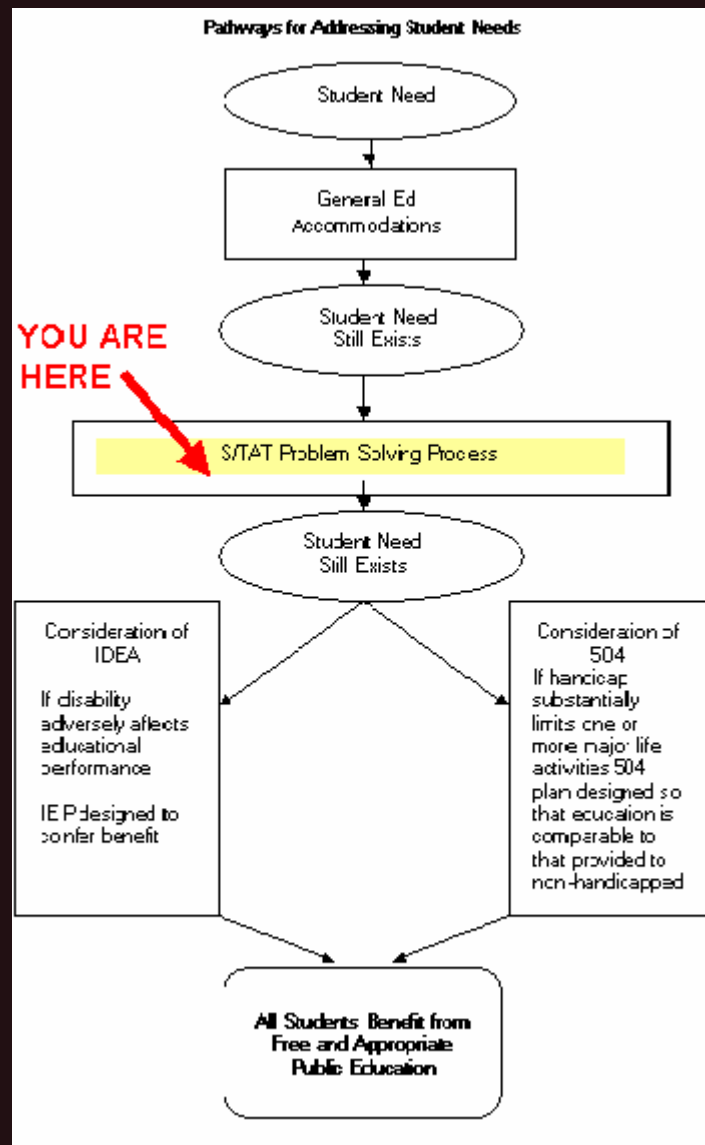


**HWRSD
STUDENT TEACHER
ASSISTANCE TEAM
S/TAT**

Slide courtesy of WMS/STAT





The BIG Picture:
The D-CAP describes all pathways available to meeting the needs of all learners. S/TAT is an element of the D-CAP.

Evolution of HWRSD-S/TAT

- Began over 20 years ago as a “pre-referral” measure
- More recently (2004-2006) linked to D/CAP efforts
- 2006 Elementary Counseling Grant launched system-wide model

Theory Behind the Practice

Framework focuses particularly on three theoretical models:

- 1) The Search Institute's
40 Developmental Assets
 - 2) **Resiliency Research**
 - 3) **Social Development Theory**
-

A STRENGTHS-BASED APPROACH

A Shift in Philosophy

http://www.preventionworksct.org/docs/SDFSC/Shift_to_Strengths-Based_Approach.pdf

Shift to Strength-Based Approaches

Talking about
~~PROBLEMS~~

Talking about
positives and
possibilities

Shift to Strength-Based Approaches

~~Reacting to
problems~~

Being proactive
about building
strengths and
preventing
problems

Shift to Strength-Based Approaches

~~Relying on professionals~~

Involving everyone in the lives of young people

WHAT IS S/TAT?



- A school-based prevention and early intervention program for students in kindergarten through twelfth grades.
- A cooperative process between school staff, parent, and students that looks to build on strengths while meeting the individual needs of students.

WHO IS THE S/TAT TEAM?

