

**La Center School District
Student Success Plan
Step Two**

Student: _____ Grade: _____ DOB: _____

Teacher: _____ Date Accommodations Begin: _____

Parents: _____

Address: _____

Phone:
Home _____ Cell _____ Work _____

Parent Contact:

	<u>Parent Name</u>	<u>Type of Contact</u>	<u>Date</u>
1.			
2.			
3.			

ISSUES

ATTENDANCE:

_____ Frequent absences (# _____ days) and/or tardies (# _____ days).
 _____ Frequent requests to go to _____ health room _____ bathroom _____ office

ACADEMIC PERFORMANCE:

_____ Not on task	_____ Does not complete homework
_____ Makes little effort	_____ Does not complete class work
_____ Is unable to achieve despite effort	_____ Achieves below apparent ability level
_____ Subject area of difficulty	

PHYSICAL SYMPTOMS

_____ Frequently ill	_____ Frequent physically-related complaints
_____ Hearing problem	_____ Vision Problem: Passes OR Failed
_____ Motor coordination problem	_____ Hearing problem: Passes OR Failed
_____ Dental problem	_____ Poor hygiene
_____ Requires limited physical activity	_____ Medical history that affects learning
_____ Weight loss	_____ Weight gain
_____ Low energy level	_____ High energy level
_____ Exhibits physical injuries: _____ Bruises	_____ Scratches _____ Burns _____ Cuts

HEALTH CONCERNS: _____

BEHAVIOR

- Disrespects authority when in/on Playground Classroom
- Verbal and/or physical abuse of others
- Inappropriate verbal responses
- In classroom/class work
- Uses obscene language and/or gestures
- Social issues
- Extremely negative Inexplicable/bizarre behavior
- Aggressive Erratic mood swings
- Talks about disturbing events Demands attention in dramatic or unusual manner
- Appears depressed Withdrawn/isolated
- Cries easily Expresses suicidal thoughts
- Anxious Low self esteem
- Difficulty concentrating Fatigue
- Irresponsible Frequently blames others
- Appears restless/fidgety Impulsive speech

PEER GROUP/FAMILY RELATIONSHIPS

- Talks about family problems
- Issues with parents/relatives Siblings
- Has moved recently Has limited supervision/parental support
- Has problems related to death or severe illness in family
- Has had traumatic experiences in the past
- Has siblings or family in jail
- Talks about family need for jobs, food, housing, or clothing
- Difficulty with peers
- Wears gang colors/clothing Difficulty with an individual

Other: _____

CLASSROOM ACCOMMODATIONS

(Check below any item(s) used with student.)

PHYSICAL ARRANGEMENT OF ROOM

- Seating student near teacher
- Standing near student when giving directions or presenting lessons
- Increasing distance between desks
- Seating student near a positive role model

ACADEMIC

- Pairing students to check work Providing written outline
- Writing key points on the board Having child review key points orally
- Providing peer or cross age tutoring Teaching through multi-sensory modes
- Providing visual aids Using computer assisted instruction
- Lessons on tape Making sure directions are understood

Academic (continued)

- Instructional assistant help
- Small group
- Modify assignments
- After School homework assistance
- Contracts
- Homework assignment notebook
- Break lesson into smaller segments
- Modify teaching
- Allow extra time for tests
- Daily or weekly progress reports home
- Restructuring homework assignments
- Tutorial Support

BEHAVIORAL

- Periodic reports and home contact
- Parent conferences
- Praising specific behavior
- Change expectations
- Extra time to complete tasks
- Lunch/Recess Detentions
- Behavioral contract
- Time-out procedures
- Keeping classroom rules simple and clear
- Social skills group experience
- Cueing student to stay on task
- Suspensions

Other: _____

DESCRIBE SPECIFIC CONCERNS:

From CUM FILE:

Number of schools attended: _____
 Age at Kindergarten enrollment: _____
 Evidence of previous special education services _____ or N/A
 If yes, what services were provided? Speech/Language Motor Skills
 _____ Other
 Health concerns or History: _____
 Hearing screening Pass Fail . . . Date _____
 Vision screening Pass Fail . . . Date _____
 Retention: NO YES If YES, what grade? _____
 Suspensions: In School # _____ Out of School # _____

11/21/2008

WASL Results

Reading _____ Meets Standard(Score) _____ Does Not (Score)
Writing _____ Meets Standard(Score) _____ Does Not (Score)
Math _____ Meets Standard(Score) _____ Does Not (Score)
Science _____ Meets Standard(Score) _____ Does Not (Score)

DIBELS Score(s) _____

INTERVENTIONS:

_____ Reading ClubStart Date _____
_____ Math Club.Start Date _____
_____ ELL.Start Date _____
_____ Read Naturally. Start Date _____
_____ Junior Great Books.Start Date _____

Support Team Intervention(s) and Accommodation(s) Recommendations

- 1) _____ Start Date _____
- 2) _____ Start Date _____
- 3) _____ Start Date _____

Determine how the intervention will be monitored? _____

Set Review Date _____

Interventions and Accommodations:

What works?

Support Team:

Referring Teacher: _____
Support Teacher: _____
Counselor _____
Specialist _____
Other _____