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# **FORMS USED IN THE STUDENT INTERVENTION TEAM PROCESS**

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Proper documentation is essential in the Student Intervention Team (SIT) process. Forms should provide adequate documentation of the team's activities. Written summaries of the team's actions should be kept for every meeting. The actions of the SIT should be so clear that new teachers/staff each year will have no difficulty determining what has been tried and found successful for the student in the past.

**St. Louis Public Schools**  
**STUDENT INTERVENTION TEAM PROCESS CHECKLIST**

The purpose of this checklist is to serve as a guide for effectively implementing the SIT process.  
 It is to be maintained by the School Guidance Counselor.

Name \_\_\_\_\_ ID \_\_\_\_\_ DOB \_\_\_\_\_

Referred by \_\_\_\_\_ Date \_\_\_\_\_

Date	Activity
	Teacher notifies parent, student, principal, and SIT Coordinator that there is a need to open a SIT case for an unresolved academic and/or behavioral problem
	SIT Coordinator provides teacher with the following SIT referral forms: ___ <i>Request for Student Intervention Team Assistance Section A</i> ___ <i>Request for Student Intervention Team Assistance Section B– Teacher Input Form for Addressing Problem Behaviors</i>
	Classroom Teacher completes the request forms and return them to the SIT Coordinator
	Student data and supporting evidence gathered
	SIT Coordinator schedules the first SIT meeting and invites parent and additional SIT members based on the needs of the student
	SIT Coordinator sends parent invitation/notification of meeting along with the <i>Student Intervention Team– Parent Input Form</i>
	Parent to attend? <input type="checkbox"/> Yes <input type="checkbox"/> No Accommodations needed and arranged? (e.g., language interpreter, sign language interpreter ) <input type="checkbox"/> Yes <input type="checkbox"/> No
	School Guidance Counselor assists or arranges assistance to student in completion of the <i>Student Intervention Team– Student Input Form</i>
	Convene initial SIT meeting Date _____ Time _____ ___ Send reminder notices to SIT members, including parent ___ Copy of strategies provided to all implementers ___ Complete <i>SIT Plan</i> . ___ <i>SIT Meeting Summary</i> completed
	___ Implementation of intervention strategies being monitored
	Convene SIT meeting # _____ Date _____ Time _____ ___ Send reminder notices to SIT members, including parent ___ SIT reviews documentation and evaluates success of intervention strategies ___ SIT decides on plan of action ___ Develop new modifications ___ Continue current modification, if successful ___ Cease modifications ___ <i>SIT Meeting Summary</i> completed
	Convene SIT meeting # _____ Date _____ Time _____
	Convene SIT meeting # _____ Date _____ Time _____
	Convene SIT meeting # _____ Date _____ Time _____
	Convene SIT meeting # _____ Date _____ Time _____
	Interventions successful. Student returned to general education without supports. SIT file closed.
	Interventions successful. Student returned to general education without Tier I or II supports. SIT file returned to Collaborative Support Team Facilitator
	Interventions unsuccessful. Student referred to Referral Review Team

**St. Louis Public Schools**  
**STUDENT DATA PROFILE**

Name \_\_\_\_\_ ID \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
School \_\_\_\_\_ Room/Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
Parent(s) \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_

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<b>A</b>	<b>At-Risk Student Referral Form</b>
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Date of Request \_\_\_\_\_

Person making the request \_\_\_\_\_ Role \_\_\_\_\_

\*For parental requests for SIT assistance, parent should complete the Student Intervention Team-Parent Input Form, pages 1 & 2.

\*For student requests for SIT assistance, student should complete the Student Intervention Team-Student Input Form, pages 1 & 2.

**Reason for Request - What are the concerns about the student's performance?**

\* If the student exhibits social/behavioral concerns, also complete Student Data Profile-Section B.