- CLASSROOM TEACHERS
- SPECIAL EDUCATORS
- ADMINISTRATORS
- GUIDANCE COUNSELOR
- SCHOOL ADJUSTMENT COUNSELOR
- SCHOOL NURSE

HWRSD-S/TAT: SOME PROGRAM GOALS-

- Promote early identification
- Create a formalized, strength-based system
- Encourage student and staff awareness of support resources
- Increase students' coping skills

HWRSD-S/TAT PROGRAM

GOALS:

- Match referrals to resources for specific academic, behavioral, social, or emotional problems.
- Meaningful parent outreach and involvement
- Increase interaction between school and community

HWRSD-S/TAT

DESIRED OUTCOMES:

- Increased student achievement
- More accurate placements in special education; reduced dependence on special education or outside placements
- Increased school-parent contact and cooperation
- Increased school-community coordination of services
- Decreased alcohol and other drug involvement
- Decreased disciplinary problems and suspensions

THERE ARE FIVE KEY COMPONENTS TO AN EFFECTIVE STUDENT ASSISTANCE PROGRAM:

- **Student Assistance Team Coordination**
 - **System Development & Promotion**
 - **Assistance Activities & Strategies**
 - **Referral & Action Planning**
 - **Evaluation**
-

EXAMPLES OF TYPICAL S/TAT FUNCTIONS:

During the Referral and Action Planning Phase, The S/TAT may...

- Conduct strengths and needs interview with the referred student and parent/guardian
- Assess data
- Develop action plan
- Appoint case manager

STUDENT/TEACHER ASSISTANCE TEAM
REFERRAL CHECKLIST

(to be completed by S/TAT Coordinator)

Student name: _____

- Referral form(s) Date received: _____
- Medical history
- Cumulative folder brought to meeting
- Copy of current grades / progress reports/test scores
- #1 Parent / guardian notified of referral to S/TAT date: _____
- #2 Parent / guardian notified of referral to S/TAT date: _____
- Student Interview notes (as applicable)
- Parent / guardian interview notes (as applicable)
- Current attendance
- Previous year attendance (if applicable)
- CAP (Curriculum Accommodation Planning forms...yellow checklist, blue service record)
- Discipline report (if applicable)
- External services (as applicable)
- School/District Service Record (as applicable) – blue form
- Previously referred to STAT date: _____
- Other pertinent data:

- Date case presented to team: _____
- Review Date: _____
- Review Date: _____
- Review Date: _____
- Review Date: _____

The S/TAT
Coordinator or
Chairperson
maintains a
checklist to
ensure that the
referral is
complete.

Page One:
Basic intake
information
assists the
team with
record-
keeping.

**STUDENT/TEACHER ASSISTANCE TEAM
STUDENT REFERRAL FORM**

Date: _____

Student Name: _____ DOB: _____ Gender: _____
Teacher: _____ Grade: _____

#1 Parent/Guardian Name: _____
Home Phone#: _____ Work #: _____ Cell #: _____
Address: _____

#2 Parent/Guardian Name: _____
Home Phone#: _____ Work #: _____ Cell #: _____
Address: _____

Referred by: _____

#1 Parent contacted: Date: _____ Method: Phone ___ Email ___ Letter ___ Conference ___
#2 Parent contacted: Date: _____ Method: Phone ___ Email ___ Letter ___ Conference ___

New to District: Yes _____ No _____
Previous District/School attended: _____

Areas of Concern:
 Academic Performance Attendance Classroom Conduct Other Behaviors
 Health/Physical Concerns Organization PT/OT/Speech

Supporting information from review of Cumulative Folder
Date Reviewed _____ Reviewed by _____
List pertinent information:

Student Strengths

Please check off areas of strength and add **specific information** about who or what is involved next to the item. Add any other strength not already listed in open spaces.

