

# SAT Referral Packet



Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

Name/Signature of Referring Teacher \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

**Fill out sections A–D for all students. Fill out section E only if behavior is an area of concern.**

**A.** Mark **only** areas of concern below that **significantly affect** the student’s classroom experiences. Rate your concern as **(H)** High or **(S)** Some. If you are not sure, **do not** mark it.

- |   |                                       |
|---|---------------------------------------|
| _____ physical attributes                               | _____ attention span                  |
| _____ attendance  | _____ memory skills                   |
| _____ activity level                                    | _____ ability to follow directions    |
| _____ oral comprehension                                | _____ listening skills                |
| _____ language development                              | _____ response to questions           |
| _____ language fluency                                  | _____ ability to focus on task        |
| _____ problem-solving ability                           | _____ frustration threshold           |
| _____ vocabulary  | _____ self-expression                 |
| _____ organizational skills                             | _____ self-discipline                 |
| _____ easily confused                                   | _____ gross motor skills/coordination |
| _____ social/interpersonal skills                       | _____ fine motor skills               |
| _____ self-awareness                                    | _____ disorientation                  |
| _____ over-aggression                                   | _____ passive/nonresponsive           |
| _____ low self-esteem                                   | _____ lack of responsibility          |
| _____ academic progress (skills/areas of concern) _____ |                                       |

---



---



---



---



---

\_\_\_\_\_ medical/health (manifestations/areas of concern) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ behavior (observations/areas of concern) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ emotional/social (specify and describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ OTHER (specify and describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B.** Add any other information you can to help the team better understand your concerns.  
Also describe the student's **strengths.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. PRIOR ACTIONS TAKEN TO ADDRESS THE CONCERN**

1. Of the four main areas listed below, which have you changed in some way in an attempt to address the concern? Check the area(s) and describe what you manipulated.

Presentation: How lessons are delivered and materials are displayed

---



---

Physical Environment: The classroom arrangement and learning environment

---



---

Materials: Changing student and teacher materials

---



---

Instruction: Ways students acquire skills in the classroom

---



---

2. Below is a partial list of possible interventions. Check any that have been used prior to this point to address the concern. Add other specific interventions that have been tried.

- |  |   |
|--|---|
| <input type="checkbox"/> using tape recorder; overhead projector | <input type="checkbox"/> memory drills (math facts)             |
| <input type="checkbox"/> previewing; rephrasing                  | <input type="checkbox"/> memory drills (sight words)            |
| <input type="checkbox"/> using graphic organizers                | <input type="checkbox"/> pattern books and word families        |
| <input type="checkbox"/> posting charts; labeling                | <input type="checkbox"/> manipulatives for math, other subjects |
| <input type="checkbox"/> contracts                               | <input type="checkbox"/> modified discipline plan               |
| <input type="checkbox"/> giving visual/verbal clues              | <input type="checkbox"/> attendance follow-up                   |
| <input type="checkbox"/> peer tutoring                           | <input type="checkbox"/> observation by another staff member    |
| <input type="checkbox"/> use of alternative materials            | <input type="checkbox"/> ESL (English as a Second Language)     |
| <input type="checkbox"/> cooperative learning                    | <input type="checkbox"/> ECL (Early Childhood Literacy)         |
| <input type="checkbox"/> tailored assignments                    | <input type="checkbox"/> Title I reading                        |
| <input type="checkbox"/> reinforcement schedules                 | <input type="checkbox"/> Bilingual Education                    |
| <input type="checkbox"/> parent involvement                      | <input type="checkbox"/> tutoring                               |
| <input type="checkbox"/> preferential seating                    | <input type="checkbox"/> counseling                             |
| <input type="checkbox"/> acknowledging correct responses         | <input type="checkbox"/> point out relevance to students' lives |

