

Request for Support Team Education Plan (STEP) Meeting

School Name _____

Student _____ Date of Birth _____ Age _____ Date of Referral _____

School Year _____ Student's Grade _____ Homeroom/Referring Teacher _____

Parents/Guardians _____

Home/Cell Phone _____ Work _____ Email _____

Principle language spoken at home _____ Student's first language _____

Student Attendance: Days Absent _____ Days Tardy _____

TO BE COMPLETED BY REFERRING TEACHER: Teacher Name _____

1. Currently used methods of Parent/Teacher communication: [check all that apply]

- | | |
|---|---|
| <input type="checkbox"/> Weekly communication home | <input type="checkbox"/> Daily communication home |
| <input type="checkbox"/> Sign daily work or planner | <input type="checkbox"/> Phone calls [indicate frequency] |
| <input type="checkbox"/> Informal drop-in conferences | <input type="checkbox"/> Formal conferences |
| <input type="checkbox"/> Other: _____ | |

2. Please comment on student's performance in the following areas:

ACADEMICS (classwork, homework, tests, study habits, organizational skills, etc.):

BEHAVIOR (social, emotional, etc.):



3. Most recent Standardized Testing Scores:

SUBJECT	Type of Test	Test Grade/Year	Stanine Score	NPR Score
Total Reading				
Total Math				
Total Lang. Arts				
Other				

4. Have you attached the Classroom Support Log? Yes _____ No _____

TEACHER SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY ADMINISTRATION:

1. Health and Medical Conditions Reported to the School:

2. Has the student had a formal professional assessment* (psycho-educational assessment)?

* from a medical doctor, licensed or credentialed psychologist, or as part of an IEP

Yes _____ No _____ Not Sure _____

A. If so, have the parents provided the school with a copy? Yes _____ No _____

B. Name of assessor: _____

Location: _____ Phone: _____

Parent/Guardian Notification of Request to STEP meeting

Contacted by: _____ **Date Contacted:** _____

Person contacted: _____ **Method:** ___ **Phone** ___ **Email** ___ **Note**

Second notification date: _____ **Method:** ___ **Phone** ___ **Email** ___ **Note**

Scheduled STEP Meeting Date: _____ **Time:** _____ **Location:** _____

ADMINISTRATOR SIGNATURE: _____ DATE: _____