<u>Internal</u>		<u>External</u> (from school, home, peers, etc.)	
1.	<input type="checkbox"/> Academic competence	18.	<input type="checkbox"/> Care & support from others:
2.	<input type="checkbox"/> Commitment to learning	19.	<input type="checkbox"/> High positive expectations from others:
3.	<input type="checkbox"/> Positive values (integrity, honesty, responsibility, justice)	20.	<input type="checkbox"/> Clear boundaries from others:
4.	<input type="checkbox"/> Positive identity	21.	<input type="checkbox"/> Opportunities to feel likeable / loveable:
5.	<input type="checkbox"/> Social competence (flexibility, empathy, caring, sense of humor, etc.)	22.	<input type="checkbox"/> Opportunities to feel capable:
6.	<input type="checkbox"/> Problem Solving skills (imagination, planning, resourcefulness, etc.)	23.	<input type="checkbox"/> Opportunities to feel important:
7.	<input type="checkbox"/> Communication skills	24.	<input type="checkbox"/> Opportunities to use skills and knowledge:
8.	<input type="checkbox"/> Anger management skills	25.	<input type="checkbox"/> Reinforcement for effort and achievement:
9.	<input type="checkbox"/> Autonomy (self-discipline, resistance skills, initiative, etc.)	26.	<input type="checkbox"/> Bonding to positive adults:
10.	<input type="checkbox"/> Sense of purpose and future goals	27.	<input type="checkbox"/> Bonding to positive peers:
11.	<input type="checkbox"/> Takes healthy risks	28.	<input type="checkbox"/> Community / school service:
12.	<input type="checkbox"/> Healthy personal rules (realistic, flexible)	29.	<input type="checkbox"/> Creative activities:
13.	<input type="checkbox"/> Creativity:	30.	<input type="checkbox"/> Youth activities (hobbies, sports, clubs):
14.	<input type="checkbox"/> Leadership:	31.	<input type="checkbox"/> Other:
15.	<input type="checkbox"/> Interests:	Strengths in Special Areas (to be completed after consultation with specialists). List the number of each strength and any comments.	
16.	<input type="checkbox"/> Talents:	Art:	
17.	<input type="checkbox"/> Other:	Music:	
		Physical Education:	
		Science Lab:	
		Technology:	

Referral Form,
Page Two:
Identifying the student's strengths will create the foundation for a successful action plan.

Page Three:
The teacher will check off the observed behaviors of concern.

Behaviors of Concern

Please check any behaviors that you have witnessed and are concerned about that have occurred several times or have become a pattern.

