STUDENT SUPPORT TEAMS
IN THE PUBLIC HIGH SCHOOL

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A Thesis Submitted to the
University of North Carolina at Wilmington in Partial Fulfillment
Of the Requirements for the Degree of
Master of School Administration

Watson School of Education
University of North Carolina at Wilmington
2004

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ABSTRACT

Currently, national, state, and local institutions strive to promote the success of subgroups of learners. This close attention to specific student characteristics emphasizes individual needs rather than a single educational program for all students. Education administrators and classroom educators must make themselves aware of factors that lead to and perpetuate discrepancies among the successes of learners, as well as any intervention strategies that may compensate for issues that are prevalent at a local site. This study considers the history of education that poses today’s dilemma of serving all students by addressing individual needs. It also explores the organization within local schools, Student Support Team, that is capable of brokering appropriate services for students at the site. The thesis examines the data generated from interviews and articles to determine the most effective components of several models. The thesis proposes a program design blending these characteristics and the requirements of No Child Left Behind legislation as well as an evaluation instrument for the program.
ACKNOWLEDGEMENTS

I am most grateful to the God who created me with a love for struggling young people, the desire to nurture their success, and the gift of organization to look at systemic solutions for public education. In spite of my great weaknesses, He has strengthened me with every momentary virtue necessary to complete this project.

Special thanks must go to my parents who modeled life-long learning and the support to continue my educational journey. Finally I must express deep appreciation to my husband who often compromised his own goals and desires to allow me to fulfill mine.
DEDICATION

I would like to dedicate this thesis to my son, Garrison Vance Hobbs, whose birth both interrupted and contributed to the creation of this document. May he study in the diverse classrooms of a high school that meets the needs of every learner, and may he one day find a way to impact the lives of others.
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INTRODUCTION

American schools were created to educate all residents for participation in a democratic government. For decades, schools worked to include all students in the public education process, incorporating new social classes, new races, a new gender. America’s educational system is now compulsory for every child, yet the system is mediocre and inadequate for the majority of students because the population has changed and the approach has not. “American public schools . . . are confronted with the competing demands of creating a unified citizenry with equal rights as well as enabling each individual in the society to realize his or her unique potential” (Pallas et al., 1995, p. 33). The challenge for today’s schools is not including all students, but rather engaging all students with their diverse needs.

Recognizing the ineffectiveness of public schools, President Bush launched No Child Left Behind (NCLB). The bill outlines specific requirements for all public schools: prevent dropout, drug use, violence, other criminal activity, and educational failure. How can schools meet these requirements with a changing population and complex challenges? Schools need a three-tier approach to addressing all student needs. Level 1 of the approach includes school-wide efforts, like curriculum and instruction as well as social skills and behavioral training and support. Level 2 targets the 10% to 15% of students who need additional intervention in order to succeed. Level 3 utilizes programs for intensive interventions with the small number of students who experience severe difficulties (Scott & Eber, 2003; Dwyer & Osher, 2000). This thesis focuses on the historical effort of American public high schools to include all students, the present challenge of engaging every student, and the most effective system for designing Level 2 and Level 3 interventions to meet individual needs.
Schools establish common standards for all students, but they must personalize instruction and interventions to meet student needs, empowering all students to achieve the standards. My interest in diverse student needs caused me to take a closer look at Student Support Teams (SST). Many schools across the nation have teams that organize interventions for struggling students. Often called SST, this team meets regularly and includes stakeholders who offer unique contributions. A number of states, including Washington, South Carolina, California, Michigan, Minnesota, and Connecticut, have schools with Student Support Teams ("Washington," "Parent," "Colton," "FHS," "comm.," "New Canaan"). Some state education departments, such as those in Alabama, Florida, and Hawaii, actually endorse Student Support Teams ("Prevention," Florida Diagnostic and Learning Resources System, "Identification"). Others, like Georgia, mandate their use through state law (Atlanta). Other countries—Canada and Australia—also use this team to increase student success ("Townsville," www.assd.winnipeg). “Although schools may use other titles for their teams, almost every school has a team” (Dwyer and Osher, 2000, p.5). Student Support Team is not a novel or new concept.

SST was originally designed several decades ago to facilitate the referral process for special education. In fact, some locales still call the team the “pre-referral team.” In recent years educators have seen a greater need for intervention within the regular classroom and have recognized SST as an effective vehicle for organizing and implementing interventions to any student who functions below grade-level or experiences emotional/behavioral difficulties (Ormsbee, 2001; Ormsbee & Haring, 2000; Atlanta). Just as entire schools have remained stagnant in changing times, many support teams have not adapted to changes in their schools, communities, and society. A carefully designed and managed SST can achieve the goals of
NCLB and provide the individualized approach necessary for schools to succeed in their mission today.

The thousands of schools that use SST worldwide seem to agree on the purpose of the team. Several models exist for the operation of the team, and nearly every site has variations on these models. Most educators agree that any concept must be adapted for use at a particular site. Therefore, no prescribed program can look exactly the same at every school. The format of SST must vary to some extent to meet each school’s needs (Greene County, n.d.). Professionals have made the program work for their school. However, because of the demands on educators, they must often make decisions without adequate research, and SST may be implemented at a site with limited knowledge of the facets of SST that are proven most effective. This thesis explores research, as well as the opinions of those in the field leading teams, to determine which components are critical in the success of SST.

Aside from a personal interest in student interventions, I have a professional interest in promoting the success of all students. NCLB legislation has made this issue a national agenda. As an administrator in training, I believe my best professional interest lies in understanding the historical struggle of the American public school, recognizing history’s contribution to current educational problems, and having a full understanding of any program that shows potential for reducing the failure of students, including Student Support Teams. My interest extends beyond my individual knowledge. I want to make a contribution to the profession by expanding awareness for other educators. I will show a two-year action plan for implementing a valuable Student Support Team at a site. The plan begins with staff development and selection of an organizational model for the team. It includes data collection procedures to determine the most
prevalent student needs at a site and recommendations for programs that will become part of the SST interventions for students.

**METHODOLOGY**

I began this study with an archival review of SST during the summer of 2003. Most of the research articles and SST manuals were available online. I located and studied books about the history of public education in the United States. Using these documents I first summarized the history of American education, focusing on the country’s commitment to educate all children. I also read the 2001 reauthorization of the Elementary and Secondary Education Act (No Child Left Behind) and recorded features of the law that supported the SST process. I then noted that successful education of subgroups is a logical outgrowth of the commitment to educate all children and reviewed the archival information to find common components of the SST process that had produced success.

My study culminated in the spring of 2004 with interviews of several educators in New Hanover County Schools who had worked with the SST process. Deborah Stout has worked in special education her entire career. She began as a teacher of Behaviorally and Emotionally Disabled students and now works as a Special Education Liaison. She has participated in the Student Support Team process at New Hanover High School and at Eugene Ashley High School for close to a decade.

Scott Crouch worked for Communities in Schools as an Intervention Specialist at the New Hanover High School campus. In this role he played an instrumental role in reorganizing SST during the mid-90s, when the school began to involve over twenty outside agencies in its
work. He currently works as a Vocational Rehabilitation Counselor at another high school in New Hanover County.

