



## Student Study Team (SST)

Student: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_ Meeting Participants: \_\_\_\_\_

Student's Current Attendance Record (year to date): Days Absent: \_\_\_\_\_ Days Tardy: \_\_\_\_\_

Grade Level Retention:  Yes  No; Grade Level? \_\_\_\_\_

Strengths			
Reason for Referral/Concerns			
Family and School History (Present Achievement Levels, Grades, Truancy, etc.)			
Action Plan	Persons Responsible	Time Frame	Review Date