

### Part 1: Team Discussion

- *This form is intended to be a guide to have meaningful discussions and develop a plan.*
- *Staff expressing concern should complete the entire form prior to SST meeting.*

<b>SST General Education Questionnaire</b>			
Student Name:	DOB:	Grade:	SST Meeting Date:
District:	Serving School:		
Staff Name/Title:	Staff Email:		
<b>1. Communication Log</b> <i>(use to document areas of concern, interventions to begin, and referral to MTSS process)</i>			
Date & Person Contacted:	Method: phone, text, in-person, or email	Parent/Guardian Concerns and Feedback (provide details)	
<b>2. Please list 2-3 strengths for this student:</b>			
<b>3. School Attendance History Information:</b> <i>(print and attach attendance report from last 2 years)</i>			
Length of time the student has been in current district:	Less than 6 months 6 months to 1 year 1-3 years 4+ years	Name of schools attended: (List below)	
<b>4. Vision/Hearing Screening:</b> <i>(NOTE: If student has a recently identified vision/hearing impairment, a 30-day corrective period must be implemented before the intervention process can proceed.)</i>			
Date of school nurse vision screening:	Date of school nurse hearing screening:	Notes:	
Vision Results:	Hearing Results:		
Does student wear glasses? <span style="float: right;">Yes      No</span>			
Does student have hearing aids or use assistive hearing technology? <span style="float: right;">Yes      No</span>			
<b>5. Medical History:</b> (Discuss with school nurse and list any significant conditions and/or results including both physical and mental health) Notes:			
<b>6. Is the student receiving any additional school or community-based services or support?</b>		<b>If yes, please list service(s) and provider(s):</b>	
Yes                      No			
<b>7. Required supplemental data to print, discuss at meeting, and attach:</b>			
	Student Demographic summary page		
	Student Enrollment Information		
	Discipline/Behavior Referrals (Past 2 years, as applicable)		
	Attendance Report (Past 2 years, as applicable)		
	Grades (Past 2 years, as applicable)		
	Universal Benchmark Data used to include Progress Monitoring graphs (3x per year)		
	Other academic assessment/data (i.e., running records, writing samples, etc.)		
	Other pertinent documentation and/or data sources: (i.e. mental health evaluation)		

**8. Indicate Area(s) of Concern: Check all that apply** If needed, intervention resources are available in the MTSS Intervention Bank, or you may choose an alternate Scientific Research Based Intervention (SRBI).

<p><b>Reading</b></p> <ul style="list-style-type: none"> <li>Phonemic Awareness</li> <li>Phonics</li> <li>Reading Fluency</li> <li>Vocabulary</li> <li>Reading Comprehension</li> <li>Dyslexia</li> <li>Other:</li> </ul>	<p><b>Math</b></p> <ul style="list-style-type: none"> <li>Fact Fluency</li> <li>Number Operations</li> <li>Math Word Problems</li> <li>Number Sense</li> <li>Math Concepts</li> <li>Other:</li> </ul>
<p><b>Speech/Language: Comprehension</b></p> <ul style="list-style-type: none"> <li>Listening Comprehension/Receptive Language</li> <li>Comprehension (understanding directions)</li> <li>Other:</li> </ul> <p><b>Writing/Spelling</b></p> <ul style="list-style-type: none"> <li>Writing</li> <li>Spelling</li> <li>Other:</li> </ul>	<p><b>Speech/Language: Oral Expression</b></p> <ul style="list-style-type: none"> <li>Communication (Conversation Skills)</li> <li>Articulation (sound production)</li> <li>Voice</li> <li>Fluency/Stuttering</li> <li>Vocabulary</li> <li>Grammar</li> <li>Sentence Structure</li> <li>Semantics</li> <li>Low Language Development</li> <li>Other:</li> </ul>
<p><b>Emotional (Social Emotional)</b></p> <ul style="list-style-type: none"> <li>Anxiety</li> <li>Depression</li> <li>Mild Internalizing Concerns</li> <li>Social Skills/Peer Relationships</li> <li>Transitions</li> <li>Communication</li> <li>Other:</li> </ul>	<p><b>Behavior</b></p> <ul style="list-style-type: none"> <li>Inattention/Hyperactivity</li> <li>Disruptive Behavior</li> <li>Non-Compliance</li> <li>Not Following the Rules</li> <li>Other:</li> </ul>
<p><b>Executive Functioning</b></p> <ul style="list-style-type: none"> <li>Off-task</li> <li>Organization</li> <li>Initiating Tasks</li> <li>Assignment/Work Completion</li> <li>Attention/Focus</li> <li>Self-Control/Impulsivity/Response Inhibition</li> <li>Other:</li> </ul>	<p><b>Other</b></p> <ul style="list-style-type: none"> <li>Health</li> <li>Outside Diagnosis</li> <li>Vision</li> <li>Hearing</li> <li>Fine Motor</li> <li>Gross Motor</li> <li>Other: (please describe)</li> </ul>

**9. Next Steps** *To be completed at SST meeting for students who will receive interventions*

**Prioritize top 2-3 areas of concern.** List intervention to be used and staff responsible for each intervention. Note: Each intervention should be documented on its own **MTSS Part 2: Intervention Data**

Area of Concern 1:	Planned Intervention:	Staff Responsible:
Area of Concern 2:	Planned Intervention:	Staff Responsible:
Area of Concern 3:	Planned Intervention:	Staff Responsible: