

SST SUMMARY FORM

STUDENT: _____ SCHOOL: _____ TEAM: _____ DATE OF INITIAL _____

PRIMARY LANGUAGE: _____ GRADE: _____ BIRTHDATE: _____ PARENTS: _____

STRENGTHS	KNOWN		CONCERNS (Prioritize)	QUESTIONS (Clarification)	STRATEGIES (Brainstorm)	ACTIONS(Prioritize)	Who	When
	Information	Modifications						

Follow Up Date: _____ **Invite:** _____

Team Members' Signature & Position:

- | | |
|----------------------------|------------------|
| 1. Parent _____ | 5. _____ / _____ |
| 2. Student _____ | 6. _____ / _____ |
| 3. Administrator _____ | 7. _____ / _____ |
| 4. Referring Teacher _____ | 8. _____ / _____ |