

**TEACHER CONCERNS FORM**

**Step 1**

**Student Support Team Intervention Plan**

UMATILLA SCHOOL DISTRICT

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

School Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Subject Taught: \_\_\_\_\_

**Areas of Concern:**

Please be as specific and detailed as possible (e.g. reading fluency, reading comprehension, Reading, Math, etc.). If area is not a known concern, indicate "WNL" for "within normal limits."

Examples: One of the Core Subjects, Communication, Social Skills, Behavior, Emotional / Mental Health Fine Motor, Gross Motor, Sensory


**Student Strengths: (Check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Positive attitude        | <input type="checkbox"/> High expectations for self | <input type="checkbox"/> Transitions easily        |
| <input type="checkbox"/> Hard worker              | <input type="checkbox"/> Organized                  | <input type="checkbox"/> Takes pride in appearance |
| <input type="checkbox"/> Trustworthy              | <input type="checkbox"/> Good sense of humor        | <input type="checkbox"/> Athletic                  |
| <input type="checkbox"/> Works well in groups     | <input type="checkbox"/> Cooperates                 | <input type="checkbox"/> Musically talented        |
| <input type="checkbox"/> Works well independently | <input type="checkbox"/> Responsible                | <input type="checkbox"/> Artistically inclined     |
| <input type="checkbox"/> Respectful of authority  | <input type="checkbox"/> Creative                   | <input type="checkbox"/> Other: _____              |
| <input type="checkbox"/> Motivated                | <input type="checkbox"/> Has leadership qualities   |  |

**Academic Concerns: (Check all that apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Grades declining                 | <input type="checkbox"/> Poor reading skills            | <input type="checkbox"/> Does not follow directions |
| <input type="checkbox"/> Slow rate of work                | <input type="checkbox"/> Poor math skills               | <input type="checkbox"/> Low retention rate         |
| <input type="checkbox"/> Incomplete assignments           | <input type="checkbox"/> Poor writing skills            | <input type="checkbox"/> Disorganized               |
| <input type="checkbox"/> Does not work well independently | <input type="checkbox"/> Does not work well with others | <input type="checkbox"/> Other _____                |

## TEACHER CONCERNS FORM

### Step 1

#### Behavioral Concerns: (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Verbally disruptive   | <input type="checkbox"/> Bullies others          |
| <input type="checkbox"/> Physically disruptive | <input type="checkbox"/> Destroys property       |
| <input type="checkbox"/> Physically aggressive | <input type="checkbox"/> Easily distracted       |
| <input type="checkbox"/> Verbally aggressive   | <input type="checkbox"/> Hostile when criticized |
| <input type="checkbox"/> Victim of bullying    | <input type="checkbox"/> Argumentative / defiant |
| <input type="checkbox"/> Other: _____          |  |

#### Personal Concerns: (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Poor hygiene                      | <input type="checkbox"/> Appears sickly    | <input type="checkbox"/> Burn marks                  |
| <input type="checkbox"/> Sleeps in class / lethargic       | <input type="checkbox"/> Nausea / vomiting | <input type="checkbox"/> Evidence of self-mutilation |
| <input type="checkbox"/> Agitated / nervous                | <input type="checkbox"/> Bloodshot eyes    | <input type="checkbox"/> Obese or under weight       |
| <input type="checkbox"/> Difficulty moving / uncoordinated | <input type="checkbox"/> Other: _____      |  |

### Support and Interventions Attempted:

Put a check mark next to any *interventions or supports* the student has received in your classroom:

