

TUSCOLA INTERMEDIATE SCHOOL DISTRICT

Student Assistance Team

Teacher Form

\*\*\* Please bring student's CA-60 to meeting

**Student Information**

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date teacher discussed concern with parent: \_\_\_\_\_  
Review requested by: \_\_\_\_\_

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**Areas of Concern**

_____ Oral Expression	_____ Behavior (complete Behavior Questionnaire)
_____ Listening Skills	_____ Social Skills (complete Behavior Quest.)
_____ Basic Reading Skills	_____ ADD/ADHD (complete Behavior Quest.)
_____ Reading Comprehension	_____ Work Completion
_____ Basic Math Skills	_____ Other _____
_____ Math Application Skills	_____
_____ Written Expression Skills	_____

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**Student History**

History of Attendance:  
a. Absences: \_\_\_\_\_  
b. Tardies: \_\_\_\_\_

Do you suspect:  
c. Hearing Concerns: \_\_\_\_\_ Explain: \_\_\_\_\_  
d. Vision Concerns: \_\_\_\_\_ Explain: \_\_\_\_\_  
e. Wears Glasses: \_\_\_\_\_  
f. Other Health Concerns: \_\_\_\_\_

Does student take medication? \_\_\_\_\_

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**Educational History**

Current Grades:  
Language Arts: \_\_\_\_\_ Social Studies: \_\_\_\_\_  
Reading: \_\_\_\_\_ Science: \_\_\_\_\_  
Math: \_\_\_\_\_ Specials: \_\_\_\_\_

Preschool experience?: \_\_\_\_\_  
Number of suspensions?: \_\_\_\_\_  
History of failing grades?: \_\_\_\_\_  
Past evaluations?: \_\_\_\_\_  
Has student been retained? \_\_\_\_\_ Grade: \_\_\_\_\_  
Previous schools attended: \_\_\_\_\_

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**Assessment Information:** Please complete each section your building uses.  
Bring reports if available

**DIBELS:**

- \_\_\_\_\_ Initial Sound Fluency
- \_\_\_\_\_ Letter Naming Fluency
- \_\_\_\_\_ Phoneme Segmentation Fluency
- \_\_\_\_\_ Nonsense Word Fluency
- \_\_\_\_\_ Oral Reading Fluency
- \_\_\_\_\_ Word Use Fluency
- \_\_\_\_\_ Retell Fluency

**MEAP (met or did not meet):**

- \_\_\_\_\_ Reading
- \_\_\_\_\_ Math
- \_\_\_\_\_ Writing
- \_\_\_\_\_ Science
- \_\_\_\_\_ Social Stud.

**NWEA:**

- \_\_\_\_\_ Reading
- \_\_\_\_\_ Math
- \_\_\_\_\_ Language Usage

**STAR:**

- \_\_\_\_\_ Reading
- \_\_\_\_\_ Math

**Other:**

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**Behavior Information:**

**Behaviors Observed:**

- |  |                                   |
|--|-----------------------------------|
| _____ Poor concentration                 | _____ Poor attention              |
| _____ Lies, cheats, or steals            | _____ Inappropriate language      |
| _____ Physically aggressive              | _____ Has poor eye contact        |
| _____ Exhibits extreme anxiety           | _____ Seeks staff attention       |
| _____ Withdraws                          | _____ Excessively tired           |
| _____ Teases or bullies                  | _____ Has excessive preoccupation |
| _____ Self-injurious behaviors           | _____ Frequently out of seat      |
| _____ Frequent mood changes              | _____ High activity level         |
| _____ Difficulty with peer relationships | _____ Does not complete tasks     |
| _____ Insubordinate/Defiant toward staff |                                   |
| _____ Exhibits unhappiness/sadness       |                                   |

**Interventions Attempted:**

- |                               |                           |
|-------------------------------|---------------------------|
| _____ Title 1 Reading         | _____ Title 1 Math        |
| _____ Adult Tutor             | _____ Peer Tutor          |
| _____ Preferential Seating    | _____ Adapted Assignments |
| _____ Planner                 | _____ Reading Recovery    |
| _____ Small Group Instruction | _____ Parapro Support     |
| _____ Counseling              | _____ Other _____         |
|                               | _____                     |

## Behavior Questionnaire

(only complete if indicated on p.1 under Area of Concern)

Situations (When & where is it most likely to occur?)	Problem Behaviors (What does the behavior look like?)	Most Common Results (Consequences - What does student gain or avoid?)

**What have you tried/used? How has it worked? Why do you think the behavior keeps happening?**

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**What is your behavioral goal/expectation for this student?**

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**What have you tried to date to change the situations in which the problem behavior(s) occur?**

- Modified assignments to match the student's skills
- Arranged tutoring to improve the student's academic skills
- Changed seating assignments
- Changed curriculum
- Changed schedule of activities
- Provided extra assistance
- Other \_\_\_\_\_

**What have you tried to date to teach expected behaviors?**

- Reminders about expected behavior when problem behavior is likely
- Reward program for expected behavior
- Systematic feedback about behavior
- Clarified rules about expected behavior for the whole class
- Verbal agreement with the student
- Individual written contract with the student
- Practiced the expected behaviors in class
- Self-management program
- Contract with student/with parents
- Other \_\_\_\_\_

## Behavior Questionnaire, Continued

**What consequences have you tried to date for the problem behavior?**

\_\_\_\_\_ Loss of privileges

\_\_\_\_\_ Time-out

\_\_\_\_\_ Referral to school counselor

\_\_\_\_\_ Note or phone call to the student's parents

\_\_\_\_\_ Detention

\_\_\_\_\_ Meeting with the student's parents

\_\_\_\_\_ Office referral

\_\_\_\_\_ Reprimand

\_\_\_\_\_ Individual meeting with the student

\_\_\_\_\_ Other \_\_\_\_\_

**Are there appropriate behaviors that the student could use that would make the problem behavior unnecessary?**

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