compare to peers in reading, math, writing, organizational skills, etc.?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When have you observed the problem occurring the most? \_\_\_\_\_

\_\_\_\_\_

Are there settings or situations in which the problem is **less severe or minimized**? If so, when?

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Please Attach:**

☐ Attendance Data (Lauren)

☐ Test Data (Lauren)

☐ Samples of student work (Teacher)

**FOLLOW UP**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_