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**How and when was parent first notified of the student's concerns?**

\_\_\_ Phone call \_\_\_\_\_ (date)    \_\_\_ Letter \_\_\_\_\_ (date)    \_\_\_ Conference \_\_\_\_\_ (date)

**Note concerns expressed by the parent.**

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Name \_\_\_\_\_ ID \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

**I. ACADEMIC SKILLS - Identify any areas in which the student displays a significant strength (S) or concern (C). Gather work samples to illustrate the student's concerns.**

\_\_\_ **READING**

- \_\_\_ sight word recognition
- \_\_\_ phonics skills
- \_\_\_ comprehension
- \_\_\_ Other \_\_\_\_\_
- \_\_\_ Estimated Grade Level \_\_\_\_\_

\_\_\_ **MATH**

- \_\_\_ computation
- \_\_\_ reasoning
- \_\_\_ Other \_\_\_\_\_
- \_\_\_ Estimated Grade Level \_\_\_\_\_

\_\_\_ **WRITTEN LANGUAGE**

- \_\_\_ sentence structure
- \_\_\_ vocabulary
- \_\_\_ organization
- \_\_\_ spelling and/or punctuation
- \_\_\_ Other \_\_\_\_\_
- \_\_\_ Estimated Grade Level \_\_\_\_\_

\_\_\_ **ORAL LANGUAGE**

- \_\_\_ oral expression
- \_\_\_ communicating with peers
- \_\_\_ communicating with adults
- \_\_\_ following verbal directions
- \_\_\_ Other \_\_\_\_\_

\_\_\_ **SPELLING**

- \_\_\_ Estimated Grade Level \_\_\_\_\_

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**II. STUDENT STRENGTHS – Check all that apply.**

- |                               |                                    |
|-------------------------------|------------------------------------|
| ___ Positive Attitude         | ___ High expectations for self     |
| ___ Handles conflict well     | ___ Hard Worker                    |
| ___ Works well independently  | ___ Athletic                       |
| ___ Trustworthy               | ___ Good sense of humor            |
| ___ Takes pride in appearance | ___ Works well in groups           |
| ___ Cooperates                | ___ Musically talented             |
| ___ Respectful of Authority   | ___ Responsible                    |
| ___ Artistically inclined     | ___ Motivated                      |
| ___ Transitions easily        | ___ Possesses leadership qualities |
| ___ Organized                 | ___ Other _____                    |

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**III. Identify areas in which the student displays significant difficulties or functions significantly below the expected level.**

**LEARNING BEHAVIORS**

- \_\_\_ working in a group
- \_\_\_ working independently
- \_\_\_ distractibility
- \_\_\_ impulsivity
- \_\_\_ energy level too high
- \_\_\_ energy level too low
- \_\_\_ frustration tolerance
- \_\_\_ organization

**SOCIAL ADJUSTMENT**

- \_\_\_ develops appropriate friendships
- \_\_\_ relates appropriately to teachers – adults
- \_\_\_ emotional outbursts
- \_\_\_ withdrawal
- \_\_\_ chronic lying
- \_\_\_ chronic cheating
- \_\_\_ chronic absences
- \_\_\_ stealing
- \_\_\_ bullying
- \_\_\_ difficulties at home

Name \_\_\_\_\_ ID \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

**PROCESSING** (motor/auditory/visual)  
\_\_\_ fine motor skills/eye-hand coordination  
\_\_\_ gross motor skills/general clumsiness  
\_\_\_ reversal/transpositions (letters, words, numbers)  
\_\_\_ manuscript  
\_\_\_ cursive writing  
\_\_\_ copying from board  
\_\_\_ visual memory  
\_\_\_ right/left confusion  
\_\_\_ auditory memory  
\_\_\_ Other \_\_\_\_\_

**ADAPTIVE SKILLS** (compared with same age peers)  
\_\_\_ delayed self-help skills  
\_\_\_ socially immature  
\_\_\_ immature language  
\_\_\_ Other \_\_\_\_\_

**COGNITIVE**  
\_\_\_ Below average compared to peers  
\_\_\_ Average compared to peers  
\_\_\_ Above average compared to peers

