



# Diman Regional Vocational Technical High School

## Student Success Team (SST)

### Student Success Team - Referral Form

Student \_\_\_\_\_

Date \_\_\_\_\_ Student ID# \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Shop/Week \_\_\_\_\_

Name of Person Referring, Relationship to Student \_\_\_\_\_

*\*Please use back of form as needed to provide following or further information*

**Has the student's Parent(s)/Guardian(s) been contacted by you? ■ Yes ■ No *\*If NO, please make contact before completing***

Please indicate area(s) of concern that *significantly* affect the student's academic and/or social emotional progress. Rate your concern as High Concern or Some Concern. If the area is not a concern, please leave blank.

High	Some		High	Some	
<input type="checkbox"/>	<input type="checkbox"/>	Necessary academic skills	<input type="checkbox"/>	<input type="checkbox"/>	Attention
<input type="checkbox"/>	<input type="checkbox"/>	Attendance	<input type="checkbox"/>	<input type="checkbox"/>	Emotional status
<input type="checkbox"/>	<input type="checkbox"/>	Motivation and/or responsibility	<input type="checkbox"/>	<input type="checkbox"/>	Self-esteem
<input type="checkbox"/>	<input type="checkbox"/>	Motor skills and coordination	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	<input type="checkbox"/>	Self-expression/verbalization	<input type="checkbox"/>	<input type="checkbox"/>	Consistency of Effort
<input type="checkbox"/>	<input type="checkbox"/>	Memory	<input type="checkbox"/>	<input type="checkbox"/>	Impulsivity
<input type="checkbox"/>	<input type="checkbox"/>	Completing schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate behavior and/or language
<input type="checkbox"/>	<input type="checkbox"/>	Completing homework	<input type="checkbox"/>	<input type="checkbox"/>	Adherence to school and class/shop rules
<input type="checkbox"/>	<input type="checkbox"/>	Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	Social/Interpersonal skills
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain): _____			
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain): _____			

Please indicate all support, interventions, and/or accommodations that have been used prior to this point to address the concern. Please explain any used that are not listed.

<input type="checkbox"/> Spoke to student privately	<input type="checkbox"/> Read aloud assignments and/or instructions	<input type="checkbox"/> Utilized positive reinforcement
<input type="checkbox"/> Provided student help outside of class	<input type="checkbox"/> Provided visual materials and/or cues	<input type="checkbox"/> Utilized student/teacher learning contract
<input type="checkbox"/> Provided preferential seating	<input type="checkbox"/> Provided organizational support	<input type="checkbox"/> Provided breaks
<input type="checkbox"/> Implemented peer learning/support	<input type="checkbox"/> Chunked down instructions and assignments	<input type="checkbox"/> Assigned consequences
<input type="checkbox"/> Modified assignments and/or due dates	<input type="checkbox"/> Provided opportunities for self-advocacy	<input type="checkbox"/> Referred student to Guidance Counselor
<input type="checkbox"/> Provided graphic organizers	<input type="checkbox"/> Provided activity-based learning	<input type="checkbox"/> Referred student to Administrator
<input type="checkbox"/> Provided differentiated instruction	<input type="checkbox"/> Reduced sensory stressors	<input type="checkbox"/> Sent notice home to guardian to be signed
<input type="checkbox"/> Provided extra time for work in class	<input type="checkbox"/> Provided regular check-ins	<input type="checkbox"/> Called guardian
<input type="checkbox"/> Allowed remediation	<input type="checkbox"/> Provided time and assignment reminders	<input type="checkbox"/> Held meeting with guardian
<input type="checkbox"/> Provided small group instruction	<input type="checkbox"/> Created physical changes to learning environment	
<input type="checkbox"/> Other teaching tools/accommodations (explain): _____		
<input type="checkbox"/> Other (explain): _____		

Please list the student's 3 greatest strengths:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please indicate the best days and times you are available to meet regarding this student:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\*If student is placed on SST, you will be contacted regarding initial meeting