Oroville Union High School District
Student Success Team Summary

Student: _____ School: _____ Date: _____

Teacher: _____ Primary Language: _____ Grade: _____

Birthdate: _____ Parents: _____

	Known						Person Responsible	
Strengths	**Information**	**Modifications**	**Areas of Concern**	**Questions**	**Strategies Brainstorm**	**Actions Prioritize**	**Who?**	**When?**

Follow Up Date: _____