

SIT Working Document (top box to be filled out on every student brought to SIT by team prior to meeting)

Date of Meeting: _____ Time: _____

Student's Name: _____ Grade: _____ Team: _____

Background Information checked:

- Parents contacted about concerns: Date: _____
Parents' response: _____

- Vision Checked: Date: _____ (P / F)
- Previous School: _____
- Previous Teacher(s) contacted: (Y / N)
- Last SRI score: _____ Date given: _____
- Last MC scores: Reading: _____ Math: _____
- Last State scores: Reading: _____ Math: _____
- KELPA Total Score/Level: _____
- Current Schedule – Concerns: _____
- Current Grades – Concerns: _____
- Attendance – Concerns: _____
- Discipline Report – Concerns: _____
- SIT Form A (Needs to be filled out in team)
- SIT Form B (Needs to be filled out in team)
- Health concerns: _____
- Present Educational Concerns: _____

- Accommodations that have been tried/ Successful?
 - _____
 - _____
 - _____

- Recommendations made to teachers by **S**tudent **I**mprovement **T**eam:
 - _____
 - _____
 - _____
- Additional testing needed/Person responsible
 - Math Screening/Erica Teran
 - Math Placement/Erica Teran
 - SPI/Robyn Adams
 - _____
- Follow-up on recommendations:

