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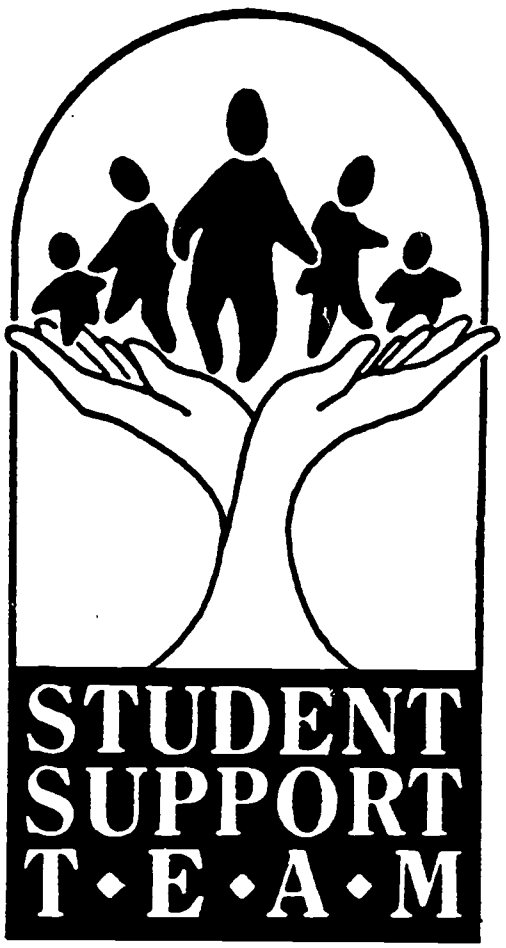
ABSTRACT

The Student Support Team (SST) is a school-based interdisciplinary team designed to maximize the resources and support available to teachers, students, and parents. This presentation describes its approach and operation. The SST attempts early identification of students at risk for school failure due to any combination of poor academic performance, educational needs, and dysfunctional behaviors including the potentially self-destructive behaviors of alcohol, tobacco, and other drug use. The SST incorporates the functions of a number of programs such as screening, identification, crisis management, and student assistance. Members include an administrator, who usually acts as chairperson, pupil services staff, and representative teachers. The case management model that is developed is one of "request for assistance," "problem solving," and "intervention." Student performance outcome goals are to increase attendance, academic performance, and behavior that is appropriate to the learning environment, while decreasing suspensions, time-outs, and dropouts. Sample forms for use by an SST are attached. (Contains two figures.) (SLD)

NATIONAL MIDDLE SCHOOL ASSOCIATION CONFERENCE

WORKSHOP: SUPPORTING AT-RISK STUDENTS



Presentors:

Dave Scuccimarra and Eileen Woodbury
The Howard County Public School System

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National Middle School Association Conference

Workshop: Supporting At-Risk Students

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The Howard County Public School System

Mission Statement

To enable the schools to develop accommodations and adaptations which support behavior patterns that enhance learning, education, and the quality of life of students.

Goals

Goals for the team are to:

- Develop a case management process for students referred to the team.
- Use collaborative problem-solving to determine interventions for "at-risk" students.
- Develop documentation and evaluation procedures.

Student performance outcome goals are to increase:

- Attendance
- Academic Performance
- Behavior appropriate to the learning environment

While decreasing:

- Suspensions
- TAOD Use
- Drop-out Rate

Description

The Student Support Team is a school-based interdisciplinary team designed to maximize the resources and support available to teachers, students, and parents. The SST attempts early identification of students at risk for school failure due to any combination of poor academic performance, educational needs, and/or dysfunctional behaviors including the potentially self-destructive behaviors of tobacco, alcohol, and other drug abuse. The concept of one team with multiple functions best facilitates the identification and intervention process for students in need of assistance. The SST incorporates the functions of a number of programs such as "screening" for referral to the ARD process, identification of disabled students under Section 504 of the Rehabilitation Act of 1973, crisis management, and the Student Assistance Program. Members include an administrator, who usually acts as chairperson, pupil services staff, and representative teachers.

By the nature of the requests to the team, problem areas or needs for both individuals and the school as a system can be identified. For example, the extent of suspected drug use or the need for support activities for students not completing homework may lead to differing classroom activities for a particular student as well as to proactive activities that involve greater sections of the school and community. Increasingly, as students remain within their home school for all their educational needs, a model of **refer ⟶ test ⟶ place** has to be altered to one where the function is **request for assistance ⟶ problem-solve ⟶ intervene.**

Participants will learn case management procedures using the following data collection strategies/forms:

Teacher Input Form
Counselor Input Form
Administrative Input Form
Parent-Guardian Questionnaire
Educational History
Action Plan

STUDENT SUPPORT TEAM PROCESS
ROLES and RESPONSIBILITIES

Chairperson

Arranges for room and scheduling of meeting.

Establishes agenda.

Assures availability of records for review.

Assigns case manager on a rotating basis.

Documents intervention strategies for both individuals and groups.

Links with the School Improvement Team.

Completes the End-of-Year Evaluation.

Team Members

Review referrals with team.

Assist in determining need for case management.

Participate in data collection.

Become involved in problem-solving and decision-making process.

Assist with interventions.

Review case, revise strategies, and determine if alternate interventions are necessary.

Case Manager

After the Request for Assistance is reviewed and the need for a case manager is determined, that person:

Completes educational history.

Assures data collection is completed, including requesting others to assist.

Presents information to SST for problem-solving and decision-making process.

Monitors and supports intervention strategies suggested.

Maintains communication with both referring source(s) and SST.

Schedules status review and evaluation of *Action Plan* goals.

Student Support Team
Roles and Responsibilities

CASE MANAGER

Begins data collection through consultation with the referring sources.

Based on consultation results, a determination is made of what additional data need to be collected.

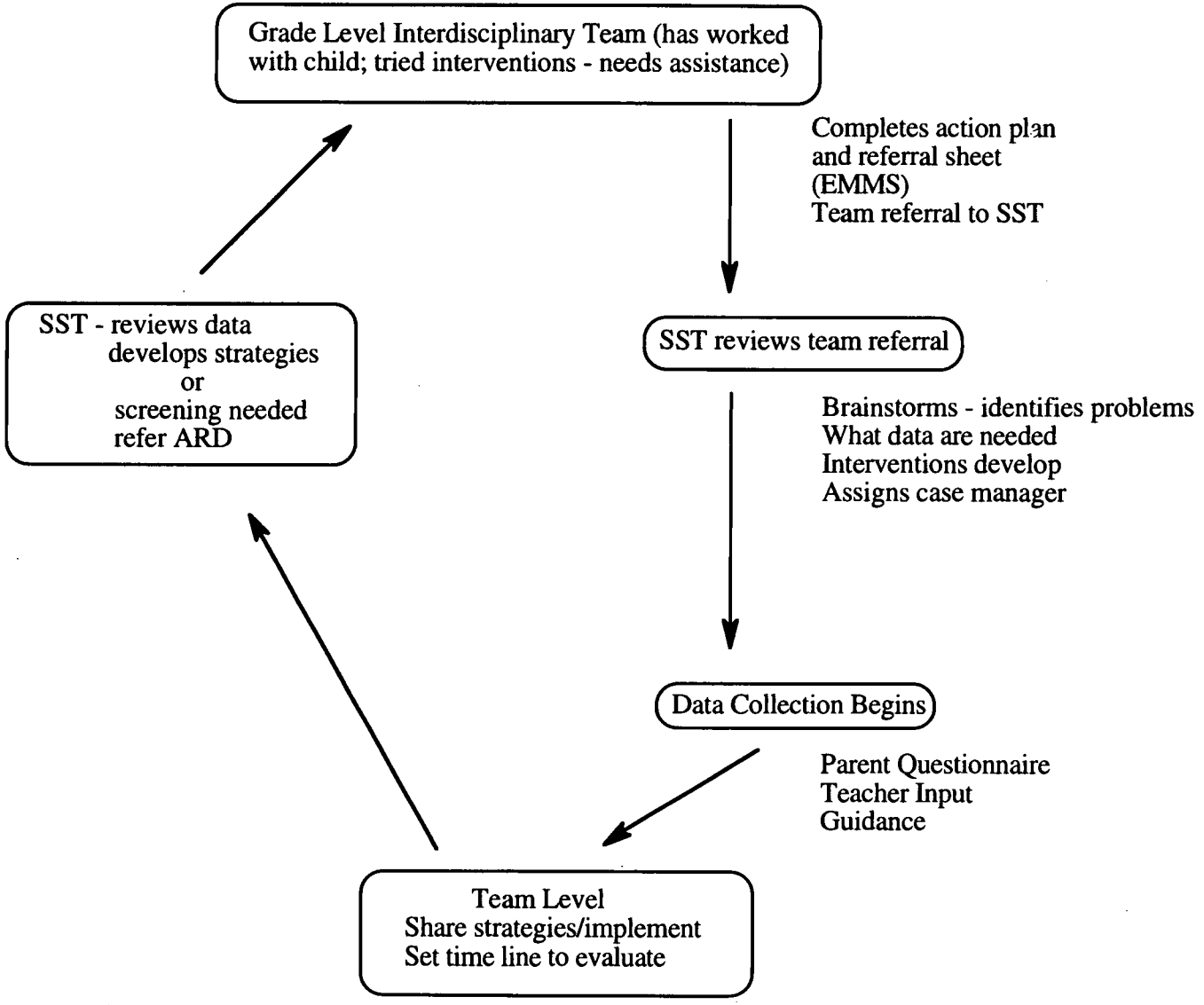
Dissemination of input forms as appropriate: teacher input, counselor input, administrative input, and parent/guardian questionnaire.

Obtains parental information/involvement.

Monitors and supports interventions; maintains communication with both referring source(s) and intervention team; monitors Action Plan.

Schedules status review and evaluation of outcome goals.

THE SST CYCLE



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STUDENT SUPPORT TEAM
REQUEST FOR STUDENT ASSISTANCE FORM

TO: Student Support Team_____ Date _____

From:_____

Student:_____Grade:_____

D.O.B._____

Please state your concerns regarding this student's need for assistance. Also, please list times you would be available for someone from the team to meet and discuss the students' needs with you.

Return this request to the SST mailbox. As stated above, the source of the referral will remain confidential.

You will be contacted by a member of the Student Support Team after your referral has been received.

******CONFIDENTIAL*****

Student Support Team

TEACHER INPUT FORM

Submitted by _____ Date_____

Student's Name _____ Return to _____

Grade: _____ Period: _____ Subject: _____ Grade% _____

The following student has been referred to the MSAP team. Additional information is needed. In each of the following categories, check all areas you believe are appropriate. Please comment with specific examples wherever possible.

OBSERVABLE BEHAVIOR

___Attempts to sleep in class
____Inappropriate responses
___Defensive
___Fighting
___Throwing objects
___Uncontrolled giggling
___Talks about suicide
___Withdraws
___Increased motion/activity
___Outbursts of anger
___Destroys property
___Seeks adult advice w/o specifics
___Lethargic
___Argumentative
___Attention getting behaviors
___Always borrowing money
___Always receiving/giving money
___Irresponsibility, blaming, denying
___Self destructive behaviors
___Verbally abusive to others
___Defiance of rules
___Student says he feels picked on
___Crying
___Memory loss
___Mood swings
___Obscene language/gestures
___Appears Depressed
___Excessive talking
___Difficulty with transitions
___Hyperactivity/nervousness

Comments:

SCHOOL ATTENDANCE

___# of absences
___On absence list but in school
___# of detentions
___Suspension(s) to the Superintendent
___# of tardies
___Frequest visit to health room/office
___# of in-school suspensions
___# of class cuts
___Frequent visit to counselor
___# of suspensions from school

Comments:

ACADEMIC PERFORMANCE
(Teacher Input)

___Grades failing markedly
___Unprepared for class
___Decrease in participation
___No effort
___Work incomplete/missing
___Lack of motivation
___Poor short term memory
___Not staying on task
___Handwriting worsening
___Does not follow directions
___Cheating
___Poor writing/reading skill

Comments:

DRUGS/ALCOHOL

___Talks about drugs or alcohol a lot
___Associates with known substance abusers
___Others report concerns about use/abuse
___Odors of pot/alcohol
___Suspected steriod use

Comments:

PHYSICAL SYMPTONS

___Deteriorating personal appearance
___Sudden increase in muscular development
___Slurred speech
___Glassy, bloodshot eyes
___Frequent cold-like symptoms

Comments:

PEERS

___Change of friends
___Peer exclusion
___Older social group
___Avoids peers
___Significantly younger social group
___Fights with peers

Comments:

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EXTRA-CURRICULAR ACTIVITIES

___Loss of eligibility
___Dismissed from activities
___Dropped out of activity
___Missed meetings or or practice without substantial reason

___Participates in a number of activities:_____
Comments:

HOME AND FAMILY

___Suffered recent loss (moved, divorced,death)
___Troubles in family financial, health separation, etc.)
___Runaway
___Job problems
___Other sibling's problems
___Family member with possible drug/alcohol problem
___Speaks angrily of parents

Comments:

INTERVENTIONS ATTEMPTED

___Student conference
___Note/call to parents
___Parent conference
___Alternative teaching methods & techniques
___Dentention/suspension
___Consultation w/ colleagues
___Modified student materials
___Consultation w/Pupil Services' Personnel
___Adjusted workload
___Change of text
___Referral to guidance
___Change in schedule
___Behavior management techniques; PLEASE LIST:

STUDENT SUPPORT TEAM

COUNSELOR INPUT FORM

To: _____ (Guidance Counselor)

From: _____ Date: _____

Student: _____ I.D.#: _____

The Case Manager will collect this form by _____.

We are in the process of gathering information on the above-named student. Your input is important. If there is certain information that you prefer not to impart in writing, please make personal contact with a member of SST.

I. ACADEMICS
Please comment on student's progress.

Attach a copy of student's transcript/report card.

II. CONFIDENTIAL INFORMATION
Has there been a psychological, psychiatric, or private educational evaluation on this student? ——— Yes ——— No
Are you aware of his/her participation in any kind of counseling and/or therapy; current, or in the past? ——— Yes ——— No
What has your involvement been with this student?

III. SCHOOL HISTORY INFORMATION

Previous school(s) attended (school, grade and year):

School	Grade	Year

Previous Special, Remedial, or Alternative Services provided (grade and type of service):

_____ _____

_____ _____

IV. ADDITIONAL INFORMATION
Please provide any additional pertinent information for the SST to use in determining appropriate interventions for this student.

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STUDENT SUPPORT TEAM
ADMINISTRATIVE INPUT FORM

TO: _____ (Administrator)

From: _____

Re: _____ ID#: _____ Grade: _____
Student Name

Date: _____

The Case Manager will collect this form by _____.

We are in the process of gathering information on the above-named student. Your input is important. If there is certain information that you prefer not to impart in writing, please make personal contact with a member of SST.

I. ATTENDANCE (current school year)
Total number of:
Days absent _____
Days tardy _____
Unlawful absences _____

II. DISCIPLINE
Please attach a copy of the student's discipline file. Summarize information as appropriate:

III. Number and nature of suspensions to date:

Please provide any other pertinent information which might be of assistance to the SST Team.

MATERIAL WRITTEN ON THIS FORM MUST REMAIN CONFIDENTIAL

STUDENT SUPPORT TEAM

Please return to school by_____
Date

PARENT/GUARDIAN QUESTIONNAIRE

The information on this form will be used to assist the school SST team in screening your child's educational needs. Please fill out the form as completely as possible. If you are unable to recall or supply some of the information requested, please note that on the form. If you have any questions, please call _____.
(Name, Title)

STUDENT _____ BIRTHDATE _____ GRADE _____

OVERVIEW

What do you perceive as your child's strengths?_____

_____

What do you perceive as your child's weaknesses?_____

_____

Describe any serious concerns you have about your child._____

_____

_____

Are there any situations associated with the home that you feel would aid the school in understanding your child?_____

_____

Is English the usual language spoken at home? Yes ___ No ___ Other Language _____

MEDICAL HISTORY

Please check below any illnesses or problems the child has had:

__Physical defect
__Eye problems
__Ear problems
__Operations
__Temperatures above 104
__Other_____

__Frequent colds
__Frequent sore throat
__Headaches
__Heart disease
__Speech problems
__Serious accident or injuries

__Allergies
__Asthma
__Epilepsy
__Diabetes
__Dietary problems

Describe any of the illnesses or problems checked above:_____

_____

Has the child ever been hospitalized? No ___ Yes ___ Name of hospital:

Has your child had any evaluations that the school may be unaware of:

Educational __ Psychological __ Medical __ Other __

Please explain (what, when, by whom)_____

_____

Is the child under treatment or medication at present? No __ Yes __

If yes, please explain:_____

_____

General health: (circle) EXCELLENT GOOD FAIR POOR

SOCIAL/BEHAVIORAL CHARACTERISTICS - Please check the statements which describe your child:

__Doesn't seem to understand questions or directions

__Gets ideas quickly

__Difficulty expressing thoughts and ideas
__Enjoys reading
__Avoids reading
__Difficult time with paper/pencil tasks
__Enjoys writing tasks
__Difficulty using numbers
__Enjoys math tasks
__Difficulty with speech
__Lacks motivation
__Irregular sleep patterns

__Difficulty remembering information

__Remembers most information learned

__Avoids homework
__Organized
__Disorganized
__Forgetful
__Difficulty with changes in routine
__Difficulty completing jobs and activities
__Overactive
__Underactive
__Irregular eating patterns

__Defiance of rules
__Lacks self confidence
__Behavior inconsistent
__Self confident
__Difficulty making and keeping friends
__Shy or withdrawn
__Aggressive towards others
__Cooperative
__Doesn't accept responsibility for own behavior
__Tells lies

How does your child handle homework?_____

_____

How does your child spend his/her spare time?_____

_____

_____

Do you have concerns about the appropriateness of your child's friends? No __ Yes __

If yes, please explain:_____

_____

What do your find are the effective ways of disciplining your child?_____

_____

_____

Is there any additional information which you feel will help us to understand your child better?

_____

_____

_____

_____

_____

_____

_____

Please make suggestions as to how the school can best meet your child's needs._____

_____

_____

_____

_____

_____

_____

_____

_____

_____

STUDENT SUPPORT TEAM
ACTION PLAN

Referral Date:_____

Team Meeting Date:_____

Student Name:_____ID#_____

Grade: _____ (Note if repeating): _____

SUMMARY of PROBLEM: _____

_____

_____

_____

State OUTCOME GOAL (s):_____

_____

_____

List ACTIONS TO BE TAKEN and Team Member (s) responsible; ie, classroom observation (name); contact physician (name); allow lessons to be taped (names); conduct Intervention (names); referral to Health Department or ARD (name):_____

_____

_____

_____

_____

_____

_____

_____

_____

STATUS REVIEW DATE:_____

PARTICIPATING PLAN MEMBERS SIGNATURES:

_____ _____

_____ _____

_____ _____

_____ _____

ELLICOTT MILLS MIDDLE SCHOOL
4445 Montgomery Road
Ellicott City , Maryland 21043
(410) 313-2839

Referral of Student to the Grade Level/Instructional Team

Student's Name: _____ **Date of Referral:** _____

Date of Birth: _____ **Referring Teacher:** _____

1. **Reason for Referral:** (Describe your concern(s) about this student. Attach work samples, if appropriate.)

2. **Please list strengths you have observed for this student.**

3. **Review of student's cumulative file:** (This review may include: previous schools attended, results of previous screenings/evaluations, standardized test results, attendance, social/emotional behavior, and other pertainent information.)

4. **Contact with School Counselor regarding student:**

5. **Contacts with Parents:** (Include: relevant family information, dates of contacts and means of contact - telephone, in person, by mail, outcome of contacts)

6. **Describe the specific strategies implemented to work with this student:**

Strategy	Date(s) of Implementation	Outcome

7. **Other information:**

ELLICOTT MILLS MIDDLE SCHOOL
4445 Montgomery Road
Ellicott City, Maryland 21043
(410) 313-2839

Grade Level/Instructional Team Action Plan

Student's Name: _____ **Date of Referral:** _____

Date of Birth: _____ **Grade:** _____ **Referring Teacher:** _____

Team Recommendations:

Date to be reviewed by Team: _____

ELLICOTT MILLS MIDDLE SCHOOL
4445 Montgomery Road
Ellicott City , Maryland 21043
(410) 313-2839

Grade Level/Instructional Team Referral to the Student Support Team

Student's Name: _____ **Date of Referral:** _____

Date of Birth: _____ **Grade:** _____ **Team Contact:** _____

1. **Reason for Referral:** (Describe the Team's concern(s) about this student. Attach work samples, if appropriate).

2. **List the procedures employed by the Team in an attempt to provide for the success of this student:** (This review should include: Discussed in Team meetings, school counselor contact(s), administrator contact (s), parent contact(s), conference(s) with the student, and other procedures.)

Procedure	Date(s) of Implementation	Outcome

3. **Describe the specific strategies that have been attempted by the Team.** (List the length of time the strategy was employed, and the outcome of the strategy. These strategies may include: progress sheets, behavioral contracts, counseling groups, tutoring, etc.)

Strategy	Date(s) of Implementation	Outcome

Attach Student Referral to Team form, Interim Reports, Report Cards, and other appropriate information.

Intervention Strategies and Documentation

If you wish to keep data on any intervention, use this side of the form

STUDENT:_____Grade:_____
Code: VE-Very Effective, E-Effective,
LE-Little Effect, NE-No Effect

	Tried Strategy Check if tried	How Long? # of times/days	How Effective? Use code to left	Comments:
A. CLASSROOM ENVIRONMENT STRATEGIES				
1. Preferential or modified seating				
2. Individual study carrel provided				
3. Separated from peers				
4. Changed to different classroom or teacher				
5. Modified student grouping for instruction				
B. ORGANIZATIONAL STRATEGIES				
1. Time limits extended for assignments				
2. Reduced length or complexity of assignments				
3. Gave additional assignments				
4. Used organizational notebook				
5. Asked student to repeat directions				
6. Used cooperative learning strategies				
7. Provided resources (buddy or phone message) for homework consultation				
C. MOTIVATIONAL STRATEGIES				
1. Sent home regular progress reports				
2. Used immediate reinforcement				
3. Kept graph showing progress				
4. Used tutor (peer or adult)				
5. Provided additional individual instruction				
6. Recognized publicly for contributions				
7. Developed home/school communication system for homework or behavioral progress				
8. Conferenced with other staff members				
9. Conference with parents				
10. Special Sessions with: ( )				

Code: VE-Very Effective, E-Effective, LE-Little Effect, NE-No Effect	Tried Strategy Check if tried	How Long? # of times/days	Effective? Use code to left	Comments:
D. PRESENTATION STRATEGIES				
1. Gave assignment orally and visually				
2. Taped lessons for student to use				
3. Allowed student to use tape recorder/calculator				
4. Tested student orally				
5. Allowed student to take practice/extended time on tests				
6. Corrected pupil errors immediately				
7. Formated lesson plans linking for integrated learning				
E. CURRICULUM STRATEGIES				
1. Used specially designed materials				
2. Provided extra drill				
3. Provided study guide				
4. Reduced quantity of assigned work				
5. Included only words student could read in assignments				
6. Provided reading/math curriculum geared to student's instructional level				
7. Checked for gaps in learning concepts and re-taught skills				
8. Used manipulatives, hands-on interaction with materials				
F. PUPIL SERVICES INTERVENTIONS				
1. Individual student goal-setting/problem solving				
2. Program for group study skills/organizational strategies				
3. Anxiety reduction/relation techniques				
4. Use of cognitive-behavior modification				
5. Participation in "friendship groups"				
6. Incentives for absenteeism				
7. Parent participation in program planning				
8. Use of peer mediation/conflict resolution				
9. Referral to Health Dept. for Student Assistance Program				
10. Instructional consultation program (middle school level)				

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