

# SST LEVEL I – TEACHER/PROFESSIONAL CONFERENCE FORM

(Completed by the Classroom Teacher)

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_ ID \_\_\_\_\_  
 Parent/Guardian#1 \_\_\_\_\_ Phone \_\_\_\_\_  
 Requested by (teacher) \_\_\_\_\_ **Date of Conference** \_\_\_\_\_  
 Campus \_\_\_\_\_ Grade \_\_\_\_\_ Class/Subject: \_\_\_\_\_

**See Reference Guide: Appendix D**

Initial Teacher/Professional Conference	Follow-Up Teacher/Professional Conference
a. What does the data tell you about the student’s needs? See Student Profile and other recent assessment data/student samples.	a. What does the data tell you about the student’s needs? See Student Profile and other recent assessment data/student samples.
b. What do you need to do as a teacher to remediate?	b. What do you need to do as a teacher to remediate?
c. What is the proposed Plan of Action? (Academic and behavioral strategies / interventions / parental support / progress monitoring)	c. What is the proposed Plan of Action? (Academic and behavioral strategies / interventions / parental support / progress monitoring)

**Initial Conference:**

Teacher Signature \_\_\_\_\_ Date of Follow-Up Conference Scheduled \_\_\_\_\_  
 Other Professional Signature \_\_\_\_\_ Position \_\_\_\_\_

**Follow-Up Conference:**

Teacher Signature: \_\_\_\_\_ Date of Follow-Up Conference \_\_\_\_\_  
 Other Professional Signature \_\_\_\_\_ Position \_\_\_\_\_