Academic Performance		<i>Organizational Concerns (continued)</i>	
1.	<input type="checkbox"/> Class work not handed in	40.	<input type="checkbox"/> <i>Inconsistent use of agenda</i>
2.	<input type="checkbox"/> Decline in quality of work	41.	<input type="checkbox"/> <i>Lack of neatness</i>
3.	<input type="checkbox"/> Failing class/classes	42.	<input type="checkbox"/> <i>Little perception of time needed to complete task</i>
4.	<input type="checkbox"/> Homework not handed in	43.	<input type="checkbox"/> <i>Loses materials frequently</i>
5.	<input type="checkbox"/> In danger of retention	44.	<input type="checkbox"/> <i>Unable to start/finish a task</i>
6.	<input type="checkbox"/> Inconsistent effort / lack of effort	Other Behaviors	
7.	<input type="checkbox"/> Lack of preparation	45.	<input type="checkbox"/> <i>Aggressive (physical, verbal, relational)</i>
Classroom Conduct		46.	<input type="checkbox"/> <i>Alibis, excuses</i>
8.	<input type="checkbox"/> Apathy toward school / learning	47.	<input type="checkbox"/> <i>Blames others</i>
9.	<input type="checkbox"/> Asks for inappropriate amount of help	48.	<input type="checkbox"/> <i>Change in peer group / friends</i>
10.	<input type="checkbox"/> Difficulty with remembering	49.	<input type="checkbox"/> <i>Changes in expression of emotions</i>
11.	<input type="checkbox"/> Disrupts the class	50.	<input type="checkbox"/> <i>Constant talking</i>
12.	<input type="checkbox"/> Frequent absences/poor attendance	51.	<input type="checkbox"/> <i>Defensive, argumentative, short-temperad</i>
13.	<input type="checkbox"/> Frequent tardiness	52.	<input type="checkbox"/> <i>Difficulty with changes in routine</i>
14.	<input type="checkbox"/> Frequently asks to be excused from class	53.	<input type="checkbox"/> <i>Does not comply with school rules,...</i>
15.	<input type="checkbox"/> Frequently needs discipline	54.	<input type="checkbox"/> <i>Drug/alcohol messages, drawings, jewelry</i>
16.	<input type="checkbox"/> Inattentive/daydreams	55.	<input type="checkbox"/> <i>Erratic behavior / emotions</i>
17.	<input type="checkbox"/> Lack of focus & concentration / easily distracted	56.	<input type="checkbox"/> <i>Expects perfection from self</i>
18.	<input type="checkbox"/> Needs help often	57.	<input type="checkbox"/> <i>Intimidates, harasses, excludes others</i>
19.	<input type="checkbox"/> Nervous / fidgety behavior	58.	<input type="checkbox"/> <i>Isolated, has few friends</i>
20.	<input type="checkbox"/> Skipping class	59.	<input type="checkbox"/> <i>Lack of concern for appearance/hygiene</i>
21.	<input type="checkbox"/> Sleeping in class	60.	<input type="checkbox"/> <i>Lacks confidence</i>
22.	<input type="checkbox"/> Socializes/Talks during class	61.	<input type="checkbox"/> <i>Lies</i>
23.	<input type="checkbox"/> Use of pacifiers/ lollipops, etc.	62.	<input type="checkbox"/> <i>Obscene/offensive language, gestures</i>
Health/ Physical Concerns		63.	<input type="checkbox"/> <i>Other students express concern</i>
24.	<input type="checkbox"/> Bloodshot / glassy eyes	64.	<input type="checkbox"/> <i>Possesses large amounts of cash</i>
25.	<input type="checkbox"/> Bruises/marks/ self mutilation	65.	<input type="checkbox"/> <i>Secretive</i>
26.	<input type="checkbox"/> Changes in appearance		<input type="checkbox"/> <i>Seems sad, unhappy, crying</i>
27.	<input type="checkbox"/> Change in eating / sleeping patterns	66.	<input type="checkbox"/> <i>Talks freely/ brags about inappropriate behaviors</i>
28.	<input type="checkbox"/> Constant runny nose or cough	67.	<input type="checkbox"/> <i>Talks frequently about violence</i>
29.	<input type="checkbox"/> Detected odor of alcohol or marijuana	68.	<input type="checkbox"/> <i>Talks, writes, draws about death</i>
30.	<input type="checkbox"/> Dilated / shrunken pupils	69.	<input type="checkbox"/> <i>Unwilling to take risks</i>
31.	<input type="checkbox"/> Forgets glasses	70.	<input type="checkbox"/> <i>Withdrawn</i>
32.	<input type="checkbox"/> Frequent illness	Other	
33.	<input type="checkbox"/> Gross/fine motor coordination difficulties	71.	<input type="checkbox"/>
34.	<input type="checkbox"/> Lack of energy	<i>Special Areas (to be completed after consultation with specialists). List the number of each behavior of concern:</i>	
35.	<input type="checkbox"/> Speech/language difficulties	<i>Art:</i>	
36.	<input type="checkbox"/> Stumbles /shuddered speech	<i>Music:</i>	
37.	<input type="checkbox"/> Weight loss / gain	<i>PE:</i>	
Organizational Concerns		<i>Science Lab:</i>	
38.	<input type="checkbox"/> Difficulty completing long term tasks, prioritizing, multi-tasking	<i>Technology:</i>	

Classroom Interventions Made Prior to STAT Referral

Classroom Interventions/ Strategies	What was done/ Information received (as applicable)	Duration /Dates	Outcome	* Degree of Success
<input type="checkbox"/> Talked with / interviewed student.				
<input type="checkbox"/> Talked with / interviewed parent /guardian				
<input type="checkbox"/> Identified & built on student strengths				
<input type="checkbox"/> Identified student deficits & built skills				
<input type="checkbox"/> Identified student's preferred learning styles				
<input type="checkbox"/> Identified context in which behavior of concern occurs				
<input type="checkbox"/> Consulted professional resources (PRIM, etc.)				
<input type="checkbox"/> Created checklist/ chart/ reward system (academic, behavioral, social)				
<input type="checkbox"/> Re commended in-school services/programs				
<input type="checkbox"/> Referred to nurse				
<input type="checkbox"/> Re commended community services/programs				
<input type="checkbox"/> Consulted with colleagues (list name)				
<input type="checkbox"/> Implemented strategies from DCAP	(Please attach DCAP)			
<input type="checkbox"/> Other				

* Degree of Success	#	Minimal progress / Emerging skill	3
Successful Intervention/ Sustaining skill	1	No observable progress	4
Showing some Progress/ Skill developing	2	Not Applicable	3

Page Four:
Documentation of
Classroom
Interventions
Made Prior to
S/TAT Referral...

STUDENT: _____ TEACHER: _____ DATE: _____

Appendix C
QUALITY TEACHING STRATEGIES CHECKLIST
Examples of Regular Education Accommodations

(Please Refer to District Curriculum Accommodation Plan for Additional Resources)

MODIFYING THE PRESENTATION OF MATERIAL

Break assignment into segments of shorter tasks.	
Use concrete examples of concepts before teaching the abstract.	
Relate information to the student's experiential base.	
Reduce the number of concepts presented at one time.	
Provide an overview of the lesson before beginning.	
Monitor the student's comprehension of language used during instruction.	
Schedule frequent, short conferences with the student to check for comprehension.	
Provide consistent review of any lesson before introducing new information.	
Allow student to obtain report information utilizing: cassette recorders, dictation, typewriter/computers, interviews, calculators, text sheets.	
Highlight important concepts to be learned in text of material.	
Monitor the rate at which material is presented.	
Give additional presentations by varying the methods using repetition, simpler explanations, more examples and modeling.	
Require verbal responses to indicate comprehension.	
Give frequent reminders of homework assignments.	
Provide clear, concise directions and concrete examples for homework assignments.	
Assign tasks at an appropriate reading level.	
Allow for the oral administration of tests.	
Check assignment sheet for accuracy.	

USE OF GROUPS AND PEERS

Utilize cooperative learning strategies when appropriate.	
Assign a peer helper to check understanding of directions.	
Assign a peer helper to read important directions and essential information.	
Assign a peer tutor to record material dictated by the student.	

MODIFYING TIME DEMANDS

Increase time allowed for completion of tests or assignments.	
Reduce the amount of work or length of tests.	
Prioritize assignments and/or step to completing assignments for the student.	
Space short work periods with breaks or change of tasks.	
Consistently follow a specific routine.	
Alternate quiet and active tasks.	
Set time limits for specific task completion.	

ASSISTING THE RELUCTANT STARTER

Give a personal cue to begin work.	
Give work in smaller units.	
Provide immediate reinforcements and feedback.	
Make sure the appropriate books and materials are open to the correct pages.	
Introduce the assignment in sequential steps.	
Check for student understanding of instructions.	
Check on progress often in the first few minutes of work.	
Provide time suggestions for each task.	
Provide a checklist for long, detailed tasks.	

DEALING WITH INAPPROPRIATE BEHAVIOR

Provide clear and concise classroom expectations and consequences.	
Consistently enforce rules.	
Avoid the use of confrontational techniques.	
Provide student with alternatives.	
Designate a "cooling off" location within the classroom.	
Assign activities that require some movement.	
Use praise generously.	
Avoid power struggles.	
Ignore attention-getting behavior for a short time.	
Avoid criticizing the student.	
Communicate frequently with parents.	
Monitor levels of tolerance and be mindful of signs of frustration.	
Speak privately, without the audience of peers, to student about inappropriate behavior.	

When completing a referral, you must document previous efforts to address the student's needs, and attach any information that is relevant to the behavior of concern.

**STUDENT/TEACHER/ASSISTANCE TEAM
MEDICAL HISTORY**

(to be completed by School Nurse)

Student Name: _____

Date of last vision test: _____ Findings: _____

Medical Referral made: Yes No

Date of last hearing test: _____ Findings: _____

Medical Referral made: Yes No

Date of last physical: _____ Findings: _____

Significant Medical Conditions (asthma, diabetes, allergies, heart problems etc.)

Medications / Medications Administered in School

Other Comments: i.e. frequency / pattern of visits (Same time every day? Same day each week? non-specific complaints, medical / hygiene concerns etc.)

