

STUDENT ASSISTANCE TEAM

; 9B9F 5@-B: CFA 5H-CB							
Last Name:		First:		Grade:		Age:	
Date of Meeting:		DOB:		WVEIS:		Exceptionality:	
<input type="checkbox"/> ..-b]h]U`G5HA YH]b[<input type="checkbox"/> `A cbh`mDfc[fYgg`		<input type="checkbox"/> `9I]h#`8]gWUf[Y			
7CI F G9#DF 9G9BHG? -@@@9J 9@5B8 7CA A 9BHG				GH 89BHGF 9B; H<G			
4=MASTERY; 3=MAINTENANCE; 2=EMERGING; 1=DEFICIENT				(MARK ALL THAT APPLY)			
<input type="checkbox"/>	English/LA:	<input type="checkbox"/>	Academic competence / solid skill base	<input type="checkbox"/>	Math:	<input type="checkbox"/>	Social competence (empathy, caring, sense of humor)
<input type="checkbox"/>	Math:	<input type="checkbox"/>	Self-disciplined, initiative	<input type="checkbox"/>	Science:	<input type="checkbox"/>	Positive values (integrity, honesty, responsibility, justice)
<input type="checkbox"/>	History:	<input type="checkbox"/>	Commitment to learning	<input type="checkbox"/>	Computers:	<input type="checkbox"/>	Communication skills
<input type="checkbox"/>	Learning Skills:	<input type="checkbox"/>	Anger management skills	<input type="checkbox"/>	Dvlp. Guid/LINKS:	<input type="checkbox"/>	Volunteers / community service
<input type="checkbox"/>	Career/Tech:	<input type="checkbox"/>	Positive leadership skills	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Problem-solving skills
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Creativity	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
8YgM]VY Ubm]a dUM]cb`YUfb]b[.							
57589A =7`GHF 9B; H<G				69<5J -CF `8=: =7I @H-9G			
(MARK ALL THAT APPLY)				(MARK ALL THAT APPLY)			
<input type="checkbox"/>	Attention span	<input type="checkbox"/>	Distracts others	<input type="checkbox"/>	General learning ability	<input type="checkbox"/>	Does not follow class rules
<input type="checkbox"/>	Oral expression	<input type="checkbox"/>	Does not follow directions	<input type="checkbox"/>	Short-term memory	<input type="checkbox"/>	Does not participate
<input type="checkbox"/>	Long-term memory	<input type="checkbox"/>	Easily distracted	<input type="checkbox"/>	Comprehension (general)	<input type="checkbox"/>	Impulsive
<input type="checkbox"/>	Reading comprehension	<input type="checkbox"/>	Inappropriate language	<input type="checkbox"/>	Reading comprehension	<input type="checkbox"/>	Incomplete work
<input type="checkbox"/>	Listening	<input type="checkbox"/>	Lacks interest in school	<input type="checkbox"/>	Math	<input type="checkbox"/>	Physical aggression
<input type="checkbox"/>	Daily work	<input type="checkbox"/>	Physical complaints	<input type="checkbox"/>	Organizational skills	<input type="checkbox"/>	Poor self-control
<input type="checkbox"/>	Math	<input type="checkbox"/>	Property destruction	<input type="checkbox"/>	Reading	<input type="checkbox"/>	Restless, squirmy, fidgety
<input type="checkbox"/>	Organizational skills	<input type="checkbox"/>	Short attention span	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Social/emotional
<input type="checkbox"/>	Reading	<input type="checkbox"/>	Teasing/agitating others	<input type="checkbox"/>	Writing style and form	<input type="checkbox"/>	Verbal aggression
<input type="checkbox"/>	Speech	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Writing style and form	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
8YgM]VY Ubm]a dUM]cb`YUfb]b[.				8YgM]VY Ubm]a dUM]cb`YUfb]b[.			

STUDENT ASSISTANCE TEAM

5fYUfj cZVbWfb.

- ABSENCES BEHAVIOR COMMUNICATION DEVELOPMENTAL SKILLS EDUCATION PERFORMANCE HEALTH

F 97CA A 9B85H-CBG # =BH9F J 9BH-CBG # A C8 = =75H-CBG

(Check all that apply; record specific information in box on right)

- Refer issue to host facility
- Session(s) with school counselor
- Consult PRIM for further interventions
- Student has current IEP; student will be served through it.
- After-school tutoring (specify skills to be addressed)
- Extra time on PLATO
- Extra time on Read 180
- Refer for special services evaluation (after trying interventions)
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G5H 89H9F A =B5H-CB

- More information is required. SAT will reconvene on (date):
- Monitor and follow-up required by (date):
- Intervention successful/close case (option to re-open later)
- Case closed due to student transferring out

G5H'GJ[buh fYg (In compliance with Policy 2510, 8.9.1, and SAT "consists of at least three persons, including a school administrator or designee, who shall serve as the chairperson, a current teacher and other appropriate professional staff.")

Chair: _____

Teacher: _____

Teacher: _____

Other: _____

Teacher: _____

Other: _____

Teacher: _____

Other: _____

Teacher: _____

Teacher: _____