

PLC-Student Support Team Information Gathering Packet

Name: _____ Grade: _____
 Teacher: _____ Date of Meeting: ____/____/____
 School: _____ Date of Parent Contact: ____/____/____
 Retentions: ☐ No ☐ Yes Grade _____ IEP: ☐ No ☐ Yes DX: _____
 Person Initiating Process: ☐ Teacher ☐ Principal ☐ Parent ☐ Agency ☐ Other: _____

Area(s) of Concern: ☐ Academic ☐ Behavior ☐ Medical ☐ Speech/Language ☐ Other: _____

Record Review

Attendance

- YTD Absences: ____/____
- Previous Year: ____/____
- List all schools attended:

Special Services

- ☐ IEP
- ☐ 504 Plan
- ☐ Behavior Support Plan
- ☐ Outside Agency Support
- ☐ Medical/Health Needs
- ☐ ELL
- ☐ Project Challenge
- ☐ Other _____

Screening Information (Nurse)

- Hearing
Date: _____
Results: _____
Recheck Needed: _____
- Vision
Date: _____
Results: _____
Recheck Needed: _____

Other Factors

- ☐ Environmental Concerns
- ☐ Other languages spoken at home
- ☐ Temporary, sudden or recent trauma
- ☐ Limited Experiences
- ☐ School readiness skills
- ☐ Transiency
- ☐ Other: Please explain

Teacher Observations

Classroom Participation	Concern	Average	Strength
Discussion Participation			
Group work			
Concentration and Ability to Attend			
Follows Directions			
Completes Assignments			
Social/Emotional	Concern	Average	Strength
Has friends			
Relates to Adults			
Displays appropriate feelings and emotions to situation			
Appropriate self-help skills			
Communication	Concern	Average	Strength
Asks for Help Appropriately			
Socially appropriate language			
Spoken Language			
Written Language			
Speech (Articulation)			
Receptive Language			

Relevant Data Sources to Review and Bring to Meeting:

Literacy	Math	Behavior	Pre-Academics	Other
☐ Aimsweb ☐ Discovery ☐ DRA rubric ☐ State Assessments ☐ Terra Nova ☐ Local Assessments ☐ Classroom Work ☐ Samples ☐ Other:	☐ Aimsweb ☐ Discovery ☐ State Assessments ☐ Terra Nova ☐ Local Assessments ☐ Classroom Work ☐ Samples ☐ Unit Tests ☐ Other:	☐ Discipline Reports ☐ Attendance ☐ Check In/Out ☐ Mentoring ☐ Hearing ☐ Outside Agency reports ☐ Time-Outs ☐ SSRI ☐ Self Assessments and Screenings ☐ Other:	☐ Dial-3 ☐ Early Literacy and Numeracy	☐ _____

Comments:

Parent Contact Date: _____ ☐ Letter ☐ Phone ☐ Email

Student Support Team Problem Solving Plan
 PLC/Grade Level Meeting #1

Specific Area(s) of Concern:

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Intervention:	Resources Required:	Time Required:
Date to Begin and Frequency of Intervention:	Method to Determine Effectiveness:	Person Responsible for Implementation:

Follow-Up Meeting Date: _____ Time: _____

Intervention Fidelity Checklist

Student Name: _____

Directions: Place an 'X' under each day intervention is completed. Please make a note of any absences.

Week of: _____	Monday	Tuesday	Wednesday	Thursday	Friday

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Comments:

Student Support Team Problem Solving Plan

PLC/Grade Level Meeting #2

Outcomes of intervention (✓ one box)

☐ Minimal Progress Made	☐ Some Progress Made	☐ Progress Made
1. Complete Information Below 2. Change Intervention 3. Begin New Fidelity Checklist	1. Modify Intervention Frequency 2. Determine New Goal 3. Complete Fidelity Checklist	1. Continue Intervention 2. Determine New Goal 3. Complete Fidelity Checklist

Evidence to Support Need for New Intervention: *(See Progress Monitoring Source Sheet for Examples)*

Specific Area(s) of Concern:

Intervention:	Resources Required:	Time Required:
Date to Begin and Frequency of Intervention:	Method to Determine Effectiveness:	Person Responsible for Implementation:

Follow-Up Meeting Date: _____ **Time:** _____

Intervention Fidelity Checklist

Student Name: _____

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Comments: