

MUSD SST FOLLOW UP GROUP MEMORY FORM

Today's Date: _____

STUDENT: _____ SCHOOL: _____ DATE OF COST: _____ DATE OF INTITAL COMPREHENSIVE SST: _____

PRIMARY LANGUAGE: _____ GRADE: _____ BIRTHDATE: _____ PARENT/GUARDIAN: _____

NEW INFORMATION	PREVIOUS ACTIONS	OUTCOMES	NEW ACTIONS		
				Who	When

Follow-up Date: _____ *Invite:* _____

Signature & Position (Reminder: If PPS Testing Referral is a possible/proposed "New Action" the site School Psychologist *MUST* be invited to/attend Follow-Up SST Mtg.)

- | | |
|--------------------------|------------------|
| 1. Parent _____ | 5. _____ / _____ |
| 2. Student _____ | 6. _____ / _____ |
| 3. Administrator _____ | 7. _____ / _____ |
| 4. SST Coordinator _____ | 8. _____ / _____ |

PPS Testing Referrals Only: If all appropriate interventions, accommodations, and modifications have been implemented with little or no positive effect, and it is therefore the recommendation of the Student Success Team **(including the site School Psychologist)** to refer for Special Education testing, **the parent/guardian must sign below.**

"I have attended the school site Initial and Follow-Up Student Success Team meetings. I am aware of the academic concerns regarding my child, and of the interventions, accommodations, and/or modifications which have been implemented. I agree with the Student Success Team recommendation to refer my child for the appropriate MUSD PPS assessment(s)."

Parent/guardian Signature

Parent/guardian Signature

Current Address: _____

Current Phone Numbers: _____
Home Work Cell Other