

STUDENT LOG

NAME OF STUDENT: _____

TEACHER: _____

Teachers: Please submit this log before the SSP meeting. Include a sample of the student's work.

<u>ACADEMIC PERFORMANCE:</u>	<u>BEHAVIOR:</u>
<u>Strengths:</u>	<u>Strengths:</u>
<u>Concerns:</u>	<u>Concerns:</u>

Academic Interventions:

What accommodations and/or interventions have you already tried with the student? Over what period of time? How effective have they been?

Behavioral Interventions:

What accommodations and/or interventions have you already tried with the student? Over what period of time? How effective have they been?

PARENT COMMUNICATION: *Please write when you have contacted the parent and summarize your conversation.*

**STUDENT SUPPORT PROCESS
ELEMENTARY STUDENT BACKGROUND AND HISTORY FORM (A)**

STUDENT _____ DOB _____ DATE _____

SCHOOL _____ TEACHER _____ GRADE _____

REASON(S) FOR CONCERN (i.e. academic/social/emotional/behavioral):

OTHER PERTINENT INFORMATION (i.e. health/family/cultural factors)

Additional Services – Please circle: C = current year; P = previous years

C P Reading

C P Math

C P Community-based support services: _____

C P ESL

C P 504 (Attach copy)

Instructional Reading Level: _____ Instructional Math Level: _____

Behavior Observations Please check any behavior(s) that have been observed.

WORK HABITS		
<input type="checkbox"/> Difficulty working on class assignments	<input type="checkbox"/> Fails tests or quizzes	<input type="checkbox"/> Is reluctant to attempt new assignments/tasks
<input type="checkbox"/> Is easily distracted	<input type="checkbox"/> Is not motivated by typical incentives	<input type="checkbox"/> Limited memory skills
<input type="checkbox"/> Does not turn in homework	<input type="checkbox"/> Difficulty remaining on task	<input type="checkbox"/> Has trouble understanding abstract concepts
<input type="checkbox"/> Is disorganized	<input type="checkbox"/> Performs below grade-level expectations	<input type="checkbox"/> Does not comprehend what he/she reads
<input type="checkbox"/> Performs assignments carelessly	<input type="checkbox"/> Has difficulty performing written directions	<input type="checkbox"/> Requires repeated drill and practice
<input type="checkbox"/> Other _____	<input type="checkbox"/> Has difficulty performing verbal directions	

PERSONAL AND SOCIAL		
<input type="checkbox"/> Lacks self control	<input type="checkbox"/> Responds adversely to praise/recognition	<input type="checkbox"/> Is not accepted by other students
<input type="checkbox"/> Does not accept responsibility for actions	<input type="checkbox"/> Is easily angered, annoyed or upset	<input type="checkbox"/> Bothers other students
<input type="checkbox"/> Fights with other students	<input type="checkbox"/> Agitates/provokes peers to level of assault	<input type="checkbox"/> Will not give others their turn
<input type="checkbox"/> Becomes physically aggressive w/teachers	<input type="checkbox"/> Has little or no interactions with teachers	<input type="checkbox"/> Demonstrates non-compliant behavior
<input type="checkbox"/> Makes inappropriate comments to teachers	<input type="checkbox"/> Has little or no interaction with peers	<input type="checkbox"/> Requires repeated drill and practice
		<input type="checkbox"/> Other _____

CLASSROOM INTERVENTIONS/ACCOMMODATIONS: Please check any of the following that have been implemented to date.

SUPPLEMENTARY AIDS/SERVICES		
<input type="checkbox"/> Calculator	<input type="checkbox"/> Reading marker	<input type="checkbox"/> Manipulative material
<input type="checkbox"/> Tape recorder	<input type="checkbox"/> Taped material/talking books	<input type="checkbox"/> Charts (e.g., times tables, alphabet tape)
<input type="checkbox"/> Graphic organizers	<input type="checkbox"/> Adapted furniture/study carrel	<input type="checkbox"/> Computer/word processor
<input type="checkbox"/> Lined paper, graph paper, lined columns	<input type="checkbox"/> Visual aids to support instruction	<input type="checkbox"/> Other _____

ASSIGNMENTS		
<input type="checkbox"/> Written on board	<input type="checkbox"/> Provide extra review/drills	<input type="checkbox"/> Provide peer assistance
<input type="checkbox"/> Extra time for completion	<input type="checkbox"/> Assignment notebook	<input type="checkbox"/> Provide individual assistance
<input type="checkbox"/> Substitute projects for written work	<input type="checkbox"/> Reduce/shorten written assignments	<input type="checkbox"/> After-school tutoring
<input type="checkbox"/> Provide study guides	<input type="checkbox"/> Lower reading level of materials	<input type="checkbox"/> Other _____

INSTRUCTIONAL/GRADING MODIFICATIONS		
<input type="checkbox"/> Secure eye contact before giving directions	<input type="checkbox"/> Extra time for completion	<input type="checkbox"/> Include class participation in evaluations
<input type="checkbox"/> Have student repeat directions	<input type="checkbox"/> Lower readability	<input type="checkbox"/> Use repetition, review and summary
<input type="checkbox"/> Break material into small components	<input type="checkbox"/> Fewer questions/problems	<input type="checkbox"/> Provide frequent feedback and praise
<input type="checkbox"/> Oral directions with written backup	<input type="checkbox"/> Short answer format	<input type="checkbox"/> Individual/small group testing
		<input type="checkbox"/> Other _____

RESULT OF PARENT CONTACT: _____

Whom would you like to see consulted in reference to this SSP?

<input type="checkbox"/> OT	<input type="checkbox"/> PT	<input type="checkbox"/> Speech	<input type="checkbox"/> Inclusion Teacher	<input type="checkbox"/> SEI/ESL/Bilingual Teacher
<input type="checkbox"/> Nurse	<input type="checkbox"/> School Adjustment Counselor	<input type="checkbox"/> School Psychologist	<input type="checkbox"/> Resource Room	<input type="checkbox"/> Other _____

Please return this form to: _____
SSP Facilitator (Principal or Assistant Principal)

WORCESTER PUBLIC SCHOOLS EDUCATIONAL ASSESSMENT

Date of Form Completion: _____

Student Name: _____ Grade: _____

Your Role w/ Child: _____

1. Describe the student's specific abilities in relation to the learning standards of the Massachusetts Curriculum Frameworks and the district curriculum. (attach additional information to support your response)
2. Has he/she made documented growth in knowledge and skill acquisition, including social/emotional development, the learning strands and the curriculum? YES NO If no, explain why not and reference student's educational history and state district-wide assessment results when responding.
3. Has the student's progress been: a) similar to his/her peers? YES NO b) consistent over the student's school history? YES NO If no, list the possible factors that have enhanced/limited progress.
4. Does the student appear to have attention difficulties? YES NO If yes, please explain.
5. Does the student seem to participate appropriately in classroom activities? YES NO If no, please explain.
6. Do the student's communication skills seem age appropriate? YES NO If no, please explain.
7. Does the student's memory appear to adversely effect learning? YES NO If yes, please explain.
8. Are the student's interpersonal skills with groups, peers and adults age appropriate? YES NO If no, please explain
9. Comment on any additional factors that influence the student's educational and developmental potential and performance.