

Flagstaff Unified School District

Student Success Team - Student Background Information Form

PROBLEM AREA(S)

- Academic
 Social-Behavioral
 Emotional
 Health
 Attendance

Student: _____ DOB/Age: _____ Grade: _____ Parent(s): _____ HM Phone: _____ WK PHONE: _____	School: _____ School Counselor: _____ Initial SST Date: _____ Referring Person(s): _____ / _____ Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Other: _____
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REFERRAL PURPOSE

- Review the student’s history and issues to reach a consensus about the student’s strengths/needs, and to identify appropriate interventions and strategies to address any areas that are interfering with the student’s ability to be successful at school.
- Review the student’s history, needs, and potential eligibility for a Section 504 Accommodation Plan. The parent and school counselor must be in attendance.

HISTORICAL INFORMATION *(data collected through a school records review, and through interviews with the caregiver before and/or during the SST)*

PERSONAL HISTORY

- | | | | | |
|--|------------------------------|-----------------------------|---------------------------------|------------------|
| Does student live with natural parents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | <u>Comments:</u> |
| Is student’s primary language English? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | <u>Comments:</u> |
| Does student have history of CPS involvement or foster care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | <u>Comments:</u> |
| Does student have a medical condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | <u>Comments:</u> |
| Is student taking medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | <u>Comments:</u> |
| Student history of drugs/alcohol problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | <u>Comments:</u> |
| Student history of suicidal thoughts/threats? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | <u>Comments:</u> |
| Has student received threat assessment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | <u>Comments:</u> |
| Has student run away from home in past? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | <u>Comments:</u> |
| History of problems with law enforcement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | <u>Comments:</u> |
| Is student in private counseling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | <u>Comments:</u> |
| Has student ever been treated at a hospital or RTC for psychological problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | <u>Comments:</u> |
| Has the student ID’d a potential career? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | <u>Comments:</u> |
| Family history of SPED or mental disorders? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | <u>Comments:</u> |

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EDUCATIONAL HISTORY

- Are school records available? Yes No No, date records requested from registrar: _____
- Is student proficient in English? Yes No No, list primary language: _____
- Has student ever been retained? Yes No Yes, list grades(s): _____
- Has student been educated only in English? Yes No No, when and what language: _____
- Has student been evaluated in the past? Yes No Yes, list grades(s): _____
- Has student ever been SST'd/IDM'd? Yes No Yes, grade(s): _____
- Has student received SPED services in past? Yes No Yes, category /exit date : _____
- Has student received 504 Plan in past? Yes No Yes, grade and reason: _____
- Has student been home-schooled? Yes No Yes, grades or dates: _____
- Has student been continuously enrolled? Yes No No, list the gaps: _____
- Did student pass hearing & screenings? Yes No Date: _____
- Is attendance history satisfactory? Yes No No, list grades attendance was poor/(days missed): _____
- _____

AIMS RESULTS	____grade		____grade			____grade	
Reading	<i>Falls Far Below</i>	<i>Approaches</i>	<i>Falls Far Below</i>	<i>Approaches</i>	<i>Meets</i>	<i>Falls Far Below</i>	<i>Approaches</i>
	<i>Meets</i>	<i>Exceeds</i>	<i>Exceeds</i>			<i>Meets</i>	<i>Exceeds</i>
Writing	<i>Falls Far Below</i>	<i>Approaches</i>	<i>Falls Far Below</i>	<i>Approaches</i>	<i>Meets</i>	<i>Falls Far Below</i>	<i>Approaches</i>
	<i>Meets</i>	<i>Exceeds</i>	<i>Exceeds</i>			<i>Meets</i>	<i>Exceeds</i>
Math	<i>Falls Far Below</i>	<i>Approaches</i>	<i>Falls Far Below</i>	<i>Approaches</i>	<i>Meets</i>	<i>Falls Far Below</i>	<i>Approaches</i>
	<i>Meets</i>	<i>Exceeds</i>	<i>Exceeds</i>			<i>Meets</i>	<i>Exceeds</i>

ELL TEST RESULTS	____grade			____grade			____grade		
Total Composite	<i>Basic</i>	<i>Intermediate</i>	<i>Proficient</i>	<i>Basic</i>	<i>Intermediate</i>	<i>Proficient</i>	<i>Basic</i>	<i>Intermediate</i>	<i>Proficient</i>
	<i>Other: _____</i>			<i>Other: _____</i>			<i>Other: _____</i>		

OTHER TEST RESULTS	____grade			____grade			____grade		
TEST:									
TEST:									

REPORT CARD DATA (data from progress reports over the years that may relate to the SST's current concerns)

DOCUMENTATION OF PARENT'S STATED CONCERNS:

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Student Success Team - Summary & Results Form**

1. LIST THE SST PARTICIPANTS

Name/Title

Name/Title

2. IDENTIFY THE PROBLEM(S) INTERFERING WITH THE STUDENT'S ABILITY TO BE SUCCESSFUL AT SCHOOL

Summarize data gathered and information shared through the *SST Student Strengths and Needs Profile*, *Student Interview Form* and the *SST Student Background Information Form* to develop concise statements for the following.

a. Summarize the student's strengths: _____

b. Summarize the student's specific challenges. For behaviors, include frequency and setting, where relevant. _____

c. Summarize the interventions that have been tried to date: _____

d. Summarize what has been useful to this student: _____

e. Given all the known existing information about the student's strengths, needs, and background information, why does the SST believe the student is struggling? _____

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Student Success Team - Summary & Results Form con't.**

3. DEVELOP THE STUDENT SUCCESS PLAN

- A.) Prioritize the student’s concerns from most to least critical in regards to his/her educational progress.
- B.) Brainstorm ideas for interventions or accommodations based on the specific challenges, and hypotheses for the challenges.
- C.) Evaluate and select the most appropriate SST interventions or Section 504 Plan accommodations.
- D.) Develop and finalize the interventions on the district’s *SST Intervention Plan* form, or finalize the accommodations on the *Section 504 Accommodation Plan* form.

4. SELECT A DATE FOR THE FOLLOW-UP MEETING

- A.) Indicate the follow-up date to review the student’s response to SST Intervention Plan _____
- OR-
- B.) Indicate the date to develop/renew the Section 504 Accommodation Plan _____

5. DOCUMENT CONCLUSIONS AND RECOMMENDATIONS FROM THE SST INTERVENTION PLAN MEETINGS OVER TIME

MEETING DATE	CONCLUSIONS/RECOMMENDATIONS <i>Examples: Trying new, more intense, or more frequent interventions; refer for 504 Plan; refer for SPED evaluation; transferred out of district; interventions successful-SST concluded-monitor for ___ months.</i>

DOCUMENTATION OF ATTEMPTS TO CONTACT PARENT

DATE	STAFF NAME	RESULT (e.g., left voicemail, parent accepted or declined invitation to participate in SST)