**STUDENT ASSISTANCE TEAM DOCUMENTATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student: |  | | | | | | | | | |
| Classroom Teacher: | | |  | | | | | Grade: |  | |
| Date of Referral to SAT: | | | |  | | Date(s) of Parental Contact: | | | |  |
| Parent/Guardian: | |  | | | | | | | | |
| Method of Contact:  Email  Phone  Other: | | | | | | |  | | | |
| Members of the SAT Team: | | | | |  | | | | | |
|  | | | | |  | | | | | |

|  |
| --- |
| **If concerns for Speech, OT, PT, Vision, Hearing, please include specialists in the SAT process.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SAT meeting date:** |  | | | | |
| **Describe concern:** |  | | | | |
| **Beginning level data** (e.g. current oral reading fluency, homework completion)**:** | | | | | |
|  | | | | | |
| **Intervention strategies suggested for implementation by SAT:**  (e.g.one-on-one or small-group instruction, reduced instructional pace, pre-teaching, repeated teaching, para-provided reinforcement of instruction, additional practice, home practice) | | | | | |
|  | | | | | |
| **Who implements the strategies:** | | |  | | |
| **Intervention beginning date:** | |  | | **Follow-up meeting date:** |  |
| **Results of strategies:** **(Please include any additional data** e.g., ending oral reading fluency, homework completion) | | | | | |
|  | | | | | |

**Duplicate form and complete for additional meetings**

|  |
| --- |
| **Recommendations by SAT:**  ❏ Discontinue student concerns with SAT. No further assistance is needed.  ❏ Continue with current successful interventions/accommodations  ❏ Continue problem solving process with SAT with new suggested interventions  ❏ Referral for 504 consideration  ❏ Referral for special education evaluation |