

STUDENT ASSISTANCE TEAM (SAT) FORM

Student's Name _____ Date _____
Birthdate _____ Grade _____
Parent(s)/Guardian(s) _____
Home phone _____ Work phone _____
Street address _____
City _____ State _____ Zip _____

Date parent was contacted about SAT referral _____
By whom? _____
Method of Contact (letter, phone) _____
Referred by _____

Please note any medical or health concerns for this student

Current school or agency support services or programs in place for the student:
Title 1 _____ Counseling _____ Other: _____

Please list any environmental factors or recent life events that might be impacting this student (parental divorce, death of family member, recent move, incarcerated parent)

List several strengths, talents or specific interests for this student:

1. _____
2. _____
3. _____

Prioritize the top three things that you would like the student to be able to do that he/she isn't presently doing:

1. _____
2. _____
3. _____

Teacher Concerns:

Define the top 1-2 concerns in observable terms (top 1-2 difficulties that most interfere with the student’s academic or behavioral functioning in the classroom):

Teacher Concern #1:

Reasons/Functions for Behavior – If checking more than one, please prioritize/rate according to perceived impact

Academic	Behavioral
Lacks necessary skills	Lacks necessary skills
Has limited motivation	Has limited motivation
/// Struggling academically in current /// instructional placement	/// Seeks attention from adults
Needs drill & practice	Reacting to teasing/bullying
/// Other:	/// Tries to escape from work demands or /// settings
	Seeks access to privileges, rewards
	/// Seeks sensory stimulation (e.g., /// playing with objects)
	Other:

Teacher Concern #2:

Reasons/Functions for Behavior – If checking more than one, please prioritize/rate according to perceived impact

Academic	Behavioral
/// Lacks necessary skills ///	/// Lacks necessary skills
/// Has limited motivation	/// Has limited motivation
/// Struggling academically in current /// instructional placement ///	/// Seeks attention from adults
/// Needs drill & practice	/// Reacting to teasing/bullying
/// Other:	/// Tries to escape from work demands or /// settings
	/// Seeks access to privileges, rewards
	/// Seeks sensory stimulation (e.g., /// playing with objects)
	/// Other:

Intervention Form (to be completed by the SAT)
Please complete this form for each SAT meeting

Date of SAT meeting _____ Student _____

<p>Intervention 1</p> <p>What intervention have you tried to resolve Teacher Concern #1?</p> <p>Was the intervention implemented as planned/designed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date Began _____ Date Ended _____</p> <p>How did the intervention work (compare data before and after the intervention)?</p> <p>Chart attached to show intervention data? <input type="checkbox"/></p>
<p>Intervention 2</p> <p>What intervention have you tried to resolve Teacher Concern #1?</p> <p>Was the intervention implemented as planned/designed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date Began _____ Date Ended _____</p> <p>How did the intervention work (compare data before and after the intervention)?</p> <p>Chart attached to show intervention data? <input type="checkbox"/></p>
<p>Intervention 3</p> <p>What intervention have you tried to resolve Teacher Concern #2?</p> <p>Was the intervention implemented as planned/designed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date Began _____ Date Ended _____</p> <p>How did the intervention work (compare data before and after the intervention)?</p> <p>Chart attached to show intervention data? <input type="checkbox"/></p>
<p>Intervention 4</p> <p>What intervention have you tried to resolve Teacher Concern #2?</p> <p>Was the intervention implemented as planned/designed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date Began _____ Date Ended _____</p> <p>How did the intervention work (compare data before and after the intervention)?</p> <p>Chart attached to show intervention data? <input type="checkbox"/></p>

Team members in attendance at SAT meeting:

Check box if this is your final SAT meeting for this student and you are referring for an evaluation
 Date parent was notified about referral for an MDT evaluation _____

Attachments (if referred for MDT evaluation):

Cumulative Review Form Medical Health Form DIBELS/Aimsweb Data (if referral is for reading)

Items to consider when completing the SAT forms

SAT's should meet a **minimum of two times** before referring to the special education team.

SAT forms must be provided to the school psychologist prior to setting a date for an evaluation.

Teachers should communicate with parents throughout the SAT process to let them know how the interventions are working.

Best practice indicates academic interventions should be administered for at least six to eight weeks. Progress monitoring should be completed weekly during this time.

Examples of interventions for reading might include:

Sound Partners (4 sessions per week for eight weeks)

Quick Reads

Road to the Code

Rewards

Examples of interventions for behavior might include:

Use of a behavior report card created with the student, completed with the student daily, and sent home to the parent on a weekly basis

Use of the Incredible Five Point Scale to help student understand and regulate emotions

Positive Behavior Supports, such as great news referrals to the office and great news calls to home