

YOUR CITY UNIFIED SCHOOL DISTRICT

STUDENT SUCCESS TEAM (SST) SUMMARY FORM

Attendance Attitude Achievement

Perm. #: _____

Phone: _____

Teacher: _____

Cycle: _____

Today's Date: _____

Student: _____

School: _____

Team: S.S.T.

Date of initial SST: _____

Primary Language: _____

Grade: _____

Birthdate: _____

Parents: _____

Strengths	Known Information Modification		Concerns (Prioritize)	Questions	Strategies Brainstorm	Actions (Prioritize)	Who	When

Follow Up Date: _____

Invite: _____

Team Member's Signature / Position:

1. Parent: _____
2. Student: _____
3. Administrator: _____
4. Referring Teacher: _____

5. _____ / Translator
6. _____ / _____
7. _____ / _____
8. _____ / _____