

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?

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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.

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



Classroom Support Log: Part Two

STEP FORM 1

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