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#### IV. EDUCATIONAL HISTORY

**Number of Schools Attended:** \_\_\_\_\_ **Grades Repeated:** (Specify) \_\_\_\_\_

**Excessive Absenteeism:**

Grade \_\_\_\_\_ Days Absent \_\_\_\_\_ Grade \_\_\_\_\_ Days Absent \_\_\_\_\_ Grade \_\_\_\_\_ Days Absent \_\_\_\_\_

Extenuating Reason(s) for excessive absenteeism [date(s) and specify (severe illness; hospitalization, etc.)]:

\_\_\_\_\_  
\_\_\_\_\_

**Number of Suspensions:** \_\_\_\_\_

**Is the student involved in English for Speakers of Other Languages (ESOL)?**

\_\_\_ NO \_\_\_ YES

**Has instruction been inconsistent within a school year?**

\_\_\_ NO \_\_\_ YES, specify (e.g., series of substitute teachers) and give dates \_\_\_\_\_

**Has the student had a change in the classroom assignment or a change in teachers this school year, last school year, etc.?** \_\_\_ NO \_\_\_ YES, describe \_\_\_\_\_

**Are academic deficiencies a result of lack of instruction in reading and/or mathematics?**

\_\_\_ NO \_\_\_ YES, explain \_\_\_\_\_

**Additional relevant factors:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ ID \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

V. For Grades K-5, check here  and see Intervention Plan Components/Monitoring in the Individual Academic Plan (IAP). For Grades P, 6-12, complete the following section.

What classroom intervention strategies have been employed to address the student’s academic concerns prior to the SIT request? *Check all that apply.*

Intervention	How Long Tried? <i>Enter begin and end dates.</i>	Outcome of Intervention
<input type="checkbox"/> Instructional accommodations- Specify:		
<input type="checkbox"/> Modified curriculum/demands		
<input type="checkbox"/> Materials modification –		
<input type="checkbox"/> Alternative materials		
<input type="checkbox"/> Small-group instruction		
<input type="checkbox"/> Tutoring		
<input type="checkbox"/> Assistive technology		
<input type="checkbox"/> Daily guided reading		
<input type="checkbox"/> ESOL Support		
<input type="checkbox"/> Contract		
<input type="checkbox"/> Assigned seating		
<input type="checkbox"/> Rearranged physical setting		
<input type="checkbox"/> Problem-solving conference with Collaborative Support Team		
<input type="checkbox"/> Parent Conference		
<input type="checkbox"/> Other – Specify:		
<input type="checkbox"/> Other –Specify:		
<input type="checkbox"/> Other –Specify:		
<input type="checkbox"/> Specific Tier 1 Support		
<input type="checkbox"/> Specific Tier 2 Support		
<input type="checkbox"/> Specific Tier 3 Support		

**VI. Student Data and Evidence**

Documentation must be provided for each student concern. Following are examples of the types of evidence that may be used to support the SIT process. Gather your supporting evidence and check each type of evidence you will be bringing to the first meeting of the Student Intervention Team.

- \_\_\_\_\_ Individual Academic Plan (IAP)
- \_\_\_\_\_ Observations
- \_\_\_\_\_ Attendance Records
- \_\_\_\_\_ Class quizzes and tests
- \_\_\_\_\_ Report Card
- \_\_\_\_\_ Discipline Forms
- \_\_\_\_\_ Student Work Samples
- \_\_\_\_\_ Other pertinent SIS information
- \_\_\_\_\_ Record of out-of-school (OSS) and in-school (ISS) suspensions
- \_\_\_\_\_ Appropriate anecdotal records, outside reports (behavioral, medical, psychiatric)
- \_\_\_\_\_ Any other pertinent information, specify \_\_\_\_\_

<b>B</b>	<b>St. Louis Public Schools</b> <b>TEACHER INPUT FORM FOR ADDRESSING PROBLEM BEHAVIORS</b> (Section B should be used <u>only</u> if behavior is an area of concern)
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**1. Describe the behavior(s) of concern. Use measurable terms.**