I also spoke with two social workers involved in SST. Tammy Durrant has served as the co-coordinator for SST at John T. Hoggard High School for seven years. As the school social worker she partners with the Special Education Chair to lead the team. Heather Humphrey-Greer works as the school social worker at Eugene Ashley High School. She has coordinated SST since the school opened in 2001. She has experience working for mental health agencies. I incorporated these first-hand sources with the research from journals and other online sources to draw conclusions about the most-effective program design for SST.

HISTORY- TO INCLUDE ALL STUDENTS

To understand the importance of SST in today’s schools, one must look at societal changes and at the history of public education in America. In the nineteenth century, Emile Durkheim recognized that the educational system is not separate from society because they reflect each other (Davis, 1999, p. 71). Families once took the role of educating children. In fact, the “colonial Acts of 1642 and 1647 stipulated parental responsibility for the instruction of children” (Davis, 1999, p. 68). Over time, communities began to assist with this task. The population of today’s public high school dramatically differs from the original schoolhouses, yet the ultimate goal of the public high school remains largely unchanged. The aim of public education has always been three-fold: to shape all young people into democratic citizens, to prepare them to participate in the economy, and to elevate their social status (George et al., 2000; Grubb, 1995).
The United States labored for centuries to make school a place of learning for all young people. The movement toward democratic citizenship and social mobility has continued despite opposition and setbacks. The increasing number of students attending public school over the years indicates the growing availability of education. For years American society has worked toward opening the school doors to all classes of people. In the late Twentieth Century it accomplished the goal of allowing all students to attend school, but it quickly found a new challenge: teaching and graduating all of the students that come through the schoolhouse doors.

The Origins of the Public High School

Early schools were designed to distinguish a small set of students. The origins of the American public high school go back to 1635, when the Latin Grammar School provided a classical education to elite males. The purpose of the school was to prepare students for college, students who would become church and political leaders. Only the aristocracy could afford to allow their children to leave the farm each day to attend school. Other social classes needed their children as labor (George et al., 2000, pp. 2-3). Therefore, the elite could maintain their social position, but the school provided no social mobility for the common man. School was a privilege because few could access this education.

In 1749 Ben Franklin proposed The Academy to fulfill his vision of a universal, free public education. This new institution included a greater segment of the population by serving both male and female middle and upper class students. Nearly 6000 schools modeled after Franklin’s Academy existed by the start of the Civil War. These schools sought to prepare youth with skills for new American industries and participation in the country’s civic life (George et al., 2000, pp. 3-4). Students themselves bore responsibility for thriving in The Academy; “the
locus of school failure was held to be in the student, not the school” (Pallas et al., 1995, p. 34).
In Virginia students who performed at the highest levels attended the College of William and Mary and became the intellectual elite (George et al., 2000, p. 4). Thus the Academy offered this generation training to find economic success and social mobility as well as an educated voice to drive democracy.

Expanding Access to Public Education

The English High School emerged in Boston in 1821 with a different intent. This school strove to educate the non-ruling class: those who would never attend college. The curriculum focused on skills that merchants would need for a new economy (George et al., 2000, p. 5). In the same year, the Free School Society of New York explained that the public schools were “diminishing the sources of pauperism and crime, and preparing for usefulness a large portion of what must soon compose our future active population, who might otherwise grow up in idleness, remain a burden on the community, and become victims to every species of vice” (Carl Kaestle as quoted in Grubb, 1995, p.6). Access to education in America was growing. However, The English High School was not the universal school that has been labeled “the genius of American education” (Grubb, 1995, p. 6). An entrance exam required students to know how to read and write, skills that the poor would not have. Thus two kinds of schools existed: the college preparatory high schools with a classical curriculum and the schools to educate the children of affluent merchants with skills for commerce, business, and industry. When the Massachusetts legislature required a high school in all cities (of more than 4000) in 1827, many towns in the state developed both an academy and a free public high school (George et al., 2000, p. 5).
Educators had different perspectives about how to include a broader range of students in public education. One response “accommodat[ed] ‘new students’ through differentiation by developing new purposes for schooling and by varying its content for groups of students with supposedly different needs and interests.” A second approach to educating more segments of the American population did not separate the groups. These educators tried to assimilate new populations of students into the existing schooling and provide new resources for them (Grubb, 1995, p. 5). Some people opposed the whole concept of a single school to serve these multiple groups and did not want to accommodate or assimilate them.

The concept of educating different social classes within one school came about in 1851 with the Comprehensive High School. These schools housed the two courses of study—classical and business—in the same building (Grubb, 1995, p. 5). The Comprehensive High School was unique because previously, education for the elite was very informal while schooling for the working classes and poor was militaristic with drills and strict discipline (Lawrence Cremin as quoted in Davis, 1999, p.68). The Comprehensive High School’s dual track in one school began to standardize education for everyone, yet graduating all students still posed a challenge. Attending school had a high price. Only the elite finished; however, one or two years of high school qualified many students for more specialized jobs. Rather than meeting the needs of all students and encouraging social mobility, comprehensive high schools kept students in the same lifestyle that their parents had experienced (George et al., 2000, p. 6). As Charles Eliot stated in 1897, the differentiation confirmed the “evident and probable destinies” of students (Grubb, 1995, p. 9).
Increasing School Attendance

In 1890 only seven percent (360,000) of 14-17 year-olds attended school in the United States. The number of students attending schools increased dramatically from 1890-1930 because of increasing prosperity, child labor laws, and immigration. World War I moved the United States from an agrarian economy to a more industrial nation with greater diversity. Technological improvements required fewer farm workers and freed young people to attend schools (George et al., 2000, p. 10). Immigrant and lower-class students began flooding into schools. Not everyone appreciated the desire of the working class to get an education: in 1897, the president of the National Education Association (NEA) mourned, “Whether agreeable or not, we must recognize the fact that it is the children of the plain people, in city and country, who are crowding our schoolrooms today, and these will always be in the majority. The children of the masses and not of the classes will rule us” (Edward Krug as quoted in Grubb, 1995, p.9). By 1937 some people still viewed the increase in student population as negative. The American Youth Commission of the American Council on Education reported that “the new pupil [had] lesser academic ability” (Grubb, 1995, p. 10). The number of students with great ability and motivation also increased. Professional schools at the college level began requiring high school diplomas and choosing students based on their high school records. Thus high school became a necessity for those seeking to become professionals. With these changes 50% (5 million) of 14-17 year olds were attending school by 1930 (George et al., 2000, p. 10).

Although schools expanded to accept these students, the rise of industrialism and technology caused schools to simulate the factories. They produced passive, compliant, diligent workers: “The asylum, the prison, and the school all took on the trappings of the factory system: a regimented, hierarchical, rule-ordained structure that denied those under their control both
freedom of choice and self-expression” (Davis, 1999, p. 68). Schools made no effort to individualize instruction for the increasingly diverse student populations. Michael Katz explains that at this time “American education had acquired its fundamental characteristics that have not altered since. Public education was universal, tax-supported, free, compulsory, bureaucratically arranged, class biased, and racist” (as quoted in Davis, 1999, p.69).

