

Teacher to complete form prior to School Support Team Meeting			
Student Information			
Student Legal Name			
Current Grade		Age	
Current School		Referring Teacher	
Subjec Area(s)			
Academic Learning Needs Include a broad range of assessments that highlight both current and past achievement. Use specific descriptors.			
<ul style="list-style-type: none"> ▪ ▪ ▪ 			
What has been done to address the above learning needs? Outline classroom and school supports provided.			
<ul style="list-style-type: none"> ▪ ▪ ▪ 			
Effectiveness of Supports and Strategies attempted – Outline student ability (as demonstrated through response to personalized instruction)			
<ul style="list-style-type: none"> ▪ ▪ ▪ 			
Learning Support Team: Coaching for Classroom Strategies			
Learning Support Team Meeting Date: _____ Learning Support Team reccomendations for further classroom strategies:			
<input type="checkbox"/> I have talked with the student about their learning needs. <input type="checkbox"/> I have communicated with the parents about the student's learning needs. <input type="checkbox"/> I have reviewed related information (IPP, cumulative record, student profile, etc.) <input type="checkbox"/> I have consulted with the Learning Support Team seeking additional classroom strategies. <input type="checkbox"/> I feel this student needs to be considered for K&E programming.			
_____ Signature			