- |   |  |
|---|--|
| <input type="checkbox"/> dividing tasks into smaller portions | <input type="checkbox"/> giving opportunities for success    |
| <input type="checkbox"/> offer strategies for self-management | <input type="checkbox"/> giving opportunities for leadership |
| <input type="checkbox"/> incorporating cultural differences   | <input type="checkbox"/> promoting family involvement        |
| <input type="checkbox"/> providing bilingual signs/labels     | <input type="checkbox"/> building on student's strengths     |
| <input type="checkbox"/> using music, art, drama              | <input type="checkbox"/> accessing prior knowledge           |
| <input type="checkbox"/> other _____                          |  |
| <input type="checkbox"/> other _____                          |  |
| <input type="checkbox"/> other _____                          |  |
| <input type="checkbox"/> other _____                          |  |
| <input type="checkbox"/> other _____                          |  |
| <input type="checkbox"/> other _____                          |  |

3. If interventions have been tried, describe their effectiveness. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Optional) If they were ineffective, what do you hypothesize as the possible reason?  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. ATTACHMENTS**

If the student is having **academic difficulties**, please attach a sample(s) of the student's work that reflects your specific concern(s).

- sample(s) attached     N/A

If there is a **medical concern**, please attach any known relevant information or history.

- information attached     N/A

If there is a **behavioral concern**, please attach any disciplinary action taken or other documentation and fill out section **E: Teacher Input for Addressing Problem Behaviors**.

- documentation attached     teacher input completed (section E)     N/A

### E. Teacher Input for Addressing Problem Behaviors

(Teacher fills out this section if student is being referred to the SAT for behavioral concerns. If behavior is not an issue, there is no need to complete this section.)

1. Describe the behavior(s) of concern. Use measurable terms. *Example: Rather than "Lisa picks fights," describe the actions and frequency: "Lisa demonstrates aggressive behavior toward other children at least 2-3 times a day, often more. She shows her aggression by such actions as pushing, grabbing materials from others, and by using verbal commands and name-calling."*

---



---



---



---



---



---

2. When is the behavior most and least likely to occur? Mark each as **M** (More Likely), **L** (Less Likely), or **U** (Unlikely).

\_\_\_\_\_ On a particular day or days of the week, such as Fridays?  
 If so, which? \_\_\_\_\_

\_\_\_\_\_ At a particular time or times of the day, such as lunch or transitions?  
 If so, when? \_\_\_\_\_

\_\_\_\_\_ During certain types of activities or tasks, such as math or independent work?  
 If so, when? \_\_\_\_\_

\_\_\_\_\_ When interacting with certain people—individuals or groups?  
 If so, who? \_\_\_\_\_

\_\_\_\_\_ Under specific environmental conditions, such as in crowds or outdoor recess?  
 If so, what? \_\_\_\_\_

\_\_\_\_\_ When physically tired, hungry, or sick?  
 If so, which? \_\_\_\_\_

3. What do you think the student gains or avoids by demonstrating the behavior?

Get attention? \_\_\_\_\_ What kind? From whom? \_\_\_\_\_

Avoid attention? \_\_\_\_\_ What kind? From whom? \_\_\_\_\_

Get control? \_\_\_\_\_ Of what? \_\_\_\_\_

Avoid embarrassment? \_\_\_\_\_ Regarding what? \_\_\_\_\_

Get relief? \_\_\_\_\_ From what? \_\_\_\_\_

Avoid task? \_\_\_\_\_ Which? \_\_\_\_\_

OTHER? \_\_\_\_\_

4. Describe the specific expectations you have for the student that are not being met.

---



---



---

5. How have you conveyed your expectations to the student? \_\_\_\_\_

---

6. Do you think the student **can't** (is unable to) or **won't** (is unwilling to) demonstrate the appropriate/desired behavior? Why? \_\_\_\_\_

---

7. What appropriate/acceptable behavior(s) could the student use as a substitute for the behavior regarded as unacceptable? \_\_\_\_\_

---

8. What have you already tried to change about the situations in which the behavior occurs?

- modified tasks/assignments to align better with student's skills
- changed the student's schedule or order of activities
- changed the curriculum for this student
- provided extra assistance
- changed the student's physical environment (seating, room arrangement, grouping...)
- other \_\_\_\_\_
- other \_\_\_\_\_

9. What techniques have you already tried to help the student meet behavioral expectations?

- |   |  |
|---|--|
| <input type="checkbox"/> posted rules for the whole class | <input type="checkbox"/> denied desired items/activities |
| <input type="checkbox"/> immediate feedback               | <input type="checkbox"/> notes/phone calls to parents    |
| <input type="checkbox"/> teacher-student contract         | <input type="checkbox"/> loss of privileges              |
| <input type="checkbox"/> met with parents                 | <input type="checkbox"/> reprimands                      |
| <input type="checkbox"/> reward system                    | <input type="checkbox"/> ignored the behavior            |
| <input type="checkbox"/> hand or other signals            | <input type="checkbox"/> detention                       |
| <input type="checkbox"/> offered options/choices          | <input type="checkbox"/> referral to office              |
| <input type="checkbox"/> consistency of enforcement       | <input type="checkbox"/> referral to school counselor    |
| <input type="checkbox"/> other _____                      |  |
| <input type="checkbox"/> other _____                      |  |

**NOTE: For in-depth analysis and guidance regarding behavior issues, see the New Mexico Public Education Department's publication *Addressing Student Behavior: A Guide for Educators*.**



# Notice of and Invitation to SAT Meeting

Date of Notice/Invitation: \_\_\_\_\_



Dear \_\_\_\_\_,



In accordance with our Educational Plan for Student Success (EPSS), the school has a Student Assistance Team (SAT) whose purpose is to review the educational needs and progress of any student who may require additional educational support.



The team has been asked to review \_\_\_\_\_'s individual needs to determine if additional supports are necessary. A meeting will take place on \_\_\_\_\_ at \_\_\_\_\_ in the \_\_\_\_\_. The team will review existing data and, as needed, conduct observations and/or do additional screening.



In addition to your permission to do additional screening below, we need your input and participation in working with us to meet your child's needs. We invite you to attend the SAT meeting and to contribute your valuable insight. Please sign and return the bottom of this form to give your permission for additional screening and to indicate if you would like to attend. If you have any questions, please contact me at the number below.



Sincerely,



(name) \_\_\_\_\_ (title) \_\_\_\_\_

(telephone number) \_\_\_\_\_



Student's name: \_\_\_\_\_



Home address: \_\_\_\_\_



Telephone number: \_\_\_\_\_



Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_ ID#: \_\_\_\_\_



Parent/Guardian: \_\_\_\_\_

I  do  do not give my permission for additional screening if needed.

I  do  do not want to attend the SAT meeting.

Please send me a copy of the summary of this meeting.

Please let me know the time/place of the SAT meeting.

I need an interpreter. (Necesito un traductor).



Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Student Observation (to be completed by qualified personnel)

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

Name of Referring Teacher or Parent/Guardian \_\_\_\_\_

Name & Title of Observer \_\_\_\_\_

Circumstances of Observation (subject, teacher, time of day, reason for observation, etc.)

---



---



---

## A. Compare this student's performance with that of the majority of other students in the class.

1. How the student works \_\_\_ *more slowly* \_\_\_ *more quickly* \_\_\_ *about the same*
2. Focus & attention span \_\_\_ *better* \_\_\_ *poorer* \_\_\_ *about average*
3. Activity level of the student \_\_\_ *more active* \_\_\_ *less active* \_\_\_ *about the same*
4. Language skills \_\_\_ *better* \_\_\_ *poorer* \_\_\_ *about average*
5. Demonstration of interest \_\_\_ *disinterested* \_\_\_ *very interested* \_\_\_ *about average*
6. Subject matter difficulty/frustration \_\_\_ *high* \_\_\_ *low* \_\_\_ *about average*
7. Emotional/social maturity \_\_\_ *less than* \_\_\_ *greater than* \_\_\_ *about average*
8. other (specify) \_\_\_\_\_

## B. Teacher Behavior Observed: Check all that apply.

*Teaching Methods Observed:* \_\_\_ visual \_\_\_ auditory \_\_\_ lg. group \_\_\_ sm. group  
 \_\_\_ one-to-one \_\_\_ peer \_\_\_ other (specify) \_\_\_\_\_

*Conceptual Content:* \_\_\_ concrete \_\_\_ abstract \_\_\_ both

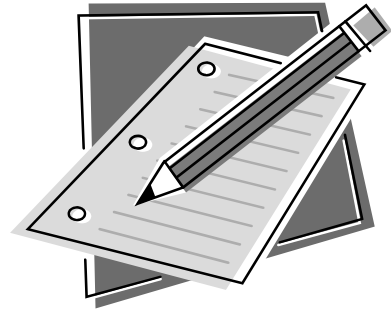
*Behavior Reinforcement:* \_\_\_ positive \_\_\_ negative \_\_\_ ignored \_\_\_ isolation  
 \_\_\_ other (specify) \_\_\_\_\_

