

Whiteford Agricultural Schools
SIT/SAT Student Profile

Student Name _____ DOB _____ Date _____

Teacher Name _____ Grade _____ Building _____

PARENT/GUARDIAN CONTACT (Regarding Concerns)

Phone Call _____ E-Mail _____ In-Person _____ In-Writing _____ Home Visit _____ Other _____

Parent Convo Notes: _____

SCHOOL BACKGROUND HISTORY

Schools Years in Whiteford District _____ # of moves/school districts _____ Grade(s) Retained _____

MEDICAL/DEVELOPMENTAL HISTORY

Is the student taking medication? _____ If yes, please list: _____

Other relevant medical/developmental history _____

Hearing and Vision history _____

EDUCATIONAL HISTORY

_____ Speech/Language Therapy (SLI)	_____ Preschool	_____ OT Screener
_____ Social Work/Counselor Support	_____ Head Start	_____ Nurse/ADHD Screener
_____ Early Childhood Special Education	_____ Star Learners (MSRP)	_____ Behavior Plan
_____ Special Education Services (IEP)	_____ Academic Interventions	_____ English Language Learner

ATTENDANCE HISTORY

Record the # of school years the student has missed more than 25 days _____

Record the # of school years the student was tardy more than 25 times _____

Other relevant attendance history _____

BEHAVIOR CONCERNS: (Please Indicate Any Areas of Concern)

_____ Restless/Often out of seat	_____ Plays with object while working/listening	_____ Withdrawn
_____ Excessive talking to classmates	_____ Makes inappropriate noises	_____ Makes many excuses
_____ Talks out without permission	_____ Anxiety	_____ Does not follow class rules
_____ Lacks social skills	_____ Verbal Aggression	_____ Physical Aggression
_____ Other _____		

ACADEMIC CONCERNS: READING (Please Indicate Any Areas of Concern)

_____ Phonemic Awareness	_____ Letter ID	_____ Phonics
_____ Fluency	_____ Vocabulary	_____ Comprehension
_____ Sight Word Vocabulary	_____ Other _____	

ACADEMIC CONCERNS: WRITING/SPELLING (Please Indicate Any Areas of Concern)

_____ Hearing/Recording Sounds	_____ Idea Development	_____ Capitalization/Punctuation
_____ Organization	_____ Spelling	_____ Other _____

ACADEMIC CONCERNS: MATHEMATICS (Please Indicate Any Areas of Concern)

_____ Basic Math Facts	_____ Computation	_____ Applications/Reasoning
_____ Math Vocabulary	_____ Other _____	

SPEECH/LANGUAGE CONCERNS: (Please Indicate Any Areas of Concern)

Articulation/Intelligibility
 Expressive Language
 Receptive Language

OCCUPATIONAL CONCERNS: (Please Indicate Any Areas of Concern)

Sensory
 Weak Grasp
 No Hand Dominance
 Diff. Copying/Drawing
 Diff. Letter/Number Formation
 Diff. Staying on Lines
 Reverses Letters/Numbers
 Awkward use of tools(pencil, scissors, etc.)
 Diff. Copying from Board
 Other _____

TIER 1 SUPPORTS: (Place a (+) next to ones that have worked; (-) next to the ones that have no to little affect)

Academic		Behavior	
<input type="checkbox"/>	Extended time	<input type="checkbox"/>	SEL whole-class lessons
<input type="checkbox"/>	Simplify/Clarify directions (e.g. have student repeat back directions to you or give a signal such as thumbs up or thumbs down).	<input type="checkbox"/>	Directly teach and re-teach classroom procedures and expectations every 2 weeks
<input type="checkbox"/>	Flexible work spaces	<input type="checkbox"/>	Flexible work spaces
<input type="checkbox"/>	Peer check-in	<input type="checkbox"/>	Proximity control
<input type="checkbox"/>	Visuals paired with verbal directions	<input type="checkbox"/>	Preferential seating
<input type="checkbox"/>	Make sure directions are understood	<input type="checkbox"/>	Whole-classroom reward system
<input type="checkbox"/>	Teach through multi-sensory modes (different learning styles)	<input type="checkbox"/>	Redirection (e.g. verbal, gestures, secret signals or cues)
<input type="checkbox"/>	Chunking assignments/assessments	<input type="checkbox"/>	Calm down corner
<input type="checkbox"/>	Read Aloud (assessments, assignments, etc.) - utilizing technology such as Google Read/Write and Schoology	<input type="checkbox"/>	Provide "forced choices"
<input type="checkbox"/>	Provide regular feedback to students	<input type="checkbox"/>	Planned ignoring when behavior is attention seeking
<input type="checkbox"/>	Use of manipulatives/technology	<input type="checkbox"/>	Praise publicly, correct privately
<input type="checkbox"/>	Visuals, charts, and models for concept reinforcement	<input type="checkbox"/>	Praise 3 other students engaged in the behavior you want to see target student engage in
<input type="checkbox"/>	Use of calculators or supporting charts (formulas, multiplication, etc.)	<input type="checkbox"/>	Visuals, charts, and models for behavior expectations
<input type="checkbox"/>	Technology integration (allow typing of responses, speech to text, etc.)	<input type="checkbox"/>	Directly teach and re-teach classroom procedures and expectations every 2 weeks
<input type="checkbox"/>	Provide extra credit options	<input type="checkbox"/>	5:1 Positive to negative interactions
<input type="checkbox"/>	Provide opportunities to retake assessments or improve	<input type="checkbox"/>	
<input type="checkbox"/>	Use of a planner	<input type="checkbox"/>	
<input type="checkbox"/>	Provide multiple ways for students to respond (dry erase boards, thumbs up, partner share, and graphic organizer)	<input type="checkbox"/>	
<input type="checkbox"/>	Modeling, provide guided practice, and independent practice on targeted skill.	<input type="checkbox"/>	

TIER 2 SUPPORTS: (Place a (+) next to ones that have worked; (-) next to the ones that have no to little affect)

Be prepared to provide start dates, frequency of intervention, and any corresponding documentation at the meeting.

Academic		Behavior	
	Allow for multiple forms of output for assessments (orally respond, draw a picture, etc.)		Check in- Check out
	Small group instruction/intervention targeting skill deficit		Student self-monitoring of behaviors (e.g. tally count)
	Progress monitor student performance (repeated measures ideal)		Behavior contract
	Peer tutoring		Calm down kits
	Organizational checklists (beginning of day routine, task expectations, packing up, etc.)		SEL small groups
	Planner checks		Break cards
			Buddy classrooms
			Special classroom job or task

RETURN THIS COMPLETED FORM TO THE ACADEMIC INTERVENTIONIST FOR REVIEW

Academic Interventionist/School Counselor to Complete

The following data sources were reviewed and distributed at least 3 days prior to the SIT/SAT Meeting:

- ___ NWEA / Academic Progress Monitoring Who is responsible to collect: _____
- ___ Behavior Data Who is responsible to collect: _____
- ___ Intervention History Who is responsible to collect: _____
- ___ CA-60 Review (Grades, Medical, etc.) Who is responsible to collect: _____
- ___ IEP History Who is responsible to collect: _____
- ___ Classroom Data (Academic/Behavioral) Who is responsible to collect: _____
- ___ Current Intervention Log Who is responsible to collect: _____
- Who was providing intervention: _____
- Who was progress monitoring: _____