*Example: Rather than “Lisa picks fights”, describe the actions and frequency. “Lisa demonstrates aggressive behavior toward other students at least 2-3 times a day, often more. She shows her aggression by such actions as pushing, grabbing materials from others, and by using verbal commands and name-calling.”*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Where does the problem occur? Check all that apply.**

Classroom       School grounds       Cafeteria       Gym       Hallway  
 Bus       Home       Other \_\_\_\_\_

**3. When is the behavior most likely to occur?**

a. On a particular day:  Monday     Tuesday     Wednesday     Thursday     Friday

b. At a particular time(s) of the day, such as morning, afternoon? If so, when? \_\_\_\_\_  
\_\_\_\_\_

c. During instructional activities, such as math or independent work? If so, when? \_\_\_\_\_  
\_\_\_\_\_

d. When interacting with certain people – individuals or groups? If so, who? \_\_\_\_\_  
\_\_\_\_\_

e. During non-instructional time such as changing classes, playground, lunch time? If so, when? \_\_\_\_\_  
\_\_\_\_\_

f. When physically tired, hungry, or sick? If so, which? \_\_\_\_\_

**4. What do you think the student gains or avoids by demonstrating the behavior?**

Get attention? From whom? \_\_\_\_\_  
 Avoid attention? From whom? \_\_\_\_\_  
 Get control? Of what? \_\_\_\_\_  
 Avoid embarrassment? From what? \_\_\_\_\_  
 Avoid task? Which? \_\_\_\_\_  
 Other? \_\_\_\_\_

**5. How have you conveyed your expectations to the student?** \_\_\_\_\_  
\_\_\_\_\_

St. Louis Public Schools  
**TEACHER INPUT FORM FOR ADDRESSING PROBLEM BEHAVIORS, p.2**

7. Describe the specific expectations you have for the student that are not being met.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Do you think the student cannot (*is unable to*) or will not (*is unwilling to*) demonstrate the appropriate/ desired behavior? Why? \_\_\_\_\_

\_\_\_\_\_

9. What techniques have you already tried to help the student meet behavioral expectations?

Technique/Intervention	How Long Tried? <i>Enter begin and end dates.</i>	Outcome
<input type="checkbox"/> posted rules for the whole class		
<input type="checkbox"/> denied desired items/activities		
<input type="checkbox"/> immediate feedback		
<input type="checkbox"/> teacher-student contract		
<input type="checkbox"/> positive verbal reinforcement		
<input type="checkbox"/> ignored the behavior		
<input type="checkbox"/> offered options/choices		
<input type="checkbox"/> reward system		
<input type="checkbox"/> detention		
<input type="checkbox"/> notes/phone calls to parents		
<input type="checkbox"/> referral to the school counselor		
<input type="checkbox"/> rearranged physical setting		
<input type="checkbox"/> problem-solving conference with Collaborative Support Team		
<input type="checkbox"/> referral to the office	_____ times in _____ weeks	
<input type="checkbox"/> Other – Specify:		
<input type="checkbox"/> Other –Specify:		
<input type="checkbox"/> Other –Specify:		
<input type="checkbox"/> Specific Tier 1 Support		
<input type="checkbox"/> Specific Tier 2 Support		
<input type="checkbox"/> Specific Tier 3 Support		



**St. Louis Public Schools**  
**STUDENT INTERVENTION TEAM– STUDENT INPUT FORM**

This form should be used when more in depth student input is desired. Interviewer should modify the language in this input form to consider the age of the student.

Name \_\_\_\_\_ ID \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
School \_\_\_\_\_ Room/Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
Interviewer's Name/Role \_\_\_\_\_ Date \_\_\_\_\_

**I. About Me**

**What are your greatest strengths? In what areas do you do best? What are you most proud of doing?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> I have a positive attitude. | <input type="checkbox"/> I am motivated to do a good job. | <input type="checkbox"/> I am a good leader.      |
| <input type="checkbox"/> I am a hard worker.         | <input type="checkbox"/> I deal with conflict well.       | <input type="checkbox"/> People can trust me.     |
| <input type="checkbox"/> I am organized.             | <input type="checkbox"/> I have a good sense of humor.    | <input type="checkbox"/> I am attractive.         |
| <input type="checkbox"/> I work well in groups.      | <input type="checkbox"/> I work well by myself.           | <input type="checkbox"/> I cooperate with others. |
| <input type="checkbox"/> I am good at music.         | <input type="checkbox"/> I am good at art.                | <input type="checkbox"/> I am respectful.         |
| <input type="checkbox"/> I am responsible.           | <input type="checkbox"/> I finish my work.                | <input type="checkbox"/> I am creative.           |
| <input type="checkbox"/> Other _____                 |   |   |
| <input type="checkbox"/> Other _____                 |   |   |

**Are you involved in any sports/clubs/activities at school or outside of school? If so, what?**

\_\_\_\_\_

\_\_\_\_\_

**II. My Concerns**

*I have difficulty:*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Getting good grades  | <input type="checkbox"/> Writing assignments | <input type="checkbox"/> Working by myself   |
| <input type="checkbox"/> Finishing my work    | <input type="checkbox"/> Reading             | <input type="checkbox"/> Working with others |
| <input type="checkbox"/> Following directions | <input type="checkbox"/> Doing math          | <input type="checkbox"/> Studying for tests  |
| <input type="checkbox"/> Remembering things   | <input type="checkbox"/> Other _____         |  |

*Behaviors I need help to stop doing:*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Physically hurting people | <input type="checkbox"/> Destroying property     | <input type="checkbox"/> Stealing/cheating/lying |
| <input type="checkbox"/> Saying mean things        | <input type="checkbox"/> Being easily distracted | <input type="checkbox"/> Giving up easily        |
| <input type="checkbox"/> Bullying others           | <input type="checkbox"/> Annoying people         | <input type="checkbox"/> Skipping school         |
| <input type="checkbox"/> Getting mad easily        | <input type="checkbox"/> Being shy               | <input type="checkbox"/> Being late to school    |
| <input type="checkbox"/> Other _____               |  |  |

**If the concern is behavior, where do you need the help?**

- |                                    |   |                                    |                                  |                              |
|------------------------------------|---|------------------------------------|----------------------------------|------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> School grounds | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Hallway | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Home      | <input type="checkbox"/> Other _____    |                                    |                                  |                              |

**St. Louis Public Schools**  
**STUDENT INTERVENTION TEAM– STUDENT INPUT FORM, p. 2**

Name \_\_\_\_\_ ID \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

**What class/subject is giving you the most difficulty? What makes it difficult?**

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**If we picked one thing to focus on, what would you like for us to work on that would help you improve at school?**

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**III. How to Help Me**

**When you think about what area you need help improving, think about what helps you learn best:**

- Are there certain materials/papers/assignments that make learning more or less difficult? What is your favorite kind of assignment? What is your least favorite kind of assignment?

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- Are there things about the classroom or where you study at home that make learning more or less difficult?

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**St. Louis Public Schools**  
**STUDENT INTERVENTION TEAM- PARENT INPUT FORM**

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Child's Strengths - Check all that apply.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Positive Attitude              | <input type="checkbox"/> Finishes what he/she starts | <input type="checkbox"/> Handles conflict well     |
| <input type="checkbox"/> Hard Worker                    | <input type="checkbox"/> Organized                   | <input type="checkbox"/> Athletic                  |
| <input type="checkbox"/> Trustworthy                    | <input type="checkbox"/> Good sense of humor         | <input type="checkbox"/> Takes pride in appearance |
| <input type="checkbox"/> Works well in groups           | <input type="checkbox"/> Cooperates                  | <input type="checkbox"/> Musically talented        |
| <input type="checkbox"/> Works well by himself/herself  | <input type="checkbox"/> Responsible                 | <input type="checkbox"/> Artistically inclined     |
| <input type="checkbox"/> Respectful                     | <input type="checkbox"/> Creative                    | <input type="checkbox"/> Motivated                 |
| <input type="checkbox"/> Possesses leadership qualities | <input type="checkbox"/> Other _____                 |  |

**Concerns About How My Child is Learning - Check all that apply.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Poor grades                | <input type="checkbox"/> Does not work well by himself/herself | <input type="checkbox"/> Poor writing skills |
| <input type="checkbox"/> Disorganized               | <input type="checkbox"/> Does not work well with others        | <input type="checkbox"/> Poor reading skills |
| <input type="checkbox"/> Does not finish work       | <input type="checkbox"/> Gives up easily                       | <input type="checkbox"/> Poor math skills    |
| <input type="checkbox"/> Does not follow directions | <input type="checkbox"/> Does not remember things              | <input type="checkbox"/> Poor study skills   |
| <input type="checkbox"/> Other _____                |  |  |

**Concerns About How My Child Behaves - Check all that apply.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Physically hurts people | <input type="checkbox"/> Says mean things | <input type="checkbox"/> Is sexually inappropriate   |
| <input type="checkbox"/> Is bullied              | <input type="checkbox"/> Shy/withdrawn    | <input type="checkbox"/> Gives up easily             |
| <input type="checkbox"/> Bullies others          | <input type="checkbox"/> Gets mad easily  | <input type="checkbox"/> Is late and/or skips school |
| <input type="checkbox"/> Destroys property       | <input type="checkbox"/> Annoys people    | <input type="checkbox"/> Is easily distracted        |
| <input type="checkbox"/> Steals/cheats/lies      | <input type="checkbox"/> Avoided by peers | <input type="checkbox"/> Argues                      |
| <input type="checkbox"/> Other _____             |   |  |

**Additional information that you feel would help the school assist your child**

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**St. Louis Public Schools**  
**STUDENT INTERVENTION TEAM - PARENT NOTIFICATION OF MEETING**

Date \_\_\_\_\_

Re \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Dear Parent(s):

*(Check if this is the initial SIT meeting.)*

We are requesting assistance from our Student Intervention Team on behalf of your child. This is a regular education process whose function is to provide insight and specific suggestions to help the classroom teacher and school staff work with your child most effectively. We made this request because

\_\_\_\_\_

\_\_\_\_\_

*(Check if this is a subsequent SIT meeting.)*

As you know, your child is being served through the Student Intervention Team process. This team meets periodically to assess progress of the intervention plan and make new decisions based on plan outcomes.

Enclosed you will find a *School Intervention Team – Parent Input Form* which is designed to give us more information about your child. We are interested in any information which you feel could help us better understand your child. Please complete the forms and return it to me as soon as possible. All information will be regarded as confidential, and is accessible only to those who have a legitimate need to know it.

A meeting has been set for \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

We will meet at \_\_\_\_\_ School, in room \_\_\_\_\_.

Through the collective efforts of the Student Intervention Team, which consists of teachers, administrators, and others we hope to develop successful methods of helping your child have a more productive school year. Parental input is considered very important and your attendance is appreciated and invited. We appreciate your support of our efforts. If you have any questions, please contact me.

Sincerely, \_\_\_\_\_ (Name/Title) \_\_\_\_\_ (phone number).

-----  
(Complete and return the section to the school.)

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_ Yes, I will attend the SIT meeting for my child on \_\_\_\_\_.

\_\_\_\_\_ No, I cannot attend the SIT meeting. Please contact me with the results.

\_\_\_\_\_ Parent/Guardian Signature Date \_\_\_\_\_

Name \_\_\_\_\_ ID \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

**St. Louis Public Schools**  
**STUDENT INTERVENTION TEAM PLAN**  
**General Education Intervention Implementation and Progress Monitoring**  
(Use as many pages as necessary)

**Concern #** \_\_\_\_\_ *Be specific and provide as much detail as possible.*

**Desired Outcome**

<b>Responsible Person for this Intervention</b>	<b>Length of Intervention</b> From _____ To _____
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**What, if any, special instructional or behavioral materials/resources or training is needed for this intervention?**

**How will the success of the intervention be measured? Progress Monitoring Plan**

**On what date(s) will the Progress Monitor (if not the teacher) check in with the teacher about the intervention?**  
Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

**Observed Improvement** \_\_\_Yes \_\_\_No *Describe and attach graphs or other documentation.*

**Outcome Option for this Intervention** - Check one.

\_\_\_ **1** - Strategies were successful. Exit SIT interventions. Student remains in general education \_\_\_\_\_ without the need for further intervention or with \_\_\_\_\_ Tier I or Tier II interventions.

\_\_\_ **2** -Progress is noted. Continue present intervention/services with no changes until next meeting date \_\_\_\_\_

\_\_\_ **3** - Interventions minimally/not successful. Continue SIT and develop a new plan at next meeting date \_\_\_\_\_

\_\_\_ **4** - Interventions exhausted. Refer to Referral Review Team to determine eligibility for special education. Disability suspected.



**St. Louis Public Schools**  
**STUDENT INTERVENTION TEAM MEETING SUMMARY-page 2**

**Name** \_\_\_\_\_ **ID** \_\_\_\_\_ **DOB** \_\_\_\_\_ **School** \_\_\_\_\_

**Concerns Identified/Discussion Summary** \_\_\_\_\_

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**Recommendations**

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**Designated person to share meeting information with the parent, if not in attendance.** \_\_\_\_\_

A summary of the meeting should be sent to the parent.

**Outcome of Meeting**

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## **Phase IV - STOP**

**If the student has not achieved success through SIT interventions, exhaust all interventions. Refer to Referral Review Team to determine eligibility for special education. Disability is suspected.**

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Name \_\_\_\_\_ ID \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

**St. Louis Public Schools**  
**REFERRAL REVIEW**  
*Completed by the Referral Review Team*

**Student Intervention Team sends complete file to the Referral Review Team for Consideration of a Special Education Evaluation:**

Yes       No      Date \_\_\_\_\_

**Referral Review Team Decision:**

Accepted      Date \_\_\_\_\_

Returned to the Student Intervention Team      Date \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
School Guidance Counselor

\_\_\_\_\_  
School Psychologist/Psychological Examiner or  
Speech-Language Pathologist/Diagnostician

\_\_\_\_\_  
Principal

Name \_\_\_\_\_ ID \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

**St. Louis Public Schools**  
**REFERRAL FOR INITIAL EVALUATION**  
**Course of Action Selected by the District**  
*Completed by the Referral Review Team*

**Reason for Referral** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of Concerns** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ **Parent Referral** (Provide **Referral Date:** \_\_\_\_\_). *This is the date a member of the District's certificated staff received a verbal or written request from the parent.*

\_\_\_ The District determined that an evaluation is not warranted and will provide the parents with a Notice of Action-Initial Evaluation (Refused). Consider implementing intervention strategies and providing at-risk services.

\_\_\_ The District determined that an evaluation is warranted.

\_\_\_ ***District personnel request evaluation.***

\_\_\_ *The District determined that an evaluation is not warranted.*

**OR**

\_\_\_ *The District determined that an evaluation is warranted. Provide date on which the decision was made to evaluate: \_\_\_\_\_.* (Referral Date)

Procedural Safeguards dated \_\_\_\_\_ given to Parents on \_\_\_\_\_ (within 5 days after referral)

**Names of Personnel Making Above Determination**

**Role**

\_\_\_\_\_

School Counselor

\_\_\_\_\_

School Psychologist/Psychological Examiner OR  
Speech Pathologist/Diagnostician (Speech Only)

\_\_\_\_\_

Principal, if in attendance