

**-Name of School-
School District
STUDENT STUDY TEAM**

SAMPLE

Student _____ DOB _____ M ___ F ___ Grade _____ Parent(s)/Guardian _____

Date _____ Primary Lang _____ Attendance Record _____ Grade _____

TEAM:

STRENGTHS	CONCERNS	INFO/MODIFICATIONS	QUESTIONS	STRATEGIES	WHO	WHEN

Parent Signature _____

Date _____

Follow-up SST Date _____