#### INSTRUCTIONAL INTERVENTIONS

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Small group instruction              | <input type="checkbox"/> Breakdown of tasks into smaller steps | <input type="checkbox"/> Modify or shorten assignments  |
| <input type="checkbox"/> Individualized classroom instruction | <input type="checkbox"/> Lower level test                      | <input type="checkbox"/> Use of more concrete materials |
| <input type="checkbox"/> Use of audio books                   | <input type="checkbox"/> Computerized instruction              | <input type="checkbox"/> Alternate Teaching Modes       |
| <input type="checkbox"/> Change grouping                      | <input type="checkbox"/> Assistive technology                  | <input type="checkbox"/> Time out                       |
| <input type="checkbox"/> Tutoring                             | <input type="checkbox"/> English as a second language support  | <input type="checkbox"/> Other: _____                   |

#### BUILDING SUPPORTS

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Peer Tutors             | <input type="checkbox"/> Counseling                  | <input type="checkbox"/> CARE Team Meeting   |
| <input type="checkbox"/> Teacher Assistance Team | <input type="checkbox"/> Consultation with Principal | <input type="checkbox"/> Wrap-Around Meeting |
| <input type="checkbox"/> Title Math              | <input type="checkbox"/> Title Reading               | <input type="checkbox"/> 504 Plan            |
| <input type="checkbox"/> Other: _____            |  |  |

#### PARENT SUPPORT

- |   |  |
|---|--|
| <input type="checkbox"/> Parent/Teacher/Student Conferences | <input type="checkbox"/> Notes/Emails Home   |
| <input type="checkbox"/> Telephone Conference               | <input type="checkbox"/> School-Home Journal |
| <input type="checkbox"/> Tutoring / Learning Activities     | <input type="checkbox"/> Other: _____        |

#### BEHAVIOR MANAGEMENT DISCIPLINE

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Clarify Rules            | <input type="checkbox"/> Time Out                               | <input type="checkbox"/> Provide more choices            |
| <input type="checkbox"/> Provide Routine Schedule | <input type="checkbox"/> Study Carrel to eliminate distractions | <input type="checkbox"/> Provide Routine Schedule        |
| <input type="checkbox"/> Move to different seat   | <input type="checkbox"/> Praise (specific and clear)            | <input type="checkbox"/> FBA                             |
| <input type="checkbox"/> Detention                | <input type="checkbox"/> Weekly Effort Report                   | <input type="checkbox"/> Modeling of desired behavior    |
| <input type="checkbox"/> Daily Effort Report      | <input type="checkbox"/> Positive Notes Sent Home               | <input type="checkbox"/> OIS Restraint                   |
| <input type="checkbox"/> Reward System            | <input type="checkbox"/> Use of logical consequences            | <input type="checkbox"/> Risk Assessment                 |
| <input type="checkbox"/> Stay after school        | <input type="checkbox"/> In School Suspension (ISS)             | <input type="checkbox"/> Removal of preferred activities |
| <input type="checkbox"/> Refer to principal       | <input type="checkbox"/> Out of School Suspension (OSS)         | <input type="checkbox"/> Behavior Contract               |
| <input type="checkbox"/> Seat near teacher desk   | <input type="checkbox"/> Other: _____                           |  |

## Student Support Team Intervention Plan

UMATILLA SCHOOL DISTRICT

**Date of Parent Contact (When you discussed student's concerns):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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**Standardized Assessments** (\*can obtain from Home Room or Test Coordinator):

Attach the following scores:

State Testing

Reading Score \_\_\_\_\_

Math Score \_\_\_\_\_

**Please Include:**

Progress Reports

Work Samples

DIBELS Reports

DIBELS \_\_\_\_\_

English Language Proficiency Level: \_\_\_\_\_

Other: \_\_\_\_\_

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What is the student's English Language Proficiency Level? \_\_\_\_\_

Do the concerns exist across contexts?  Yes  No - Explain: \_\_\_\_\_

Does student exhibit same types of behaviors in the native language as in English?  Yes  No - Explain: \_\_\_\_\_

Is the student's progress in acquiring English significantly different than peers who started at about the same level of English proficiency and have had comparable instruction?  Yes  No - Explain: \_\_\_\_\_

**Turn into Student Study Team leader so Pre-Referral Intervention Plan meeting can be scheduled.**