**STUDENT ASSISTANCE TEAM DOCUMENTATION FORM**

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

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| **SAT meeting date:** |  |
| **Describe concern:** |  |
| **Beginning level data** (e.g. current oral reading fluency, homework completion)**:** |
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| **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) |
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| **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) |
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**Duplicate form and complete for additional meetings**

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| **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 |