

# Flagstaff Unified School District Student Strengths and Needs Profile Form

An SST meeting is being initiated for \_\_\_\_\_ (student name), \_\_\_\_\_ (grade), \_\_\_\_\_ (school).

Your observations of the student's strengths and needs are needed before the meeting. Place a checkmark alongside your response for each phrase, and document which interventions or strategies you attempted to address any concerns. This list is not exhaustive, thus comments are encouraged. The SST will be scheduled within 10 school days of receiving the last completed form. Thank you for your assistance!

Respondent's Name: \_\_\_\_\_ Date form provided: \_\_\_\_\_

Due date for completed form: \_\_\_\_\_ Return to (school counselor's name): \_\_\_\_\_

Date completed form received by school counselor: \_\_\_\_\_

Teachers only, list course name \_\_\_\_\_ and the student's current academic grade in class \_\_\_\_\_

ACADEMIC SKILLS, LEARNING STRATEGIES, & WORK HABITS	No Concerns	1 or more years below grade level	Strength
Reading-decoding/word recognition			
Reading-comprehension			
Writing-spelling			
Writing-handwriting legibility			
Writing-sentence structure, grammar, organization			
Math calculation			
Math concepts and problem solving			
	No Concerns	Very Concerned	Strength
Verbal comprehension and expression			
Performance on exams			
Ability to remember new skills or concepts from one day to the next			
Study skills			
Organization skills (time and materials)			
Completes and turns in work			
Attention/span, ability to focus long enough to complete task			
Ability to keep pace when listening, working, and taking notes			
Ability to work carefully			
Listens to and follows directions			
Class participation			
Motivation to succeed at school			
HEALTH	No Concerns	Very Concerned	
Medical condition/meds. affecting educational progress, describe:			
Hearing			
Vision			
Physical or motor problems, describe:			
Drug/alcohol use, describe:			
Other Health Concerns:			

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<b>SOCIAL, EMOTIONAL, BEHAVIORAL FUNCTIONING</b>	No concerns	Very concerned	Strength
Attendance/truancy			
Tardies			
Ability to use self-control			
Physical activity level, circle one as needed: <i>overly-active</i> or <i>lethargic</i>			
Ability to make and keep friends			
Ability to follow school and classroom rules ( <i>list specific problems below</i> )			
Ability to comply with teacher's requests			
Ability to use appropriate language			
Ability to deal with frustration and transitions			
Respects rights of others (circle as needed): <i>disrupts work of others, interrupts conversations, verbal bullying, physical bullying, electronic bullying</i>			
Self-esteem and self-confidence			
Need for attention and reassurance			
<b>Mood/Affect:</b>			
Sad/depressed			
Suicidal			
Nervous/worried			
Withdrawn			
Angry/aggressive			
Unstable/unpredictable			
Noncompliant and defiant			
Violent temper			
<b>Student Interests:</b>			
Academic areas			
<input type="checkbox"/> Hobbies/Collections/Crafts			
<input type="checkbox"/> Sports			
<input type="checkbox"/> Music/video games/electronic media			
<input type="checkbox"/> Clubs (school/community)			
<input type="checkbox"/> Work/Job (school/community)			
<input type="checkbox"/> Socializing/friends/family			
<input type="checkbox"/> Traveling			

**GIVE SPECIFIC EXAMPLES OF CONCERNS:**

**LIST INTERVENTIONS & STRATEGIES THAT HAVE WORKED TO ADDRESS YOUR CONCERNS:**

**LIST INTERVENTIONS THAT WERE INEFFECTIVE (include frequency and duration of intervention):**