### Teacher's Style

1. How much movement/activity is allowed? \_\_\_ *a great deal* \_\_\_ *some* \_\_\_ *minimal* \_\_\_ *none*
  2. How much talking/noise is tolerated? \_\_\_ *a great deal* \_\_\_ *some* \_\_\_ *minimal* \_\_\_ *none*
  3. What type(s) of feedback were given? \_\_\_ *praise* \_\_\_ *criticism* \_\_\_ *reward* \_\_\_ *punishment*
  4. What tone/manner was used to communicate? \_\_\_ *supportive* \_\_\_ *matter-of-fact* \_\_\_ *harsh*
  5. During this observation, how did the teacher spend most of his or her time? (e.g. at the board, with a small group, at the teachers' desk, circulating among students at work...)
- 
6. What, if anything, about the teacher or classroom seemed to have a positive or negative effect on the students in general, or on this student in particular? \_\_\_\_\_
-

**C. Student Behavior Observed: Write yes or no with regard to the student being observed.**

1. \_\_\_\_\_ The student performs with the group.
2. \_\_\_\_\_ The student voluntarily participates in activities.
3. \_\_\_\_\_ The student is responsive to the teacher.
4. \_\_\_\_\_ The student is responsive to other students.
5. \_\_\_\_\_ The student starts and stays on task.
6. \_\_\_\_\_ The student finishes what is started.
7. \_\_\_\_\_ The student answers when called on.
8. \_\_\_\_\_ The student shows independence.
9. \_\_\_\_\_ The student seems alert (not sleepy or lethargic).



**D. Based on this observation, check any area that may be an issue.**

(Additional comments helpful, but optional).

- \_\_\_ English proficiency \_\_\_\_\_
- \_\_\_ Instructional level \_\_\_\_\_
- \_\_\_ Environment \_\_\_\_\_
- \_\_\_ Developmental \_\_\_\_\_
- \_\_\_ Motor skills \_\_\_\_\_
- \_\_\_ Emotional \_\_\_\_\_
- \_\_\_ Psychological \_\_\_\_\_
- \_\_\_ Giftedness \_\_\_\_\_
- \_\_\_ Family \_\_\_\_\_
- \_\_\_ Cultural \_\_\_\_\_
- \_\_\_ Health/Medical \_\_\_\_\_
- \_\_\_ other (specify) \_\_\_\_\_

**E. Student Strengths: What strengths were observed in this student have that could be drawn upon in designing interventions?**

---



---

**F. Summary: Please provide a narrative summary of the student's learning/behavior. (Use and attach a separate sheet if necessary).**

---



---



---



---



---

# SAT Meeting Summary Form

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

Referred by  teacher  parent/guardian  \_\_\_\_\_

Teacher \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Date of Meeting \_\_\_\_\_  initial  follow up to meeting on \_\_\_\_\_

**In Attendance at the Meeting** (*SAT chairperson, administrator/principal, general education teacher(s), nurse, counselor, resource specialist, bilingual, parent/guardian, student*)

- SAT chairperson Name: \_\_\_\_\_
- administrator Name: \_\_\_\_\_
- teacher Name: \_\_\_\_\_
- parent/guardian Name: \_\_\_\_\_
- parent/guardian Name: \_\_\_\_\_
- \_\_\_\_\_ Name: \_\_\_\_\_
- \_\_\_\_\_ Name: \_\_\_\_\_
- \_\_\_\_\_ Name: \_\_\_\_\_

**PART 1: Check all that apply:**

***Vision***

- Poor  Corrected  Good  Excellent

Impact on Learning: \_\_\_\_\_

***Hearing***

- Poor  Amplified/Aided  Good  Excellent

Impact on Learning: \_\_\_\_\_

***Speech/Language***

- Normal/Adequate  Rapid/Rambling  Slow/Slurred  
 Somewhat Unintelligible  Unintelligible