At this time of increasing school attendance, educators began to notice high rates of high school dropouts. Of course, the low-income students were the ones most susceptible to leaving high school before completion. One of the primary hurdles for students earning a diploma was fiscal. Some schools worked to find additional curricular resources for students from low socio-economic groups. It was no longer enough to open doors to all students; schools would have to make an effort to equalize resources in order to reduce the number of poor students dropping out (Grubb, 1995, pp. 6-7).

In 1918 the Commission on the Reorganization of Secondary Education took a giant step toward social equality by shifting schooling from preparation for a specific social class to preparation for democratic citizenship. The Commission affirmed the Comprehensive High School concept and advocated that some courses be required for everyone. The Commission recommended compulsory full-time attendance for “all normal boys and girls until 18 years of age,” regardless of race, religion, or economic background. John Dewey and the Progressive Education Association (PEA) surfaced at this time to endorse education as a vehicle for social equality and true democracy. Dewey proclaimed, “changing society and culture require new educational strategies that are responsive to the needs of the new society” (George et al., 2000, p. 15). PEA conducted an eight-year study that revealed the effectiveness of non-traditional instruction. Experiential learning and cooperative groups yielded greater mastery of material
than lecture and drill. But skeptics continued to justify the use of traditional methods, and schools saw few changes in either curriculum or efforts to promote social equality (George et al., 2000, p. 10-14). In the South schools were divided by race and class, creating different but supposedly equivalent systems (Davis, 1999, p. 69).

Again war changed the face of America. World War II brought unprecedented prosperity and the beginning of racial desegregation. In 1944 the NEA recommended compulsory education for all youth until age 18. However, no legal action required schooling for all youth. Tracking was still based on the parents’ social class, and formal education with rote memorization was the rule rather than the exception. When the USSR launched Sputnik I and II in 1957, political leaders reacted by leading the nation to a new focus on science, technology, and math in U.S. schools. In fear of Soviet dominance, American schools reverted back to earlier centuries when the purpose of school was to identify and train the most capable students to become leaders. Although few of the proposals of The Commission and PEA had become nationally accepted and implemented, the number of students attending public high school continued to increase. By 1960 10 million 14-17 year olds were attending schools with four tracks: college preparatory, vocational-commercial, general, and agricultural (George et al., 2000, p. 18-20). With each new chapter of schools, America extended a free, public education to more of the country’s population. People began to recognize that only through education could low-income students access employment (Grubb, 1995, p. 7). The changes in education preceded changes in social, economic, and government participation (George et al., 2000, p. 20).
The Call to Individualize Education

The 1960s and 1970s were decades of protest and reform with initiatives like Job Corps, compulsory education, and actual desegregation. In 1964 Lyndon B. Johnson championed the war on poverty and the Civil Rights Movement (George et al., 2000, p. 23; Grubb, 1995, p. 7). Schools were opened to all students. Simultaneously students no longer saw school as a privilege, and the curriculum quickly became irrelevant. This generation experimented with their sexuality, drugs, and rock music. Birth control pills advanced women’s rights. Divorce rates dramatically increased. Media came into every home through the television screen, and teens left homes readily with easy access to automobiles (George et al., 2000, p. 24). Family and community structures that had formerly molded children and youth began to crumble. An epidemic of apathy plagued schools, which seemed to offer an outdated education. Academic achievement decreased and discipline problems increased. Meanwhile other nations produced better products and captured the markets (George et al., 2000, p. 24). Cities called upon schools to fill the void of a changing society (Pallas et al., 1995, p. 33).

In the effort to educate the masses in this new social order, schools seemed to drift further away from their purpose. Although more students than ever attended schools, the institution had become incapable of shaping youth into democratic citizens, preparing them to participate in the economy, and elevating their social status. “Inequality and low-quality education accompany the institutionalization of mass education” (Davis, 1999, p.71). The challenge for schools had changed. By the end of the 1970s the high schools had done a “masterly job at selling the importance of high school attendance, but [had] failed in the attempt to sell to most students the value of working hard to learn to use one’s mind” (Powell et al. as quoted in George et al., 2000, p.32). During the 60s and 70s the students were there; now schools had to learn to engage them.
It was this cultural climate that would birth social programs for children. Schools began to consider that children could not learn if their basic needs were unmet. Settlement houses sponsored kindergartens that provided food and clothing. The school lunch and breakfast programs started during the 1960s. School nurses provided health checks and immunizations. The Head Start Program provided more than food and health care for preschoolers; Head Start also provided parent education and counseling (Grubb, 1995, p. 11). These programs were the first attempts to address the needs of the whole child, needs that had to be met in order for children to successfully participate in the learning process. With these programs also came the introduction of team-based services; “Golin and Ducanis (1981) suggested that the rise in team-based services [could] be attributed to two factors: the move toward holistic interventions and the passage of federal legal mandates” (Ogletree, 2001, p. 138). One such mandate came in 1975.

Minorities, girls, and impoverished children were not the only ones denied access to public education in the first part of the twentieth-century. Schools also turned away students with disabilities: “in 1970, U.S. schools educated only one in five children with disabilities, and many states had laws excluding certain students, including children who were deaf, blind, emotionally disturbed, or mentally retarded.” As a result adults with disabilities often found themselves confined to state institutions. These individuals were not able to participate in democracy at any level because they were denied education. Congress acted with bold legislation in 1975—Education for All Handicapped Children Act (Public Law 94-142). This landmark law required states to protect the rights and meet the needs of children with disabilities and their families: “to assure that all children with disabilities have available to them . . . a free appropriate public education which emphasizes special education and related services designed to meet their unique needs.” The law also provided funding to assist states in providing
education for these students (“IDEA,” 2000, pp. 1-3). This law and others would encourage the inception of Student Support Teams by requiring team-based service delivery (Ogletree, 2001, p. 138).

The 1980s began with a public announcement proclaiming that America’s educational system was mediocre and inadequate: The National Commission on Excellence in Education released *A Nation at Risk* in 1983. The report highlighted the weaknesses of the educational system and its poor standing when compared with other industrialized nations. It recommended increasing the requirements for high school graduation and teacher preparation. *A Nation at Risk* did not mention meeting changing student needs, but other educators of the decade would address this crucial topic.

In the 1980s and 1990s Mortimer Adler, Ernest Boyer, John Goodlad, and the National Association of Secondary School Principals all completed studies that also advocated for a common curriculum for all students, but they each recognized the need to individualize education. Adler proposed discussion rather than the drill and lecture so prevalent in schools at the time. Boyer proved the effectiveness of individualized learning through service projects and senior projects. Goodlad envisioned schools and educators with more autonomy at the local level to design solutions for specific populations. The National Association of Secondary School Principals recommended personalizing education in 1996. One strategy for this personalization was to decrease the size of high schools, particularly in urban areas. Other researchers came to the same conclusion about the need for small schools. Following these studies some New York City schools divided to provide smaller learning communities (George et al., 2000, pp. 28-36). Most states took a different approach to addressing students who were not immediately successful in the general education curriculum: “In response to these problems, over the past two
decades, State Education Agencies (SEAs) have instituted a variety of direct service programs, collaborative, and consultation procedures to better support students experiencing problems in school. By the late 1980’s over one-half of SEAs had either mandated or recommended the development of school based consultation teams” (Carter & Sugai as cited in Ormsbee & Haring, 2000). These teams implement interventions to assist struggling students. States were beginning to consider individual student needs in the increasing population of public high school students.

