

**Monongalia County Schools  
STUDENT ASSISTANCE TEAM REPORT**

<b>Student Name:</b>	<b>Date of Birth:</b>	<b>School:</b>	<b>Grade:</b>	<b>Current Date:</b>
<b>Parent's e-mail:</b>	<b>School e-mail:</b>		<b>Parent Phone:</b>	
<b>Current Status of Problem(s):</b>     				
<b>Interventions/Action Steps:</b>		<b>Person(s) Responsible:</b>	<b>Results/Outcome:</b>	
<b>Modifications/Accommodations:</b>		<b>Setting(s)/Person(s) Responsible:</b>	<b>Results/Outcome:</b>	

Check all that apply:

<input type="checkbox"/> Continue Interventions <input type="checkbox"/> Modify Interventions <input type="checkbox"/> Discontinue Interventions <input type="checkbox"/> Refer to Instruction/Behavior Team <input type="checkbox"/> Refer to __Attendance __Burlington __Truancy Officer <input type="checkbox"/> Refer to __ART Team __Nurse __Counselor __CPS	<input type="checkbox"/> Refer to S.A.F.E. <input type="checkbox"/> Refer to Multidisciplinary Evaluation Team (Attach previous SAT forms, MTSS documentation, FBA/BIP documentation) <input type="checkbox"/> Refer to Eligibility/IEP Committee (Attach MDT Results/IEP) <input type="checkbox"/> Refer to 504 Planning Team <input type="checkbox"/> Refer to: _____
--	---

<b>Parent/Guardian:</b> _____ <b>SAT Coordinator:</b> _____ <b>General Education Teacher:</b> _____ <b>School Counselor:</b> _____ <b>Director of Attendance:</b> _____ <b>Others:</b> _____	<b>School Administrator/Chairperson:</b> _____ <b>School Psychologist:</b> _____ <b>Special Educator:</b> _____ <b>School Nurse:</b> _____ <b>Student:</b> _____
---	--

**Monongalia County Schools**  
**STUDENT ASSISTANCE TEAM REPORT**