

High School Pre-SST PROBLEM SOLVING PLAN (PSP)

Referred by: _____

School: _____

Teacher: _____

Grade: _____

Date: _____

Problem Solving Plan (PSP) Process:

1. Complete information on this page and turn over to complete the **Problem Solving Plan columns 1-5**. There are useful intervention suggestions at www.interventioncentral.com. If you don't find any useful ideas in those places, please consult with the counselor or school psychologist for more ideas. If the student is a second language learner, you must fill out the additional Culturally, Linguistically Diverse (CLD) Form.
2. Review your PSP with the counselor, and obtain his or her signature.
3. **AFTER reviewing** your plan with the school counselor, contact the parents and explain your proposed interventions.
4. Email your proposed plan to other teachers of the student as needed.
4. Implement your action plan for 4-6 weeks. If you have difficulties, please consult with the counselor or school psychologist for additional suggestions.

Next Step: 4-6 weeks LATER:

1. Review PSP and complete "Results of Action Plan" on the back of this page. Put a copy of completed PSP in the counselor's box.
 - a.) **Concern resolved:** Maintain accommodations and/or modifications that are effective.
 - b.) **Concern not resolved:** Ask counselor for an SST meeting. When an SST meeting is scheduled, the counselor will contact the parents and make sure the meeting time works for them.

Student Information:

Name: _____
Birthdate: _____
Address: _____
Phone: _____
Parents: _____
Is the student in foster care? _____ Translator needed: Yes No If yes, what language? _____
Retained: Yes No If yes, what grade? _____

Health & Development:

Hearing: _____
Vision: _____
Existing physical conditions: _____
History of developmental delays: _____
Other health issues: _____

Current Information:

Subject: _____ PLC/Data Team Target Student: Yes No
Subject: _____
Subject: _____
Programs/Services: ELD OTHER _____
Home/School Language (if not English, you must fill out CLD form—See Attached) : _____
CELDT Scores/Level-Current: _____ Past Scores: _____
Current attendance: Good Fair Poor Absences: _____ Tardies: _____
Previous year attendance: Good Fair Poor Absences: _____ Tardies: _____
Homework completion: Good Fair Poor
CST Scores (include date given, score, and range) : _____
Other Concerns: _____

Student: _____ Teacher: _____ Grade: _____ Date: _____

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1	2	3	4	5	6
Positive Attributes:	Concerns: (3 main concerns you have about the student).	Classroom Accommodations and/or Behavior Modifications: (Focus on 1-2 Meaningful interventions that must be directly related to concerns).	Student Action Plan: (What will the student need to do?)	Teacher Action Plan: (Specific plan for a teacher to help the student get from Point A-concern, to Point B-the goal.) Date Action Plan started: _____	Results of Action Plan: (How did it go? What worked? What didn't work? Results should be data driven.) <u>Concerns Resolved</u> <input type="checkbox"/> Yes <input type="checkbox"/> No, Request SST
	Concern 1				
	Concern 2				
	Concern 3				

Counselor Signature: _____ Date: _____

Parent Contact Log

Date:	Comments:
Date:	Comments:
Date:	Comments: