

Hancock County Schools
Student Assistance Team Initial Meeting

DATE: _____

Student Name: _____	WVEIS#: _____
Parent(s) Name: _____	Phone# Home: _____
Parent(s) Name: _____	Cell: _____
Address: _____	Email: _____
Address: _____	
Teacher: _____	
Team: _____	
DOB: _____	Grade: _____
Ethnicity: _____	
Check Areas that Apply: <input type="checkbox"/> 504 <input type="checkbox"/> Title I <input type="checkbox"/> ESL <input type="checkbox"/> Speech Only	

II. Attendance/Tardies:

Grade	Current Grade:	Previous Grade:	Previous Grade:	Previous Grade:
Days Present				
Tardies				

III. Summary of Parent Contacts (at least two or more)

Date	Person making Contact	Form of Contact	Reason and Result

IV. Vision Screening Results: Date: _____ Pass Fail

<input type="checkbox"/> With glasses/corrective lenses	Results: Near (L) _____ (R) _____
(Both) _____	
<input type="checkbox"/> Without glasses/correction	Far: (L) _____ (R) _____
(Both) _____	

Hearing Screening Results: Date: _____ Pass Fail

Results: (Intensity Level) db _____
(Frequencies) HZ _____

Health Screening Results: Date: _____

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Medical Concerns from Cumulative Record

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Social Developmental History: Date Given to Parent: _____ Date returned: _____

Summary of Findings from Social Developmental History:

V. Background:

Subject Area:	Current Grade:	Previous Grade:

Student Strengths/Interests: (Write a brief description including academics, behavioral/social, study/work skills, communication, fine motor skills, etc.)

Are there any special factors to consider? _____

Review Each:

1. Retentions: __yes __no Grade(s) Retained: _____

Previous Evaluations (PLEASE ATTACH): _____

3. Other: _____

VI. Areas of Concern/Needs (check all that apply and circle key areas to target for Interventions):

Language Arts:	Mathematics:	Behavior:	Other:
<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Sight Word Vocabulary <input type="checkbox"/> Fluency <input type="checkbox"/> Reading Vocabulary <input type="checkbox"/> Reading Comprehension <ul style="list-style-type: none"> <input type="checkbox"/> Fact/Opinion <input type="checkbox"/> Inferences <input type="checkbox"/> Literal <input type="checkbox"/> Non-literal <input type="checkbox"/> Main Idea <input type="checkbox"/> Retell Storing <input type="checkbox"/> Written Expression <ul style="list-style-type: none"> <input type="checkbox"/> Conventions <input type="checkbox"/> Content <input type="checkbox"/> Other: _____	<input type="checkbox"/> Counting/Number sense <input type="checkbox"/> Basic math Facts <input type="checkbox"/> Place Value <input type="checkbox"/> Equality <input type="checkbox"/> Estimation <input type="checkbox"/> Geometry <input type="checkbox"/> Word Problems <input type="checkbox"/> Algebra <input type="checkbox"/> Measurement <input type="checkbox"/> Probability <input type="checkbox"/> Problem-Solving <input type="checkbox"/> Fractions <input type="checkbox"/> Data Analysis <input type="checkbox"/> Other: _____	<input type="checkbox"/> Noncompliance <input type="checkbox"/> Motivation <input type="checkbox"/> Peer relations <input type="checkbox"/> Withdrawn/Moody <input type="checkbox"/> Verbally Aggressive <input type="checkbox"/> Physically Aggressive <input type="checkbox"/> Social Difficulties <input type="checkbox"/> Frequently Inattentive <input type="checkbox"/> Hyperactive <input type="checkbox"/> Impulsive <input type="checkbox"/> Disorganized	<input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Medical Concerns <input type="checkbox"/> Motor Skills <ul style="list-style-type: none"> <input type="checkbox"/> Fine Motor <input type="checkbox"/> Gross Motor <input type="checkbox"/> Speech <ul style="list-style-type: none"> <input type="checkbox"/> Artic, Voice, Fluency <input type="checkbox"/> Language <ul style="list-style-type: none"> <input type="checkbox"/> Receptive <input type="checkbox"/> Expressive <input type="checkbox"/> Pragmatic <input type="checkbox"/> Other: _____ <input type="checkbox"/> Gifted

VII. Current Assessment Information for Area(s) of Concern – *Must Attach Documentation*

(ie: running record, math facts known, sight words known, # targeted comprehension questions correct, benchmark testing results----may attach score report, etc.)

This includes but is not limited to: -SFA, -Wilson, -STAR, -Pre-K and K ELRS, -Early Warning Report System, WV Summative Assessment, Gates-MacGinnitie)

**(Complete Area VIII at the first SAT meeting)
Targeted Area(s) of Concern**

Target Area: _____

Intervention 1. _____

Intervention 2. _____

Data Tool: _____ Person Responsible: _____

Number of Weeks: _____

Target Area: _____
Intervention 1. _____
Intervention 2. _____
Data Tool: _____ Person Responsible: _____
Number of Weeks: _____

VIII. Meeting Notes- 1st Meeting

2nd Scheduled SAT Meeting Date: _____
(Should be after at least 4 weeks of intervention/monitoring)

Signatures of Attendees

_____	_____
_____	_____
_____	_____
_____	_____

2nd Meeting

Name: _____

WVEIS#: _____

Date of Meeting: _____

IX. Results of Implemented Intervention:

Results	Date	Data Tool	Results
Area of Concern and Intervention 1			
Area of Concern and Intervention 2			

X. Progress (check one):

Target skill mastered – Discontinue initial intervention(s)

Student making progress – Continue Intervention(s) proven effective

Insufficient progress - Modify intervention to meet student's needs-Document new intervention below

Rationale for Decision: ATTACH DOCUMENTATION

New Interventions/Strategies developed for targeted area(s) of concern

Target Area: _____

Intervention 1. _____

Intervention 2. _____

Data Tool: _____ Person Responsible: _____

Number of Weeks: _____

Target Area: _____	
Intervention 1. _____	
Intervention 2. _____	
Data Tool: _____	Person Responsible: _____
Number of Weeks: _____	

XI. Meeting Notes- 2nd Meeting

3rd Scheduled SAT Meeting Date: _____ OR REMOVED FROM SAT DATE:
_____ (Should be after at least 4 weeks of intervention/monitoring)

Signatures of Attendees

_____	_____
_____	_____
_____	_____
_____	_____

3rd Meeting

Name: _____

WVEIS#: _____

Date of Meeting: _____

IX. Results of Implemented Intervention:

Results	Date	Data Tool	Results
Area of Concern and Intervention 1			
Area of Concern and Intervention 2			

X. Progress (check one):

Target skill mastered – Discontinue initial intervention(s)

Student making progress – Continue Intervention(s) proven effective

Insufficient Progress Modify intervention to meet student’s needs-Document new intervention below and **Refer for Multidisciplinary Evaluation**

Rationale for Decision: ATTACH DOCUMENTATION

Interventions/Strategies developed for targeted area(s) of concern

Target Area: _____

Intervention 1. _____

Intervention 2. _____

Data Tool: _____ Person Responsible: _____

Number of Weeks: _____

Target Area : _____

Intervention 1. _____

Intervention 2. _____

Data Tool: _____ Person Responsible: _____

Number of Weeks: _____

XI .Meeting Notes- 3rd Meeting

Date Removed from SAT: _____

Date of Multidisciplinary Evaluation Referral: _____

(Referral cannot be prior to 18 weeks of total intervention if referral is for a possible learning disability or emotional/behavioral disorder)

Signatures of Attendees

_____	_____
_____	_____
_____	_____
_____	_____