TODAY- TO ENGAGE ALL STUDENTS

The Changing Role of the School

Regardless of school size, the impersonal factory model still dominates United States schools. Schools teach students as if they were all the same. They cater to students who come from stable communities and families. They successfully educate these students, yet these do not comprise the majority of students attending America’s schools today. Following the trends of fertility and migration, experts “expect the number and proportion of Hispanic children and youth to more than double, the number of Asian and African-American children to rise, and the proportion of non-Hispanic white children to decline” (Pallas et al. 1995, p.31). While race and ethnicity do not entirely define a child, they do provide general indicators of other characteristics: “nonwhite children are more likely than white children to live with only one parent; to live in poverty; to have a mother who has not completed high school; and to speak a primary language other than English.” Given that the non-white population is increasing and that non-white children statistically have more at-risk characteristics, schools of the future will
be serving a growing number of students who do not have the profile of the former ideal student. (Pallas et al., 1995, p. 32). The concept of the ideal student has to expand and change.

Therefore, the factory model, in which students take responsibility for their own learning in a uniform instructional setting, is no longer effective in educating America’s youth. At the beginning of the school year in 1995, 51.7 million students were attending schools—more than the number attending at any other time in the history of the nation (Davis, 1999, p. 67). Theodore Sizer noted that students were only being required to attend the American high school, not learn (George et al., 2000, p. 32). Now society holds the school—not the student, family, or community—accountable for students’ mastering learning objectives and staying in school until graduation. Schools face increasing pressure to meet the needs of students who are “fundamentally different from the idealized image of the white middle-class suburban family where dad earns an adequate wage and mom is a housewife” (Pallas et al., 1995, pp. 32, 34). Many educators recognize the problem but cannot identify the solution. “Teachers are concerned about the growing inclusion of students with emotional and behavioral problems in general education classrooms and the increasing level of diversity common in America’s schools” (White et al., 2001, p.3). Statistics show that they should be concerned.

Antisocial behavior is a broad term for any behavioral response that violates social norms. Some activities of antisocial adolescents include lying, theft, aggression, vandalism, and truancy. These behaviors can cause students to become unsuccessful in the school setting. The number of pupils engaging in extreme antisocial behavior is increasing dramatically. Greater than 3% of the general population of children exhibits these traits. In fact authorities place many of these youths in residential treatment centers for behavioral concerns. “For example, from 1991 to 1995 the total population of juveniles in private residential facilities increased from
36,190 to 39,671, an increase of 9.62%. Worse yet, for the latter 2 years (1993-1995), the same population of juveniles in residential facilities increased by 11.35%, an increase of 4,045 youth.” (McCurdy et al., 2003) Statistics justify the cause for concern among educators.

Schools can only make progress when they address the whole range of pupil issues in a coordinated fashion. As noted in the Introduction, schools need this coordination at three levels to meet growing student needs. The primary step must be whole-school, the development of a caring school environment that teaches “appropriate behaviors and problem solving skills, positive behavioral support, and appropriate academic instruction” (Dwyer & Osher, 2000, p.3). The second level addresses the 10% to 15% of students who require early intervention (Dwyer & Osher, 2000; Scott & Eber, 2003). Schools must “create services and supports that address risk factors and build protective factors for students at risk for severe academic or behavioral difficulties” (Dwyer & Osher, 2000, p.3). With an increasingly diverse and challenging student population in public high schools, teachers need resources available to meet the needs of students with behavioral and learning difficulties (Bruskewitz as referenced in Zetlin, 2000; Villa & Thousand as referenced in Ormsbee & Haring, 2000; McCurdy et al., 2003). Student Support Teams can intercede at this level to assist the small percentage of students who pose problems that are insurmountable to the classroom teacher alone. Schools reserve the tertiary system for students who need intensive, sustained interventions that beyond the initial level (Dwyer & Osher, 2000; Scott & Eber, 2003). Student Support Teams attend to the needs of students for whom the initial interventions have been unsuccessful. The team approach reduces the duplication of efforts and expands programs to address all students (Johnson & Johnson, 2003).
Cultural Challenges Facing Schools

Schools have several complex challenges in the effort to ensure that every child completes his or her education. Drugs and crime seem to have a growing allure. While the country’s overall crime rate decreases, the juvenile crime rate increases (Davis, 1999, p. 67). Expelling students who engage in crimes might be the easy answer; however, schools must find ways to prevent violence from overtaking them without permanently excluding pupils from the educational system. “Exclusion . . . serves to exacerbate what are already difficult circumstances for the child and can lead them into [more] crime. Only 15% of permanently excluded secondary-aged pupils return to mainstream school” (Audit Commission; Cullingford as quoted in Hallam, 2001, p. 170). If students are excluded, the public education system does not serve them, and the doors of the public high school are closed again to a group of students. So how can educational institutions overcome the cultures in which drugs and crime, not education, indicate social status? Schools have to find ways to make learning more enticing than the life of adventure, wealth, and pleasure found in illegal activity (Davis, 1999, p. 67).

One reason why some teens seek this lifestyle is their desire to establish an identity. Young people of this generation resist the structure of institutions. Society expects students to be somewhat uniform, and students want to affirm their right to be different. In an effort to distinguish themselves, they oppose the bureaucracy of school. Students may create an identity through racial or gender pride. Students from groups that have been excluded in society may bring further oppression upon themselves at school by “exerting their pride and inadvertently reproducing racist or sexist attitudes and practices.” This conflict breeds aggression, unwillingness to compromise, and participation in crime and violence (Davis, 1999, p. 79). Schools struggle to compete with these forces to educate all students.
In previous decades students saw education as the way to advance. Since education no longer guarantees economic success, some minority groups and lower socioeconomic groups associate success in school “as the exclusive prerogative of middle-class whites, and define their own social identities in ways that devalue scholastic success” (Pallas et al., 1995, p.40).

Resistance to the establishment is not the only reason why a high school education has decreasing value. When the elite were the only ones who had access to a diploma, it had prestige because it signified an unusual level of accomplishment. It was the ticket to success. Now a diploma is offered to nearly everyone, and it is no longer sufficient preparation for achieving success in the workplace. Graduate degrees are requirements for many professions, so the diploma alone is not enough.

In past generations individuals secured an education for a specific career and many stayed with one employer in that field until retirement. With changing technology and global business, more people change employers numerous times in the course of a career, even in highly specialized professions. “The education system and the economy move to different rhythms.” An education does not necessarily guarantee a high paying job (Pallas et al., 1995, pp. 39-40).

New technology advances education but can also serve as another challenge for schools. Teens find a satisfying education through media that are readily accessible today. Hundreds of television stations available on demand, internet sites, interactive video, and other media serve as a peer influence for teens. Often the information provided is not complete (Sutton, 2002, p. 26).

Media leave crucial gaps in student understanding that students need for good decision-making. Media also provide misinformation. Anyone can create and post a website claiming facts about a given topic, but it takes a discerning eye to distinguish fiction from reality. Schools
must teach truths that often fly in the face of the media’s portrayal of life and its powerful grip on students (Steele, 2002, p.249). The media can be a valued partner in the educational process, but it can also serve as the public school’s nemesis. Society today is not short on hurdles for high school educators. “The good news is that for many of these children, schools have the potential to offset the toxic effects of community and family risk factors by providing a stabilizing and enriching environment where important academic and social skills are taught and where influential adult-child relationships can flourish” (Dishion et al.; Walker et al. as referenced in McCurdy et al., 2003). When the caring school community with quality programs is not enough for individual students, Student Support Team can provide interventions to promote their success (S. Crouch, personal communication, March 5, 2004).

Student Support Team “is a campus problem solving approach that links professionals, and support systems to work as partners to assist-risk students. The SST is part of a comprehensive, collaborative plan that includes strategies targeted to meet a variety of student needs” (San Antonio). Most Student Support Teams operate on a six-step process.

First, someone in the school community—parent, teacher, or other personnel--recognizes warning signs of behavioral or academic problems and completes a referral to SST. “The Student Support Team operates with a main committee that serves as a clearinghouse wherein faculty, staff, parents, community agencies and/or students can make a referral for support services” (Beatty, 2002). The team invites the parent and student to become involved in the initial meeting during which SST will meet and review the referral, identify barriers to success, develop interventions, identify timelines, and assign data collection and case management responsibilities” (New Hanover, 2003).
Secondly, SST orders necessary assessments of the student. Then SST develops an educational plan, also called an intervention plan that includes “specific interventions, intervention timelines, other data collection activities, an assessment of intervention effectiveness and a follow-up date” (New Hanover, 2003). The case manager takes responsibility for ensuring implementation of the plan and working with the team to follow up and support the student. The team, including the parent and student, works collaboratively and continuously monitors the student to make adjustments as necessary (Atlanta, n.d.).

Depending upon the outcome of the interventions for a particular student, the SST may shift to the procedures outlined by IDEA to serve a student through the special education program. The team may also establish an IAP plan under section 504 of the 1990 Americans with Disabilities Act (ADA). The original intent of SST was to fulfill federal requirements for referrals to special education services. However, too many students were being labeled erroneously.

The Closing the Gap initiative highlights these problems: “Blacks are nearly three times more likely that whites to be labeled mentally retarded (up to five times more in some states) and twice as likely to be labeled emotionally disturbed” (Milloy, 2003). Over time, SST has started to implement the programs and interventions necessary to promote the success of all students (Ormsbee, 2001; Ormsbee & Haring 2000; Atlanta). SST now aims to reduce the number of students tested and placed in special education services (Zetlin, 2000; D. Stout, personal communication, March 3, 2004). Some states “require[] teacher[s] to use a host of intervention strategies, with the help of mentors and school-based support teams, for at least six weeks before even considering a referral” (Milloy, 2003). Consequently, team-suggested interventions have been successful in more than 50% of cases; students find success with educational plans through
SST that are never formalized into IEPs or IAPs (Zetlin, 2000; Stout). The following pages will describe the SST process prior to assessment and identification for special education since these procedures are already clearly defined by IDEA.

Legislation

Although no federal legislation mandates Student Support Teams, the United States Department of Education has recommended SST as a means for achieving compliance with other laws, such as The Individuals with Disabilities Education Act (IDEA), Elementary and Secondary Education Act (ESEA), and the Gun-Free Schools Act. Documents produced during the Clinton presidency articulate the link between SST and these bills (Dwyer & Osher, 2000). The current federal administration has not published any document exploring the connection between SST and the No Child Left Behind Act (NCLB), the latest revision of ESEA, but the relation is not subtle. “As the Adequate Yearly Progress (AYP) provisions of No Child Left Behind are implemented, an effective Student Support Team (SST) process will become even more vital for schools” (Advancing Education, 2003) because SST achieves many of the goals set forth by the legislation. The goals are listed below with the corresponding section of the law in parentheses:

1. Reduce disruptive behavior (1421a1A)
2. Reduce the need for repeat suspensions and expulsions (4130a2A)
3. Enable students to meet challenging State academic standards (4130a2A)
4. Increase the rate of students graduating (1430b)
5. Increase the percent of students succeeding in post-secondary education (1430b)
6. Decrease incidents of violence (4121a)
7. Decrease illegal drug use (4121a)
8. Decrease criminal or delinquent activity (4130a2A)

The program design will illustrate the congruency between SST and NCLB while showing specific areas on which schools should focus as they develop their teams.

PROGRAM- TO INTERVENE FOR STRUGGLING STUDENTS

Groundwork

The process of beginning or restructuring a Student Support Team should begin during the spring of the year. Adjusting the high school master schedule to free personnel to participate in SST is crucial (T. Durrant, personal communication, March 4, 2004; D. Stout, personal communication, March 3, 2004). By taking several steps at the end of one year, the team can prepare schedules to optimize their work the following school year. During the first year team members can collect data about the most common problems students in the population experience. From that information the team can recommend new programs to address those patterns in the school (Zetlin, 2000). The full implementation of a quality SST cannot occur immediately; the process will take one to two years.

Anyone—administrators, concerned teachers, counselors-- can do the initial planning for restructuring the team. Leaders should give consideration to who has respect and influence with the staff. Their participation in the process will increase buy-in and be vital to the success of the process. Often schools use part or all of their Schoolwide Team, sometimes called School Improvement Team or School Management Team, to launch new initiatives. The use of the Schoolwide Team in starting or restructuring SST is appropriate. “While the primary functions of these two teams are different, both teams are necessary to create safe, educationally sound
learning environments. The teams have different responsibilities, but coordination is necessary” (Dwyer & Osher, 2000, p.5). Whoever takes the lead in this endeavor should consider several steps in reaching the goal of a successful SST at the site.

Administration plays a key role in forming a working SST. Although the momentum for the effort will need to come from a larger group of teachers and support staff members, administrative backing for the team is essential. Teams need the external support of time, money, and other resources (Ogletree, 2001). Administrators will need to allot time for the team to meet each week. This will require adjustments to the master schedule. Schools that lack this support often have to find team members who already have common available times. In doing so the team leader assembles individuals based on their schedules rather than on their desire to design and implement interventions for students. In addition the team leader may have to “start over” with a new team each semester. The constant training and the lack of continuity impair the team’s ability to meet student needs (T. Durrant, personal communication, March 4, 2004).

