

Student _____ Student ID _____ Grade _____

Form completed by _____ Date _____

Student Strengths: (check all that apply)

<input type="checkbox"/>	Reading skills	<input type="checkbox"/>	Athletic	<input type="checkbox"/>	Growth mindset	<input type="checkbox"/>	Understands nonverbal cues
<input type="checkbox"/>	Math skills	<input type="checkbox"/>	Musical	<input type="checkbox"/>	Polite/courteous	<input type="checkbox"/>	Accepts consequences
<input type="checkbox"/>	Writing skills	<input type="checkbox"/>	Artistic	<input type="checkbox"/>	Responsible	<input type="checkbox"/>	Completes assigned tasks
<input type="checkbox"/>	Science skills	<input type="checkbox"/>	Technology	<input type="checkbox"/>	Kind/thoughtful	<input type="checkbox"/>	Chooses friends wisely
<input type="checkbox"/>	Social studies skills	<input type="checkbox"/>	Determined	<input type="checkbox"/>	Flexible	<input type="checkbox"/>	Gets along with peers
<input type="checkbox"/>	Creative	<input type="checkbox"/>	Curious	<input type="checkbox"/>	Detail-oriented	<input type="checkbox"/>	Shows good sportsmanship
<input type="checkbox"/>	Cooperative	<input type="checkbox"/>	Assertive	<input type="checkbox"/>	Self-confident	<input type="checkbox"/>	Interested in learning
<input type="checkbox"/>	Follows instructions	<input type="checkbox"/>	Good sense of humor	<input type="checkbox"/>	Problem-solving	<input type="checkbox"/>	Expresses self clearly
<input type="checkbox"/>	Makes friends easily	<input type="checkbox"/>	Multi-lingual	<input type="checkbox"/>	Other:	<input type="checkbox"/>	

Please check the category on the scale for each item that best describes the student

N-Never, S-Sometimes, O-Often, A-Almost Always, U-Unknown/Not observed

N	S	O	A	U	ACADEMIC	Comments/Examples
					Struggles with phonological awareness	
					Struggles with phonics	
					Struggles with reading fluency	
					Struggles with reading comprehension	
					Struggles with math calculation	
					Struggles with math problem solving	
					Struggles with written expression	
					Avoids group projects; social interactions in class	
					Has difficulty concentrating	
					Reverses letters/numbers	
					Exhibits poor memory	
					Has difficulty following directions	
					Becomes frustrated by difficult tasks	
					Requires one-on-one assistance	
N	S	O	A	U	BEHAVIOR	
N – Never, S – Sometimes, O – Often, A – Almost Always, U – Unknown/Not observed						
					Is anxious/worried	
					Has panic attacks	
					Is argumentative/oppositional	
					Bullies other students	
					Is bullied	
					Is disorganized	
					Fighting/aggression	
					Is hyperactive, impulsive	
					Is inattentive, easily distracted	
					Lacks emotional expression	
					Has low self-esteem	
					Fixates on small details	
					Avoids social interactions (at recess, lunch, unstructured time)	
					Has poor anger management/emotional regulation	
					Needs frequent prompting to complete tasks	
					Has poor social skills	
					Is sad, tearful, or depressed	
					Has sudden changes in behavior	

Support Team Request Form

					Makes excuses for actions/blames others	
					Talks about or engages in self-harm	
					Displays repetitive physical activities (hand-flapping, rocking, head-banging, etc.)	
					Lines up and organizes objects (pencils, toys, etc.)	
					Demonstrates verbal aggression	
					Difficulty accepting corrections	
					Adapts poorly to changes in daily activities	
					Difficulty moving from one activity to another	
					Requires supervision during transitions	
					Exhibits off-task behavior	
					Does not complete tasks within allotted time	
N	S	O	A	U	COMMUNICATION	<small>N – Never, S – Sometimes, O – Often, A – Almost Always, U – Unknown/Not observed</small>
					Communicates primarily with gestures and not words	
					Uses scripted or repetitive speech	
					Uses incorrect grammar and word order	
					Confuses the order of events or directions	
					Expresses needs ineffectively	
					Difficulty understanding and using vocabulary	
					Difficulty asking questions	
					Difficulty answering questions	
					Difficulty understanding figurative language	
					Misarticulates/mispronounces words	
					Voice is unusual for age or gender	
					Stutters/speaks haltingly	
					Does not participate in class discussions	
					Difficulty interacting with peers	
					Does not use or respond to greetings appropriately	
					Difficulty staying on topic in conversations	

Do you have concerns about the student's

	Vision	If yes, explain:
	Hearing	If yes, explain:
	Motor skills	If yes, explain:
	Medical history	If yes, explain:

Has the parent been informed of the above concerns? If yes, indicate dates of contact.

Phone call	Text/Talking Points
Conference	Are these conversations documented in S&I? *if not, please back date based on conversations

Are you aware of any of the following stressful events for the student in the past 12 months?

Parents divorced or separated	Moved recently (planned move)	Parent changed job
Family accident or illness	Unplanned move/housing instability	Family financial problems
Death in the family	New school	Other
Comments:		

For students with Limited English Proficiency:

How are EL supports provided?	Language Support	Sheltered	Co-teaching	EL Pull-out
By whom?	Primary language		Is an interpreter needed for the meeting? Yes No	