

Bella Vista Elementary School District

Student Study Team Form

Please complete the following information prior to scheduling an SST meeting

Date: ____/____/____ Grade: ____ Teacher: _____
 Student: _____ Parent: _____
 Date of Birth: _____ Phone: _____
 Primary Language: _____ Home Language: _____
 Previous SST Dates: _____ Previous Schools: _____

1. Primary concern for the student:

2. Please check the following as appropriate:

Reading	Strength	Acceptable	Concern
Readiness			
Decoding			
Comprehension			
Fluency			
Written Language			
Spelling			
Grammar/Punctuation			
Sentence Formulation			
Handwriting			
Math			
Readiness (number sense, time, measurement)			
Computation			
Problem Solving/Application			
Oral Communication			
Listening			
Understands directions, questions			
Remembers material presented verbally			
Verbal Expression			
Pronunciation/Articulation			
Second Language Use			

3. State Standardized Test Scores: (percentile)

Total Reading: _____
 Total Math: _____
 Language: _____

Reading Level: _____

Assessment tool used _____

Math Level: _____

Assessment tool used _____

4. What services is the student currently receiving?

_____ Tutoring

_____ Counseling

_____ Bilingual Aide

Other: _____