In addition to time, administrators can offer compensation, recognition, and incentives for staff members who devote large amounts of time to the SST process. In some systems SST members receive stipends similar to those that coaches receive. Other schools excuse SST members from duties that most staff members are required to perform (D. Stout, personal communication, March 3, 2004). Resources beyond time and compensation may be necessary for the establishment and operation of SST. Copies, staff development, and other needs may arise. The commitment of the senior management of the school lends validity to the team’s work (Hallam, 2001).

The entire school staff needs information about the intervention process. Therefore, staff development will be the next step. Poor or absent staff development often impedes the ability of
the SST to impact the school (D. Stout, personal communication, March 3, 2004). Initial staff
development should include several components. Specific signs indicate that a student may need
intervention. “Understanding is the first step in the process of early intervention because it gives
people the knowledge to recognize when a student may need help” (Dwyer & Osher, 2000, p. 17).
Educating faculty members about these signs is one component of the initial staff
development. Teachers will immediately think of students they know who exhibit these warning
signs. They will recognize that something must be done. Then they will be prepared to hear
about the SST referral response process.

This is the second component of the first staff development session. Once teachers see
that they will have a way to seek help for these students, they will wonder what the process will
entail. At this point they will receive information about the role and function of SST in the
school. This element of the staff development will help teachers understand how SST will
benefit individual students and what they as teachers will need to do to carry out the
interventions. Some staff members will sense a desire to participate more fully in the process.
Giving these individuals an opportunity to volunteer for the team will glean team members who
have a passion for marginalized students and who are committed to the process.

Figure 1 illustrates the steps that a school can take the year before implementing an
effective Student Support Team.
<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schoolwide Team</td>
<td>Plans initial staff development</td>
</tr>
<tr>
<td></td>
<td>- Indicators of the need for intervention</td>
</tr>
<tr>
<td></td>
<td>- Description of SST process and function</td>
</tr>
<tr>
<td>Schoolwide Team</td>
<td>Selects the core team and SST coordinator</td>
</tr>
<tr>
<td>Core Team</td>
<td>Selects an organizational structure</td>
</tr>
<tr>
<td>Administration</td>
<td>Prepares schedules and budgets for the following year that will optimize SST work</td>
</tr>
<tr>
<td>Core Team</td>
<td>Develops partnerships with outside agencies</td>
</tr>
<tr>
<td>Core Team</td>
<td>Determines the referral process</td>
</tr>
<tr>
<td>Core Team</td>
<td>Educates all stakeholders about the referral process</td>
</tr>
</tbody>
</table>

Figure 1: Steps for Establishing a Student Support Team

Core Team

Forming the core team will be the next important step. Membership on the core team should be drawn from those who have leadership and major service roles at the school (Zetlin, 2000, p.2). “Successful teams [are] not characterized by the inclusion of a particular group of professionals. It [is] the interpersonal skills, ability to communicate with pupils, parents, and staff and credibility with the school staff of team members that [is] important” (Hallam, 2001, p.4). Although some administrations appoint team members, a team of volunteers is always more effective (T. Durrant, personal communication, March 4, 2004; S. Crouch, personal communication, March 5, 2004; D. Stout, personal communication, March 3, 2004). Some recruitment may need to take place to ensure a balanced team with appropriate stakeholders represented.

A core group of professionals should make up SST. This group of individuals will be present at every meeting. Other people, including the parents, the student, the students’ teachers, special staff (such as the school nurse), and outside agencies, may attend meetings for specific
students (San Antonio, 2003; Atlanta; Dwyer & Osher, 2000). The benefits of including outside agencies will be addressed below.

The ideal team has rotating or staggered terms of service so that some team members are new and some have experience. If half of the members rotate off the team each year while half remain on for another year, the team will have continuity and will train members without a numerous sessions for that exclusive purpose. Therefore, two-year terms on SST seem to work best (D. Stout, personal communication, March 3, 2004; T. Durrant, personal communication, March 4, 2004).

Who should be on the core team? Dwyer and Osher recommend that Schoolwide Team and the Student Support Team have several members—an administrator, a teacher, and the school’s mental health professional (a counselor, psychologist, or social worker)—in common (2000). Regular education teachers should come from a variety of disciplines. High schools have a tendency to become departmentalized. Having teachers from different areas will increase communication and diversity of input (D. Stout, personal communication, March 3, 2004). The core team also needs a special education teacher. This person is familiar with the characteristics of disabilities, interventions to assist with specific needs, and federal and state laws pertaining to students with disabilities. The inclusion of various support staff members is also important.

“Presently, in most schools, each health and human service unit (i.e., counseling services, nursing, psychological services, mental health services, etc.) operates separately from other service units at the school. There is almost no integrated support for students or any system for coordinating services” (Zetlin, 2000, p. 2). For this reason support staff members either need to commit to being a part of the core team or they need to complete information for each student referred to SST. Their input in some form is essential.
Some schools do not have a core team. They convene relevant personnel for each case referred for intervention. This approach is not optimal for several reasons. First, it weakens the organization of SST. A committee convened just for one student is not likely to review the progress of the case as often as the core team that meets weekly to review cases. Secondly, lack of a core team generates inconsistencies. Everyone in the building cannot specialize in the SST process. Having a core team ensures that the committee follows the process consistently. The absence of a core team also reduces the expertise available. Staff members who meet regularly to brainstorm, implement, and review interventions have proficiencies in the process that others will not. Finally a core team develops familiarity necessary for valuable communication and trust, two essential attributes successful teams: “Open and honest communication is based on an environment that engenders trust. . . [E]ffective teams share information, resolved conflict, discover unique contributions of members, and advocate with others” (Ogletree, 2001, p.5). Thus, having the core team creates an effective and efficient process.

While the core team is essential, all of the core team members are not required to be present in order for a meeting to take place. The team members should be committed and attend meetings each week, yet occasions will arise when a team member must be absent. In these events the meetings can continue to take place (Atlanta). Each team should establish a guideline for who must be present in order for the meeting to take place. Typically the mandatory parties include a regular education teacher, the SST coordinator, and an administrator.

The careful selection of a chairperson or coordinator is critical to a successful SST. The coordinator should be someone who works with the entire school population (in all courses of study). For example, a regular education teacher does not have a broad knowledge of students with disabilities. Bias in the leadership will be inherent in a case like this. A counselor, social
worker, or intervention specialist is the best choice for a coordinator (D. Stout, personal communication, March 3, 2004). An administrator is not be an appropriate coordinator because referring teachers need to be able to speak freely about student concerns. While the SST process seeks solutions rather than places blame, candidly identifying problems is part of the process. Sometimes administrators are a part of the problem, and teachers do not feel comfortable sharing these details if the administrator acts as the coordinator of the team (D. Stout, personal communication, March 3, 2004). Co-chairs can be an operative approach to leadership for SST. Two individuals can share the large responsibility of heading the team (Beatty, 2002). They can also provide stability when situations arise that may take one of the individuals away from the team for a week or more.

