



**OCEAN VIEW HIGH SCHOOL
STUDENT SUCCESS TEAM (SST)**

Request for Student Success Team

Student: _____ Date: _____ Teacher: _____

ID#: _____ Subject: _____ Period: _____ Grade: _____

Please indicate below which interventions you have already tried with this student before the referral to Student Study Team:	Report only observable behavior. After completing this form, please e-mail it to Claudia R. Gomez (cgomez@ovhs.info) or seal it in an envelope marked, "Confidential," and hand-deliver it to the Student Success Team box. Please be aware that students and parents have a right to see the information you have provided.	
Other Interventions/Accommodations <input type="checkbox"/> Spoke during tutorial <input type="checkbox"/> Held student-teacher conference <input type="checkbox"/> Held parent-teacher conference <input type="checkbox"/> Recommended tutoring <input type="checkbox"/> Conferred with LEP Coordinator <input type="checkbox"/> Conferred with Title I Coordinator <input type="checkbox"/> Attendance and/or behavior contracts <input type="checkbox"/> Made reasonable accommodations (list to the right) <input type="checkbox"/> Am willing to attend SST meeting	Check the Appropriate Response:	
Describe your <i>specific</i> academic and non-academic concerns regarding this student:	Academic Performance	Behavior
	<input type="checkbox"/> Does not achieve to potential <input type="checkbox"/> Lack of motivation, apathy Current grade: _____ Percentage: _____	<input type="checkbox"/> Defiance of rules, constant discipline problem <input type="checkbox"/> Cheating <input type="checkbox"/> Irresponsibility, blaming, denying <input type="checkbox"/> Verbal/physical abuse to others <input type="checkbox"/> Obscene language, gesture <input type="checkbox"/> Dramatic attention getting <input type="checkbox"/> Extreme negativism <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Nervousness <input type="checkbox"/> Inappropriate time on task
Outcome of parent contact:	School Attendance <input type="checkbox"/> Absenteeism <input type="checkbox"/> Tardies <input type="checkbox"/> Frequent schedule changes <input type="checkbox"/> Frequent nurse/guidance visits	Atypical Behavior
	Extracurricular Activities <input type="checkbox"/> Decreased involvement <input type="checkbox"/> Dropped Out	<input type="checkbox"/> Inattention/lack of concentration <input type="checkbox"/> Coordination, slurred speech <input type="checkbox"/> Bad hygiene, deterioration of personal grooming <input type="checkbox"/> Sleeping in class <input type="checkbox"/> Inappropriate responses or behavior <input type="checkbox"/> Depression <input type="checkbox"/> Defensive <input type="checkbox"/> Withdrawn, loner <input type="checkbox"/> Talks freely about drugs <input type="checkbox"/> Avoids contact with others <input type="checkbox"/> Erratic behavior, changes day to day <input type="checkbox"/> Change in peer group
Please provide explanatory comments:	Physical Symptoms <input type="checkbox"/> Staggering or stumbling <input type="checkbox"/> Smelling of alcohol or pot <input type="checkbox"/> Vomiting <input type="checkbox"/> Glassy, bloodshot eyes, dark glasses <input type="checkbox"/> Physical complaints or injuries	
	Home Problems <input type="checkbox"/> Family Problems <input type="checkbox"/> Divorce/Recent divorce <input type="checkbox"/> Death in the family <input type="checkbox"/> Runaway <input type="checkbox"/> Job Problems	

SST Meeting scheduled:

Date: _____ Rm. _____ Time: _____ Held: _____