

2018-19

Please circle/highlight day preference:

Monday 1:00 – 4:00

Wednesday 8:00 – 11:00

Friday 8:00 – 10:00

First available

Return form to Stephanie Dankert

sadankert@madison.k12.wi.us

Private School SSIT Request for the 2018-19 School Year

This form is required in order to refer a student to SSIT. One of the purposes of SSIT is to collaboratively problem solve to address the needs of individual students who are not making expected progress. The outcome of the SSIT will be to document a plan that seeks to promote student success.

Student Name _____ Grade _____ DOB _____

School _____ Teacher making the referral _____

Teacher contact information (email & phone) _____

Teacher must contact parent/guardian to inform them of the need for this referral and to gather any information from the parent.

Parent/Guardian Name(s)	Date parent was contacted	Parent email address

What is the student's home language? _____

Is the student an English Language Learner (ELL)? _____

If yes, has student been given the W-APT and/or ACCESS? _____ DPI Level _____

School History

Where has the student attended school and how has the student's attendance been? (Please look at past records for this information. If in 4K, please disregard)

Grade	School	# of Days Tardy	# of Days Absent
K			
1			
2			
3			
4			
5			
6			
7			
8			
High school			

Students Strengths

What are the student's strengths? Please share strengths in the areas of academic, social and behavioral.

Standardized Assessments

Summarize all of the standardized assessments the student has taken (ITBS, Terra Nova, WKCE, etc.) at current and past schools. ***Include National Percentile for the areas of literacy, math and overall composite.***

Previous Testing by a School District or Private Agency

Has the student been tested by a school district or a private agency? If so, who has done the testing and summarize the results. (Include testing for academic concerns, behavioral, etc.)

Areas of Concern

_____ Literacy

_____ Math

_____ Anxiety

_____ High Activity Level

_____ Work Completion

_____ Organization

_____ Language

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Explain your areas of concern: Describe the student as a learner. What are his/her learning needs? What are the approximate grade level functioning of the student in literacy and math and how did you determine that level?

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Consultation with Others: What were the results of consultation with others or previous report cards (previous teachers, school support teachers, parents, etc.)?

Is this a new concern? _____ If not, how long has this concern been documented? _____

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Current Interventions: Describe all current interventions related to the area of concern that this student accesses within the classroom and/or school? What are the results?

Interventions	Start date	Results

Prior interventions: Describe prior interventions (focus, duration, results) related to the area of concern that have been offered.

Interventions	Duration of intervention	Results

Accommodations/Modifications: What accommodations and/or modifications are being made?

Accommodation/Modification	Subject Area	Results

Previous Meetings with the parent(s)

Have you met with the parent(s) previously? What was the outcome of the meeting? Who was present at the meeting?

Outcomes

What are your desired outcomes of this meeting? *If your desired outcome is a Special Education Evaluation, see DPI's website for eligibility criteria to determine the area of suspected disability. <http://dpi.wi.gov/sped/laws-procedures-bulletins/laws/eligibility>*