Organizational Model

Locations have established different models for high school SST. Several SST models prove to be most effective. A grade-level team model or an umbrella model work best at the high school level. Both of these models are transdisciplinary, rather than multidisciplinary or interdisciplinary. In transdisciplinary teams one or two team members deliver services while others act as consultants. For example, the parent, teacher, and psychiatrist from the Mental Health Center might be delivering interventions but the other SST members will act as consultants to recommend interventions and monitor the progress of the student. This approach has significant advantages. This model emphasizes the individuals who work with the child, particularly the family and the pupil’s teachers. “Second, the provision of interdependent training by transdisciplinary team members creates more informed observers and more effective practitioners by broadening the focus of team members. Third, role release can contribute to
holistic and efficient services” (Ogletree, 2001). The primary drawback to this approach is that sometimes teachers and parents feel that others should take charge of the interventions rather than being responsible themselves for the delivery of services. Some teachers or parents will refer a child to SST hoping that the team will solve the problems of the child and alleviate the burden on the teacher/family. The inverse is actually true. The team will support the teacher or parent, but the teacher and family must invest time and energy into the process of intervening on behalf of the student (Stout). SST gives these parties direction and resources, but it does not accomplish the work for them. This is the transdisciplinary aspect of successful SST models.

Some schools currently use a multidisciplinary team model. In this structure, team members deliver services independently, but the SST coordinator is responsible for final decision-making. A student may be receiving anger management training through the intervention specialist, therapy through a counselor, and disciplinary action through school administrators. Some schools will think that they are making gains when they get all of these service providers at the same meeting to discuss the child (H. Humprey-Greer, personal communication, March 2, 2004). However, under the multidisciplinary team model, the SST coordinator would make the decisions about the child. The team members do not have an equal voice in the decision-making. The focus “is not on the interdependent working relationship of the team members, but rather on the input of the team members to the team leader, who assimilates and directs the final outcomes/recommendations” (Rokusek as quoted in Ogletree, 2001, p. 139). The advantage to this approach is that it is convenient; the time commitment is minimal. However, the unequal roles of the team members will mean that decisions will not reflect team or family priorities. The lack of collaboration can cause redundant services or, worse, conflicting services. For example, the administrator might suspend the child from school
for fighting while the intervention specialist is teaching the student to face the problem and resolve it even if handled inappropriately initially. The “limited communication and collaboration . . . can lead to a maze of loosely related goals that make care appear fractionated” (Ogletree, 2001, p. 139).

Interdisciplinary teams emphasize interdependence and collaboration. Team members maintain the roles of their specialized area (Ogletree, 2001). Teachers teach the child. Counselors counsel the child. Parents provide for primary needs of the child. As an SST model, an interdisciplinary team diminishes the role of individuals who already work with the student on a regular basis and those who have a rapport with the student. Those who work with the student need to meet frequently with those delivering the services to communicate critical information about the progress of the interventions. This additional step adds time and decreases the immediacy of the interventions. For these reasons, this approach is not most effective for SSTs. Thus, transdisciplinary teaming is the best method for Student Support Teams. While this term describes the type of decision-making within the team, it is not really descriptive of the organization of the team.

Effectual high school teams can employ one of two systems: the grade-level team model or the umbrella model. Schools using the grade-level team model “will organize a Student Support Team to coincide with the grade level assignment of guidance counselors or a Student Support Team for each grade level” (Atlanta, n.d.). Schools opting for this model usually have grade-level teaming occurring for instructional purposes. For example, Lakeside High School, an alternative school in Wilmington, North Carolina, used this approach during an era in which they had instructional teams for each grade level that planned interdisciplinary units. The school was relatively small, with just 200 students. Each teacher taught primarily one grade level, and
teachers of each grade level had the majority of their students in common. They met weekly to discuss concerns about students and set up formalized intervention meetings. Institutions that have schools within a school, such as a freshman academy, also benefit from this format. Again, teachers and students are already organized into teams within the grade-level, making this structure a natural choice for those situations.

The advisor model works as a variation on the grade-level model. Schools with existing advisement programs may opt for this approach. Advisors serve as the case managers for the students, and the program is set up much like a mentoring program (Greene County, n.d.; George et al., 2000). The advisor model could be used in conjunction with another model; the referral goes to the team, but the advisor plays a critical role in ensuring that the interventions occur.

High schools are typically not organized by grade level or by instructional teams. They are highly departmentalized (S. Crouch, personal communication, March 5, 2004). A large student body and a staff separated by disciplines often necessitates the second approach, which is more complex but works effectively in almost any high school structure. New Hanover High School in developed an SST with the umbrella model. Their work has been highly successful (Beatty, 2002; S. Crouch, personal communication, March 5, 2004; T. Durrant, personal communication, March 4, 2004). Their core team consists of committee chairs from seven subcommittees. The core team meets weekly. The subcommittees also meet weekly on a day other than the meeting day set aside for the core team. Members of the subcommittees do not have to attend the core team meetings, but they may attend if they wish (Beatty, 2002; S. Crouch, personal communication, March 5, 2004; T. Durrant, personal communication, March 4, 2004). The function of the subcommittees is to “receive referrals discussed by the core group, devise strategies to help students, meet with the students and implement the strategies and assign a case
manager to follow up and report back to the core committee. This procedure decreases meeting time, the volume of paperwork and contact hours for the core group” (Beatty, 2002, p. 32). The seven subcommittees each have a specific function: strategies team, which implements strategies in the regular classroom setting as needed to assist students with academic and behavioral goals; 504 accommodations, which provides strategies for students with a disability that impairs a major life activity; intervention team, which operates through the special education department and manages Individualized Education Plans (IEPs); English as a Second Language (ESL) Team, which serves the needs of pupils who are Limited English Proficient; tutorial, which connects students with academic difficulties to tutors outside the classroom; homebound, which assists homebound instructors with serving students who cannot attend classes at school; safe schools, which addresses chronic discipline offenders (Beatty, 2002, p. 36). The names and functions of the committees are negotiable. The umbrella model simply refers to the concept of having core team members who head subcommittees that will intervene with student concerns in specific ways. Figure 2 illustrates this model.
The SSC, HBC and ESLC function independently of each other.

Committees receive referrals from the Core Team but may receive referrals apart from SST.

Figure 2: Umbrella Model for Student Support Team
Some systems propose a subject-area team model in which high schools “organize a Student Support Team for each subject area or instructional discipline” (Atlanta, n.d.). This approach is not advisable because it does not separate students into distinct caseloads for each team. With the subject-area team model, multiple teams can serve students since pupils take courses in all disciplines. The problems of students referred to SST are generally not connected to a specific discipline. The issues must be addressed holistically by considering the student’s family life, mental health, aptitudes, and other factors, none of which are related to a particular discipline.

