

# K-8 SAT Meeting Referral

## Teacher Report

Student:	Teacher:	Date:
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Subject:	Current Grade:	Able to Attend Meeting? Yes / No
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Primary Concern(s):	Absences	Academic Skills	Skill	Will
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Date of last Parent Contact:	Method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> In person	Topics Discussed:
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Strengths	Concerns
<input type="checkbox"/> Asks for help <input type="checkbox"/> Attends class regularly <input type="checkbox"/> Comes prepared with materials <input type="checkbox"/> Completes formative / in-class assessments <input type="checkbox"/> Completes homework <input type="checkbox"/> Does well on summative assessments <input type="checkbox"/> Uses class time well / stays on task <input type="checkbox"/> Works well with other students in groups <input type="checkbox"/> Exhibits a positive attitude <input type="checkbox"/> Respectful towards adults and peers <input type="checkbox"/> Listens well <input type="checkbox"/> Participates in class <input type="checkbox"/> Solves problems <input type="checkbox"/> Is accountable for actions <input type="checkbox"/> Other:	<b>Student Needs To:</b> <input type="checkbox"/> Attend school every day <input type="checkbox"/> Be on time to class <input type="checkbox"/> Bring all materials to class <input type="checkbox"/> Follow directions and expectations <input type="checkbox"/> Complete classwork <input type="checkbox"/> Complete homework <input type="checkbox"/> Prepare for summative assessments <input type="checkbox"/> Participate appropriately <input type="checkbox"/> Communicate respectfully <input type="checkbox"/> Pay attention / focus <input type="checkbox"/> Work on required tasks during class time <input type="checkbox"/> Refrain from distracting other students <input type="checkbox"/> Ask for clarification when needed <input type="checkbox"/> Other:

<b>Behavior in Class:</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Meets expectations <input type="checkbox"/> Needs improvement <input type="checkbox"/> Unacceptable Number of Write Ups/Minors:	Does this student's behavior negatively impact their learning or the learning of others? How?
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Missing Assessments

# K-8 Student Action Team (SAT) - Success Plan

Student:	Date created:
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Support Team:
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Primary Concern(s):	Absences	Academic Skills	Skill	Will
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Course	Current Grade	Teacher

Effective Interventions	Ineffective Interventions	Notes
<input type="checkbox"/> Resource (MS) <input type="checkbox"/> ALOP (MS) <input type="checkbox"/> BLOP (MS) <input type="checkbox"/> Academic Late Bus (MS) <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Re-take or Extended Time <input type="checkbox"/> Parent Contact <input type="checkbox"/> SAT Meeting <input type="checkbox"/> I/E <input type="checkbox"/> Title 1 <input type="checkbox"/> Check-In Check-Out <input type="checkbox"/> Social Academic Instructional Group <input type="checkbox"/> Mentoring <input type="checkbox"/> Counseling	<input type="checkbox"/> Resource (MS) <input type="checkbox"/> ALOP (MS) <input type="checkbox"/> BLOP (MS) <input type="checkbox"/> Academic Late Bus (MS) <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Re-take or Extended Time <input type="checkbox"/> Parent Contact <input type="checkbox"/> SAT Meeting <input type="checkbox"/> I/E <input type="checkbox"/> Title 1 <input type="checkbox"/> Check-In Check-Out <input type="checkbox"/> Social Academic Instructional Group <input type="checkbox"/> Mentoring <input type="checkbox"/> Counseling	

<p>Primary Concerns Summary:</p>          
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# Success Plan Update

Date of update:	Success Plan:    Extend    Revise    Successful
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Academic Performance	Work Completion
Attendance	Behavior

General Notes