

St. Francis Area Schools

Curriculum & Instruction
4115 Ambassador Boulevard NW, St. Francis, MN 55070
763-753-7040 • www.isd15.org

Student Intervention Team Screening Summary

Student Name: _____ Student ID: _____ Student DOB: _____

Name of Teacher making the referral to SIT: _____ Form Complete Date: _____

CUMULATIVE FOLDER REVIEW

Health Information (Nurse)

Any health concerns:

Previous Schools/Services (SIT Facilitator)

Is this student a new enrollment? If so, review file and contact previous school(s) regarding possible previous interventions or tiered instruction.

Notes:

Attendance (SIT Facilitator)

Number of days absent last year: _____ Number of days absent current year: _____ Number of tardies: _____

Parent/Guardian Contact (Teacher)

Prior to student being discussed at Student Intervention Team, the classroom teacher must contact the parent/guardian to discuss areas of concern. Record date(s) of conversations with parent/guardian and outcome of conversation(s) here:

Date	Type of Contact (phone, email, conference, etc.)	Notes:

TESTING RECORDS (SIT Facilitator Coordinates)

ATTACH COMPLETED STUDENT ASSESSMENT AND OTHER RELEVANT DATA

(Include applicable data such as: FastBridge, MCA, Behavior Referrals, etc.)

CONCERN IDENTIFICATION SUMMARY (*Teacher*)

Area(s) of concern:

Reading Math Other Academic Behavior Attendance

Comments:

Prior Tier I and II interventions completed by classroom teacher and PLC:

Results of prior interventions: