

STUDENT SUCCESS TEAM (SST) RECORD

DATE: _____

STUDENT: _____ BIRTHDAY: _____ AGE: _____ GRADE: _____

TEACHER: _____ TEAM MEMBERS: _____

1. STRENGTHS	2. KNOWN (home/school)	3. CONCERNS	4. MODIFICATIONS MADE (IMPACT)	5. INTERVENTIONS / STRATEGIES	6. ACTIONS Who? What? Where?
					<hr style="width: 100%;"/> Follow up date/time/location:

Follow Up: By _____ if interventions/strategies listed is successfully addressing concerns listed and no new concerns exist, the teacher will communicate to SST coordinator that the meeting scheduled below is cancelled. The SST coordinator will then communicate with team and parent(s) that meeting scheduled below is cancelled.

If interventions/strategies listed are NOT successfully addressing concerns listed or no new concerns exist, the teacher will communicate to SST coordinator that the meeting listed is still scheduled.