

## Classroom Support Log

School \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strength(s)

Student's Interests (Hobbies or Activities They Enjoy Doing: Listening to music, talking on Social Media, baking, etc.)

Target Area(s) of Difficulty or Challenge for Student

What is the target behavior or specific academic goal(s) you want to see the student perform?

*Classroom Support Log continues on Page 2*



Area(s) of Difficulty to Target	Strategies/Adjustments implemented to assist student achieve targeted behaviors or academic goals	Did the strategies implemented help improve the area of difficulty and move the student towards the target behaviors or academic goals?	Date
			Week 1
			Week 2
			Week 3
			Week 4
			Week 1
			Week 2
			Week 3
			Week 4
			Week 1
			Week 2
			Week 3
			Week 4

**Outcomes/Comments**



Area(s) of Difficulty to Target	Strategies/Adjustments implemented to assist student achieve targeted behaviors or academic goals	Did the strategies implemented help improve the area of difficulty and move the student towards the target behaviors or academic goals?	Date
			Week 1
			Week 2
			Week 3
			Week 4
			Week 1
			Week 2
			Week 3
			Week 4
			Week 1
			Week 2
			Week 3
			Week 4

**Outcomes/Comments**



### **Ideas for Strategies/Adjustments to Address Areas of Difficulty or Challenge for a Student**

The chart lists potential areas of difficulty and strategies/adjustments that might apply to a student. If the behavior you are looking for is not listed, adjustments/strategies that apply to a variety of classroom behaviors can be found in the *Pre-referral Intervention Manual*. The *Pre-Referral Intervention Manual* is available online or can be ordered from Hawthorne publishing. The citation for the manual follows:

McCarney, S.B., Wunderlich, K.C., & house, S.N. (2014). *Pre-referral intervention manual fourth edition*. Columbia, MO: Hawthorne Educational Services, Inc.

<b>Targeted Areas of Difficulty</b>	<b>Strategies/Adjustments Attempted to Assist Student Achieve Target Behavior or Academic Goals</b>
<b>Attention Issues</b>	<b>Strategies to Focus Attention</b>
<b>Work Completion Issues</b>	<b>Strategies to Improve Student Work Habits</b>
<b>Executive Function Issues</b>	<b>Strategies to Support Personal Organization</b>
<b>Issues Connected to Distance Learning</b>	<b>Strategies to Support Remote or Distance Learning</b>
<b>Focus Issues Connected to Auditory Processing</b>	<b>Strategies for Processing and Making Meaning of Sounds</b>
<b>Communication Issues Connected to Receptive Language</b>	<b>Strategies for Understanding What Others Are Saying</b>
<b>Physical Self-Management</b>	<b>Strategies for Reducing Physical Restlessness</b>
<b>Impulsivity Issues</b>	<b>Strategies for Reducing Impulsive Behaviors</b>
<b>Other Issues</b>	<b>Strategies to Address Other Issues</b>



## Classroom Support Log: Part Two

Complete **ONLY** if you are requesting that the student be considered for a formal STEP (Support Team Education Plan) *If after completing the Classroom Support Log you feel that the attempted strategies and adjustments are not working, and the student will still need to be referred to the STEP coordinator to create a more formal STEP plan please complete the information below.*

### Academic Information (If Applicable)

**Current Grades (Attach Most Recent)**

**Current Standardized Test Scores (Attach If Available)**

**Student Attendance: Days Absent/Days Tardy (Attach if Available)**

### Parent Communication

**What methods do you currently use to communicate with the parent regarding the student's area for development/challenge?**

**How often have you contacted the parent? Log below three dates that you recently communicated with the student's parent/guardian regarding the student's target areas of difficulty and what strategies/adjustments you have tried to help the student change the behavior to meet the targeted behaviors or academic goals you want the student to achieve.**

Dates of Communication	Communication Method

### Parent Contact Information

**Parent/Guardian Name** \_\_\_\_\_

**Home/Cell Phone** \_\_\_\_\_ **Work** \_\_\_\_\_

**Email** \_\_\_\_\_

**Principal language of parent spoken at home** \_\_\_\_\_

**Student's first language** \_\_\_\_\_

**Have you notified the parent that you have referred the student to the STEP coordinator to request a STEP meeting be held?**



**BELOW TO BE COMPLETED BY THE STEP COORDINATOR**

**Parent/Guardian Notification of Request to Attend STEP Meeting**

**Contacted by** \_\_\_\_\_ **Date Contacted** \_\_\_\_\_

**Person contacted** \_\_\_\_\_ **Method:** Phone \_\_\_\_\_ **Email** \_\_\_\_\_ **Note** \_\_\_\_\_

**Second notification date** \_\_\_\_\_ **Method:** Phone \_\_\_\_\_ **Email** \_\_\_\_\_ **Note** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Comments**