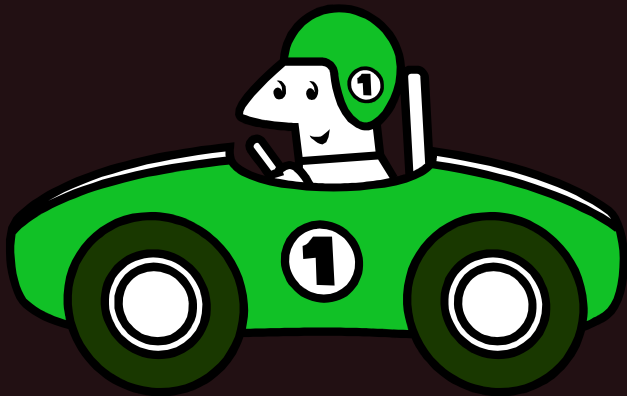
Medical release on file: Yes No

Other releases on file: Yes No

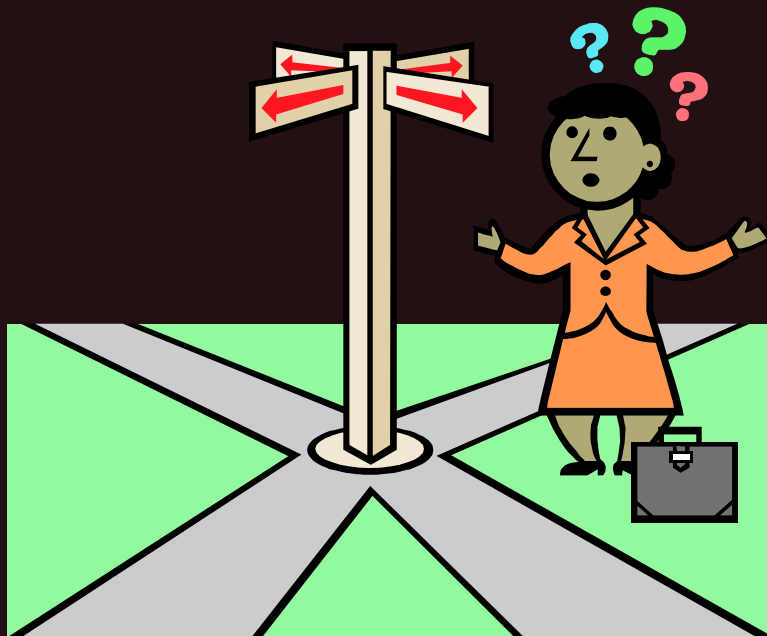
Please list:

The school nurse will provide any pertinent information from the student's medical history

In some cases, the action plan may generate referrals to other specialists in the area of Speech/Language, OT, PT, or other district services.



If the concern is primarily in one of these areas, see your S/TAT chairperson for specific referral forms.



In other situations, the S/TAT may help the student or family by facilitating referrals to outside services, such as substance abuse treatment, bereavement support or private counseling.

Student Assistance Program

STUDENT ASSISTANCE TEAM INTERVENTIONS / STRATEGIES

Student Name: _____ Grade: _____ Homeroom / Teacher: _____ Review Date: _____

INTERVENTION	Activity / Strategy	Person Responsible	Degree of Success*	Dates
1. Healthy adult connections				
2. Healthy peer connections				
3. Fun, meaningful, altruistic activities				
3. Involvement in formal or informal groups				
4. Referred to social worker /counselor/psychologist				
5. Referred to reading/math coach				
6. Referred to nurse				
7. Recommended counseling / outside agency				
9. Referred to PPT				
10. Other				
11. Other				

* Degree of Success	#	Showing Some Progress/ Skills developing	2	No observable progress	4
Successful Intervention / Sustaining skills	1	Minimal progress / Emerging skill	3	Not Applicable	5

Case closed: Yes No Date: _____ Reason: _____

_____ The Governor's Prevention Partnership

All interventions are documented, and effectiveness is evaluated in follow up discussions.

SUMMARY: WHY S/TAT?

- S/TAT programs provide prevention and early intervention for at-risk students.
- Research clearly shows that if adults can reach kids as they begin to show behaviors of concern, they are more likely to be able to turn those behaviors around and help students succeed.
- S/TAT fosters student success and healthy development, enhances a safe school environment, and promotes opportunities for knowledge, skill, attitude, and behavior development.

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The WMS STAT Team



Slide courtesy of WMS/STAT

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