BURBANK UNIFIED SCHOOL DISTRICT- SECONDARY

Student Success Team Summary Form

School _____ Counselor _____

SST 1 Date_____ SST 2 Date:_____ SST 3 Date:_____

I.D.# _____Student Name_____ Grade____ DOB_____

Age _____ SPED ____ 504 _____ Primary Language _____ Level ____ Prior School _____

IR 12345

Parent/Guardian Name(s)_____ Home # _____

Address_____ Work # _____

Parent Cell # _____ Parent Cell # _____ Email _____

Strengths/ Interests	**Known Information** *(List support offered to student)*	**Data** *(academic levels)*
		Credits:
		GPA:
		CST: ELA Math
		Writing
		CAHSEE ELA
		CAHSEE Math
		CELDT:
		Fluency:
		SRI

Concerns (Attendance, Academic, Attention/Focus, Behavior, Speech/Language, Social/Emotional, Motor, Health and Development)	**Questions** (What are the implications of the information listed in the first 4 columns? OR What does the team see is the real problem?)
# Suspensions: Total Days:	
# Absences: Excused: Unexcused: Tardies:	

I.D.# _____ Student Name _____ School _____

Counselor _____ SST 1 Date: _____ SST 2 Date: _____ SST 3 Date: _____

ACTION PLAN TO BE IMPLEMENTED

Team Recommendations:

Brainstorm STRATEGIES to address priority concerns	ACTIONS (Prioritize 2 to 4 actions from Strategies column)	WHO	FREQUENCY	DUE DATE

Intervention Goal _____

Interventions and Start Date	Baseline Data	6-Week Data	12-Week Data	Next Steps

Progress Monitoring Next Step(s):

Member Participation Signatures

Parent _____ / _____ Student _____ / _____

Parent _____ / _____ Counselor _____ / _____

Administrator _____ / _____ Teacher _____ / _____

Other _____ / _____ Other _____ / _____

Follow Up Meeting Date: _____ *Attach evidence*