

Bruce School District

Student Assistant Team (SAT) Summary

Student Name	Date of Birth	Date
Grade/Classroom Teacher		

Specifically Describe Learning and/or Behavioral Concerns

Student Strengths/Interests *(List 3 strengths)*

Academic Concerns that Require Intervention: *(Check all that apply)*

<input type="checkbox"/> Oral Expression	<input type="checkbox"/> Math Problem Solving	<input type="checkbox"/> Grades declining
<input type="checkbox"/> Listening Comprehension	<input type="checkbox"/> Written Expression	<input type="checkbox"/> Slow rate of work
<input type="checkbox"/> Basic Reading Skills	<input type="checkbox"/> Low retention rate	<input type="checkbox"/> Does not follow directions
<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Incomplete Assignments	<input type="checkbox"/> Does not work well independently
<input type="checkbox"/> Reading Fluency	<input type="checkbox"/> Disorganized	<input type="checkbox"/> Other:
<input type="checkbox"/> Math Calculation Skills	<input type="checkbox"/> Does not work well with others	

Behavioral Concerns:

ODR's	<input type="checkbox"/> Yes <i>(please attach)</i>	<input type="checkbox"/> No
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Where do the problem behavior(s) occur? *(Check all that apply)*

<input type="checkbox"/> Classroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> School grounds
<input type="checkbox"/> Specials	<input type="checkbox"/> Bus	<input type="checkbox"/> Bathroom
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Home	<input type="checkbox"/> Playground/Recess
<input type="checkbox"/> Community	<input type="checkbox"/> Other:	

Please Complete Other Side

What **classroom, strategic** or **intensive interventions** have been used?

Reading Fluency							
Strategy Name	Who Implemented?	Start Date	Number of Weeks Given	Minutes per Session	Days Per Week	Adult to Student Ratio	Progress Monitoring Results

Basic Reading Skills							
Strategy Name	Who Implemented?	Start Date	Number of Weeks Given	Minutes per Session	Days Per Week	Adult to Student Ratio	Progress Monitoring Results

Reading Comprehension							
Strategy Name	Who Implemented?	Start Date	Number of Weeks Given	Minutes per Session	Days Per Week	Adult to Student Ratio	Progress Monitoring Results

Mathematics							
Strategy Name	Who Implemented?	Start Date	Number of Weeks Given	Minutes per Session	Days Per Week	Adult to Student Ratio	Progress Monitoring Results

Behavior							
Strategy Name	Who Implemented?	Start Date	Number of Weeks Given	Minutes per Session	Days Per Week	Adult to Student Ratio	Progress Monitoring Results