

Flagstaff Unified School District- Student Success Team (SST) – Secondary Schools

STUDENT SUCCESS TEAM (SST) PROTOCOL

The SST is a general education problem-solving process designed to help identify and address issues that may be impacting a student’s school performance and experience. The purpose of the SST is to develop a plan of targeted interventions to address a student’s specific needs, for the purposes of improving school performance or behavior. Follow-up meetings are held to monitor the student’s progress with the interventions.

Student: _____ Age: _____ Grade: _____ Parent/Guardian: _____ ...preferred phone#: _____	School: _____ SST Facilitator: _____ Initial SST Meeting Date: _____ Referring Person(s): _____ ... relationship to student: <input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Other:
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REASON(S) FOR REQUESTING AN SST

- Learning- Academic
 Attendance
 Medical
 Social-Emotional-Behavioral

HISTORICAL INFORMATION

The SST Facilitator (*e.g., school counselor, intervention specialist*) guides the data collection and analysis process to assist the team (*e.g., student, parent, school personnel*) with making conclusions about the student’s strengths and any issues that are interfering with the student’s ability to be successful at school. Prior to the initial SST meeting, some data is collected through the following: school records review; interviews with the student, parent/guardian, and school personnel prior to or during the SST; and through teacher completion of the *Student Strengths & Needs Profile* form. To assist with the SST process, please have the parent sign a Release of Information form and collect any relevant documents (*e.g. medical, behavioral health, etc.*) from outside agencies.

Student’s Personal/Family History

(complete privately with the student and parent)

	Comments
Does student live with natural parents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is English is the primary language of the family? ... of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does student have a medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is student taking medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a student history of trauma? ... suicidal behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No	
... threats/aggression toward others? <input type="checkbox"/> Yes <input type="checkbox"/> No	
... nonsuicidal self-injurious behaviors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
... drugs/alcohol problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	
... running away from home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
... problems with law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is student in private counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family history of special education? ... of behavioral health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Student’s Educational History

The SST Facilitator will gather and analyze data from available records (e.g., DecisionEd, cumulative, school nurse, confidential, and outside agency records if applicable) to look for trends in data that may related to the referral concerns.

Are enough school records available? Yes No If no, a request for records must be sent to registrar before SST meeting.

Did student pass hearing & screenings? Yes No Date of screenings/Comments:

Is student currently proficient in English? Yes No If no, list primary language:

Has student ever been retained for grade? Yes No If yes, list grades(s):

...educated in a language other than English? Yes No If no, when/what language:

... received a previous SST or IDM meeting? Yes No If yes, list grade(s):

... evaluated for SPED in past? Yes No If yes, list grades(s):

... received SPED services in past? Yes No If yes, list category /exit date :

... received 504 Plan in past? Yes No If yes, list grade and reason:

... home-schooled? Yes No If yes, list grades or dates:

... tested for gifted? Yes No If yes, list grade and results:

...assessed for suicidal behaviors? Yes No If yes, list grade(s):

...evaluated for a school-based threat? Yes No If yes, list grade(s):

Is student’s attendance history satisfactory? Yes No If no, list grades attendance was poor/days missed:

Is student’s discipline history satisfactory? Yes No If no, summarize the school year(s) and the type/frequency of incidents:

Is the progress report history satisfactory? Yes No If no, analyze reports for trends in high/low grades over time:

Comments on statewide/districtwide data trends: (Ex: AzMerit, AIMSweb, AZELLA, Dibels, etc.)

STUDENT SUCCESSION TEAM MEETING DOCUMENTATION

1. List the SST participants present at the meeting.

Name / Title

Name / Title

2. Identify the problem(s) interfering with the student’s ability to be successful at school.

Concisely summarize data gathered through student/parent/teacher interviews prior to and during this meeting, the *Student Strengths and Needs Profile* form, and through pages 1 and 2 of the SST Protocol.

a) Document the parent) stated concerns for the student, including comments about any serious problems the student is experiencing at home right now:

b) Summarize the student’s strengths:

c) Summarize the student’s specific challenges. For behaviors, include frequency/setting/duration, where relevant.

d) Summarize the interventions that have been tried to date:

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e) Summarize what has been useful to this student:

f) Given the information gathered thus far, why does the SST believe the student is struggling (*e.g., environmental or educational disadvantage, second language issues, memory or focus issues, dealing with family stressors, etc.*)?

3. Develop the SST Intervention Plan (see next page).

Note: If the parent(s) did not/could not attend the meeting, the SST Facilitator will document any attempts to discuss SST information with the parent(s)/guardian(s). In this situation, a copy of the SST Intervention Plan should be mailed home, along with the SST Facilitator’s contact information.

Date	Staff Member’s Name	Results (<i>e.g., left voicemail, parent accepted or declined invitation to participate in SST, mailed home SST documents</i>).

**Flagstaff Unified School District- Student Success Team (SST) – Secondary Schools
STUDENT SUCCESS TEAM (SST) INTERVENTION PLAN**

Student: _____ **Grade:** _____ **School:** _____

Date the initial SST Plan was developed: _____ **SST Facilitator:** _____

Prioritize the student’s concerns from most critical (*Problem/Concern #1*) to less critical (*Problem/Concern #2 and #3*) in regards to his/her achievement or behavior.

PROBLEM / CONCERN #1 (DEFINITION)

Academic/ Behavioral Goals or Expectations for this Student

Interventions/Strategies/Accommodations

Who will deliver the intervention, when will it be delivered?

How will progress be monitored?

Follow-Up Meeting to Assess Student’s Response to Interventions

Strategies are reviewed at times set by the SST to decide if they should be discontinued, continued, modified, or new ones developed.

If the response to intervention pattern is suspicious for a disabling condition, consult with the school counselor to discuss the need to evaluate the student for a 504 Plan, or consult with the school psychologist to discuss the need for an evaluation for special education.

Date of Follow-Up	Intervention Outcome / Progress Monitoring Data

PROBLEM / CONCERN #2 (DEFINITION)

Academic/ Behavioral Goals or Expectations for this Student

Interventions/Strategies/Accommodations

Who will deliver the intervention, when will it be delivered?

How will progress be monitored?

Follow-Up Meeting to Assess Student’s Response to Interventions

Strategies are reviewed at times set by the SST to decide if they should be discontinued, continued, modified, or new ones developed.

If the response to intervention pattern is suspicious for a disabling condition, consult with the school counselor to discuss the need to evaluate the student for a 504 Plan, or consult with the school psychologist to discuss the need for an evaluation for special education.

Date of Follow-Up	Intervention Outcome / Progress Monitoring Data

PROBLEM / CONCERN #3 (DEFINITION)

Academic/ Behavioral Goals or Expectations for this Student

Interventions/Strategies/Accommodations

Who will deliver the intervention, when will it be delivered?

How will progress be monitored?

Follow-Up Meeting to Assess Student’s Response to Interventions

Strategies are reviewed at times set by the SST to decide if they should be discontinued, continued, modified, or new ones developed.

If the response to intervention pattern is suspicious for a disabling condition, consult with the school counselor to discuss the need to evaluate the student for a 504 Plan, or consult with the school psychologist to discuss the need for an evaluation for special education.

Date of Follow-Up	Intervention Outcome / Progress Monitoring Data