

K-8 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 1-6**. Please consult with the Site Administrator or PSP coordinator 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 Site Administrator or PSP coordinator, and obtain his or her signature.
3. **AFTER reviewing** your plan with the Site Administrator/PSP coordinator, 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 Site Administrator or PSP coordinator for additional suggestions. If needed, consult with the RSP teacher 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 Site Administrator or PSP coordinator's box.
 - a.) **Concern resolved:** Maintain accommodations and/or modifications that are effective.
 - b.) **Concern not resolved:** When an SST meeting is scheduled, it is **YOUR** responsibility to contact the parents and make sure the meeting time works for them. Please inform the RSP Teacher of the date/time of the SST Meeting.

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:

Reading level: _____ ExCEL group level: _____
Writing level: _____
Math level: _____
Programs/Services: ELD COUNSELING SPEECH/LANGUAGE OTHER: _____
Has the student ever been tested for special education,? YES NO If so, did they qualify and when did they exit? _____
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: _____
Statewide Assessments (include date given, score, and range) : _____
District Math: _____
District Writing: _____
District Reading: _____
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).	Goals: (Specific, measurable, attainable. Determine the data you need to collect).	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				

Site Administrator or PSP Coordinator Signature: _____ Date: _____

Parent Contact Log

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