Impact on Learning: \_\_\_\_\_

***General Physical Health***

- Fragile or Impairment  Chronic Illness  Good  Excellent

Impact on Learning: \_\_\_\_\_

***Mental/ Behavioral Health Concerns***

- None   
  Conduct   
  Anxiety   
  Depression   
  Phobia  
 Substance Abuse   
  Other: \_\_\_\_\_

Impact on Learning: \_\_\_\_\_

***Attitude Toward Self***

- Poor   
  Normal/Positive   
  Confident   
  Overconfident   
  Unrealistic

***Cultural Background***

Describe: \_\_\_\_\_

***Level of Acculturation (See page 18 for definitions.)***

- Bicultural   
  Assimilated   
  Traditional   
  Marginal

Impact on Learning: \_\_\_\_\_

***Languages Spoken***

- none   
  English only   
  Bilingual: \_\_\_\_\_ and \_\_\_\_\_  
 other: \_\_\_\_\_

***English Language Proficiency***

- Little/None   
  Basic Social Language   
  Mastered Social Language  
 Emerging Cognitive Academic Language   
  Fluent/Proficient

***Socioeconomic Status***

- Low   
  Middle   
  Upper   
  Changing: Up\_\_\_\_Down\_\_\_\_\_

Impact on Learning: \_\_\_\_\_

***Academic Progress for Grade Level***

- Reading:**                   
  Significantly Below   
  Below   
  At   
  Above

Impact on Learning: \_\_\_\_\_

- Written Language:**   
  Significantly Below   
  Below   
  At   
  Above

Impact on Learning: \_\_\_\_\_

- Math:**                       
  Significantly Below   
  Below   
  At   
  Above

Impact on Learning: \_\_\_\_\_

***School Attendance***

- Poor/Infrequent   
  Truant   
  Tardy   
  Frequent Moves   
  Good/Excellent

Impact on Learning: \_\_\_\_\_

***Evidence of Lack of Instruction***

- No Schooling       Periods of No Schooling       Ineffective Instruction  
 Not a concern

***Attention and Interest in School***

- Poor/Indifferent     Distracted/Bored     Alert/Engaged     Over-responsive

***Impulse Control***

- Poor     Fair     Good     Excellent

***School Social Relationships***

- No Friends     Few/Adequate Friends     Many Friends     Too Many Friends

***Relationship With Teacher***

- Distant/Reluctant     Normal     Needs Closeness/Frequent Contact

***Learning Style***

- Visual       Auditory/Verbal     Tactile/Kinesthetic     Combination  
 Active       Reflective

***Classroom Environment***

- Highly Structured       Structured     Unstructured  
 Highly Unstructured     Combination

***Teaching Style (See pages 24-25.)***

**Primary Teacher:**

- Authoritarian     Authoritative     Liberal     Apathetic     Overlapping

**Other Teacher:** Subject \_\_\_\_\_

- Authoritarian     Authoritative     Liberal     Apathetic     Overlapping

**Other Teacher:** Subject \_\_\_\_\_

- Authoritarian     Authoritative     Liberal     Apathetic     Overlapping

***Student's Strengths***

- \_\_\_\_\_       \_\_\_\_\_  
 \_\_\_\_\_       \_\_\_\_\_

**PART 2. Summary of Previous Interventions Tried and Their Effectiveness**

*Describe each intervention and rate its effectiveness 1–5, with 1 as lowest.*

***Interventions Tried in the Classroom***

***Rating 1–5***

_____	_____
_____	_____
_____	_____
_____	_____

***Interventions Tried at Home***

***Rating 1–5***

_____	_____
_____	_____
_____	_____
_____	_____

**PART 3. Summary of Screening and Recent Test Results**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 4. Additional Information (brought to light at the meeting)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 5. Insights/Hypothesis**

*Based on a review of the information above, note the reason(s) why this student seems to be struggling in school.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part 6. Conclusion and Next Steps**

*Based on the input examined by the SAT, note the next steps decided upon for this student.*

The student appears to need no intervention at this time.

\_\_\_\_\_ No further action is required.

\_\_\_\_\_ Follow up on (date): \_\_\_\_\_

The student's challenges suggest that a **SAT Intervention Plan** is warranted.

Existing data is insufficient for a complete determination. More information needs to be collected. The SAT will meet again on (date): \_\_\_\_\_.



## Notes

# SAT Intervention Plan

As a result of a SAT meeting on \_\_\_\_\_ to review \_\_\_\_\_'s individual needs and to determine if additional supports are necessary, the team recommends the interventions listed below.

*Note: The accommodation, desired outcome, and how success will be determined should be described in observable, measurable terms. (Example: 3 times per week, not more often)*

<b>Intervention</b>	<b>Who is Responsible</b>
	<b>Time Period</b>
	<b>Desired Outcome</b>
	<b>How Success of Intervention Will Be Measured</b>
<b>Intervention</b>	<b>Who is Responsible</b>
	<b>Time Period</b>
	<b>Desired Outcome</b>
	<b>How Success of Intervention Will Be Measured</b>
<b>Intervention</b>	<b>Who is Responsible</b>
	<b>Time Period</b>
	<b>Desired Outcome</b>
	<b>How Success of Intervention Will Be Measured</b>

*If there are more than three interventions, reproduce additional copies of this page.*

# SAT Intervention Progress Report and Follow-Up Form

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

Referred by  teacher  parent/guardian  other \_\_\_\_\_

Teacher \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Date of Initial Meeting \_\_\_\_\_ Date Interventions First Implemented \_\_\_\_\_

**The purpose of this follow-up is to review the progress and effectiveness of prior actions:**

In-class Interventions  Academic Improvement Plan  Section 504 Accommodation Plan

Date of Initial Meeting \_\_\_\_\_ Date Interventions Were Implemented \_\_\_\_\_

Discussion of Progress (Summarize) \_\_\_\_\_

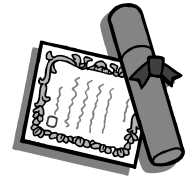
\_\_\_\_\_  
 \_\_\_\_\_

Previous Action Taken	Outcomes	Effectiveness	New Information
New Actions	Purpose	Who	How/When

Based on discussion and evaluation of actions taken previously, the recommendation is

- Continue present interventions/services with no changes, until \_\_\_\_\_.
- Change the present interventions/services; develop a new plan.
- Phase out the present interventions/services by \_\_\_\_\_.
- Conduct additional evaluations, observations, interviews, work samples, etc.
- Meet to consider further referral of this student.
- Exit the intervention plan, based on no further need for support.

# Academic Improvement Plan (AIP)



Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

Person with primary responsibility for this AIP \_\_\_\_\_

Reason(s) this student is receiving an AIP (check and describe)

- student is not attaining level of proficiency required by content standards at grade level
- student is being retained and is repeating grade \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5 \_\_\_6 \_\_\_7
- student is being retained in eighth grade

Describe this student's circumstances in more detail (document the basis for the AIP):

---



---



---



---



---



---

List each need in order of priority and describe specifically how it is to be met.

<b>Area of Need &amp; Specific Deficit</b> (objective-based from Content Standards)	<b>Intervention that Addresses the Need</b>
	<b>Time Line &amp; How Progress Will be Assessed</b>
	<b>Who Will Implement the Intervention</b>
	<b>Criteria for Evaluating Success</b>

<b>Area of Need &amp; Specific Deficit (objective-based from Content Standards)</b>	<b>Intervention that Addresses the Need</b>
	<b>Time Line &amp; How Progress Will be Assessed</b>
	<b>Who Will Implement the Intervention</b>
	<b>Criteria for Evaluating Success</b>
<b>Area of Need &amp; Specific Deficit (objective-based from Content Standards)</b>	<b>Intervention that Addresses the Need</b>
	<b>Time Line &amp; How Progress Will be Assessed</b>
	<b>Who Will Implement the Intervention</b>
	<b>Criteria for Evaluating Success</b>

**PARENT/GUARDIAN:**

I, \_\_\_\_\_, as this student's parent/guardian, have reviewed the AIP plan for my child. **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Section 504 Accommodation Plan

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
 School \_\_\_\_\_ Teacher \_\_\_\_\_  
 Case Manager \_\_\_\_\_



YES NO The student has a mental or physical impairment that substantially limits one or more of his/her major life activities.

YES NO The physical or mental impairment impacts his/her educational program level.

YES NO The impairment substantially affects the student’s overall performance at school

- in regards to
- seeing
  - hearing
  - doing manual tasks
  - breathing
  - walking
  - speaking
  - caring for oneself
  - writing
  - learning
  - working
  - showing troubling behavior

To be eligible for a 504 Accommodation Plan, all three answers above must be YES. Is this student is eligible to receive a 504 Accommodation Plan? \_\_\_\_\_

Describe this student’s circumstances in more detail (document the basis for the 504 Plan):

---



---



---

Date of Meeting & Initial Plan \_\_\_\_\_ Review of Plan scheduled for \_\_\_\_\_

List each need in order of priority and describe specifically how it is to be met.

<p><b>Specific Need</b>                  (How does the impairment impact the student’s education and what is needed to eliminate the restriction?)</p>	<p><b>Accommodations that Address the Need</b></p>
	<p><b>Special Materials or Training Needed—Who, How, and When?</b></p>
	<p><b>Who Will Implement the Accommodations</b></p>
	<p><b>Criteria for Evaluating Success</b></p>

<b>Specific Need</b> (How does the impairment impact the student's education and what is needed to eliminate the restriction?)	<b>Accommodations that Address the Need</b>
	<b>Special Materials or Training Needed—Who, How, and When?</b>
	<b>Who Will Implement the Accommodations</b>
	<b>Criteria for Evaluating Success</b>
<b>Specific Need</b> (How does the impairment impact the student's education and what is needed to eliminate the restriction?)	<b>Accommodations that Address the Need</b>
	<b>Special Materials or Training Needed—Who, How, and When?</b>
	<b>Who Will Implement the Accommodations</b>
	<b>Criteria for Evaluating Success</b>

**PARENT/GUARDIAN:**

I, \_\_\_\_\_, as this student's parent/guardian,  give  do not give permission for my child to receive the accommodations described.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Student Assistance Team (SAT) Log

Log dates from \_\_\_\_\_ to \_\_\_\_\_

Person Responsible for Maintaining Log \_\_\_\_\_

Student	ID#	Grade	D.O.B.	Referred by
	Date Referred	Date of SAT Meeting		Follow-Up Date
	Outcome of SAT Meeting			
Student	ID#	Grade	D.O.B.	Referred by
	Date Referred	Date of SAT Meeting		Follow-Up Date
	Outcome of SAT Meeting			
Student	ID#	Grade	D.O.B.	Referred by
	Date Referred	Date of SAT Meeting		Follow-Up Date
	Outcome of SAT Meeting			
Student	ID#	Grade	D.O.B.	Referred by
	Date Referred	Date of SAT Meeting		Follow-Up Date
	Outcome of SAT Meeting			
Student	ID#	Grade	D.O.B.	Referred by
	Date Referred	Date of SAT Meeting		Follow-Up Date
	Outcome of SAT Meeting			
Student	ID#	Grade	D.O.B.	Referred by
	Date Referred	Date of SAT Meeting		Follow-Up Date
	Outcome of SAT Meeting			

Student	ID#	Grade	D.O.B.	Referred by
	Date Referred	Date of SAT Meeting		Follow-Up Date
	Outcome of SAT Meeting			Comment
Student	ID#	Grade	D.O.B.	Referred by
	Date Referred	Date of SAT Meeting		Follow-Up Date
	Outcome of SAT Meeting			Comment
Student	ID#	Grade	D.O.B.	Referred by
	Date Referred	Date of SAT Meeting		Follow-Up Date
	Outcome of SAT Meeting			Comment
Student	ID#	Grade	D.O.B.	Referred by
	Date Referred	Date of SAT Meeting		Follow-Up Date
	Outcome of SAT Meeting			Comment
Student	ID#	Grade	D.O.B.	Referred by
	Date Referred	Date of SAT Meeting		Follow-Up Date
	Outcome of SAT Meeting			Comment
Student	ID#	Grade	D.O.B.	Referred by
	Date Referred	Date of SAT Meeting		Follow-Up Date
	Outcome of SAT Meeting			Comment

Note: Reproduce additional copies of this page to continue log.