Referral Process

After a school has formed the team, selected a coordinator or co-coordinators, and determined the organizational structure for the SST, the team is prepared to establish the referral process. Decisions about the referral process are primarily logistic. The team should identify specific warning signs that might warrant a referral, develop a referral form, and determine who will accept the referrals. In general, teams are looking for students who are exhibiting academic or behavioral problems that impede their success or disrupt the learning environment. Several teams compile lists of warning signs of violence, behavioral problems, academic shortcomings, and family concerns (Figure 3) that assist concerned individuals in knowing what issues might warrant an SST referral.
<table>
<thead>
<tr>
<th>Warning Signs of Violence (Dwyer &amp; Osher, 2000)</th>
<th>Behavioral Concerns (Beatty, 2002; Humphrey-Greer; San Antonio)</th>
<th>Academic Concerns (San Antonio)</th>
<th>Family Concerns (Humphrey-Greer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Social withdrawal</td>
<td>• Short attention span or distractibility</td>
<td>• Verbal expression</td>
<td>• Parents’ separation</td>
</tr>
<tr>
<td>• Excessive feelings of isolation or being alone</td>
<td>• Poor concentration</td>
<td>• Articulation</td>
<td>• Parents’ divorced</td>
</tr>
<tr>
<td>• Excessive feelings of rejection</td>
<td>• High activity level</td>
<td>• Listening comprehension</td>
<td>• Death of a loved one</td>
</tr>
<tr>
<td>• Being a victim of violence</td>
<td>• Low energy level</td>
<td>• Vocabulary</td>
<td>• Departure of a family member</td>
</tr>
<tr>
<td>• Feelings of being picked on a persecuted</td>
<td>• Poor organization and work habits</td>
<td>• Following oral directions</td>
<td>• Return of a family member</td>
</tr>
<tr>
<td>• Low school interest and poor academic performance</td>
<td>• Low rates of task completion</td>
<td>• Following written directions</td>
<td>• Violent or criminal incident</td>
</tr>
<tr>
<td>• Expression of violence in writing and drawings</td>
<td>• Mood swings</td>
<td>• Word recognition</td>
<td>• Substance abuse</td>
</tr>
<tr>
<td>• Uncontrolled anger Patterns of impulsive and chronic hitting, intimidating, and bullying behaviors</td>
<td>• Difficulty in getting along with others</td>
<td>• Reading comprehension</td>
<td>• Physical illness</td>
</tr>
<tr>
<td>• History of discipline problems</td>
<td>• Blaming others and avoiding responsibility</td>
<td>• Written language</td>
<td>• Mental illness</td>
</tr>
<tr>
<td>• History of violent and aggressive behavior</td>
<td>• Changes in school performance</td>
<td>• Handwriting</td>
<td>• Financial struggles</td>
</tr>
<tr>
<td>• Intolerance for differences and prejudicial attitudes</td>
<td>• Changes in eating or sleeping habits</td>
<td>• Rate of performance in comparison with peers</td>
<td>• Recent or upcoming move</td>
</tr>
<tr>
<td>• Drug use and alcohol use</td>
<td>• Changes in personal appearance or hygiene</td>
<td>• Math calculation</td>
<td></td>
</tr>
<tr>
<td>• Affiliation with gangs</td>
<td>• Poor attendance</td>
<td>• Math reasoning</td>
<td></td>
</tr>
<tr>
<td>• Inappropriate access to, possession of, and use of firearms</td>
<td>• Learning difficulties or poor study habits</td>
<td>• Understanding concepts</td>
<td></td>
</tr>
<tr>
<td>• Serious threats of violence</td>
<td>• Stealing, cheating, deceiving</td>
<td>• Retention of learned material</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Demanding constant attention</td>
<td>• Remembering Details</td>
<td></td>
</tr>
</tbody>
</table>

Figure 3: Indicators of the Need for Intervention
The team also needs to decide what actions must take place before someone can make a referral to SST. Some schools require a number of parent contacts and weeks of classroom interventions. Others have no requirements. Because referrals can come from any stakeholder—a parent, student, teacher, administrator, support staff person, or community member—stringent prerequisites may not be suitable. Basic requirements for teacher referrals should include at least two parent contacts and documented fundamental classroom practices. If the teacher has not been in contact with parents, he or she may be overlooking valuable insight and resources available from the child’s home. Parent communication is a primary way of altering student behaviors or gaining insight about the way a child is acting. Documented classroom practices include things like preferential seating, paired oral and written instructions, use of a word-processor for assignments, after-school tutoring, and interim reports. Every teacher should utilize best practices in the classroom to promote the success of all students. The absence of these practices is not cause for a referral to SST by that teacher. If a teacher is not providing these tools to a student, a parent-teacher conference or an administrative report should take place. Parent contacts and documented best practices are the only necessary prerequisites for a teacher referral.

A simple and functional referral form should be readily available for all stakeholders. A sample form is included in Appendix A. Schools typically route referral forms to the coordinator or co-coordinator and have a deadline for referrals that will be discussed at a scheduled meeting. For example, if the team meets every Wednesday, the deadline for referral submission might be Monday at the close of school. Some schools require that the individual referring the student speak with the coordinator by phone or in person in conjunction with completing the referral form (Atlanta, n.d.; H. Humphrey-Greer, personal communication, March 2, 2004). This
conversation will be especially important if the referring individual will be unable to attend the initial SST meeting.

The nuances of the referral process should be discussed and decided upon by the entire core team. Once the process is clearly established, the team must develop a plan for disseminating the information to all stakeholders. Publishing the referral guidelines and form on the school website in the school newsletter, and in a brochure (Sample in Appendix B) placed in school offices and community agencies will allow people to make referrals when the signs are present. “It is important for all staff and families to understand the role and function of the Student Support Team and to be informed that the team is the authority to whom they bring their concerns regarding a child who may be exhibiting early warning signs. Staff training, parent question-and-answer sessions, classroom visits to inform students, and a public relations campaign within the community are needed to explain the team’s membership, purpose, and approach and to disseminate information about how to request the teams’ assistance” (Dwyer & Osher, 2001). Therefore, the team should make arrangements to continue to offer professional development to all staff members to explore the warning signs and the referral process. Some schools provide ongoing professional development about these signs by having law enforcement and community agencies speak briefly at each staff meeting. These professionals can offer valuable clues about gang apparel, drug use, eating disorders, and other areas of concern (H. Humphrey-Greer, personal communication, March 2, 2004).

Initial Meeting

Most SSTs meet weekly or biweekly. Weekly meetings allow teams to respond more promptly to referrals. The coordinator prepares an agenda for each meeting that will include any
new referrals or cases due for review. The coordinator presents any new referrals. The team assigns a case manager who will collect data and contact the parents to schedule an “initial meeting” for the following week. Parent notification may occur by phone or e-mail, but the case manager should also mail a formal letter and keep a copy on file. In addition, the case manager should place a copy of the referral in the student’s educational record.

Some coordinators take responsibility for data collection and parent contact on every referral. They present every case to the team (H. Humphrey-Greer, personal communication, March 2, 2004; Greene County n.d.). This set-up promotes a multidisciplinary organization for the team, a format previously discussed as ineffective for SSTs. Another danger with this approach is burnout for the coordinator. The coordinator must utilize the team by allowing members to participate in the process. Other schools require the referring teacher to collect all of the necessary data. This mandate reduces the number of teachers who are willing to submit referrals and makes the information-gathering process less consistent. The best method for collecting data is to allow a case manager to begin working with the file.

After the initial meeting and development of the education plan, teams usually review cases every three weeks while they are still active. “The core team weekly meetings begin with follow-up from the previous meeting and may include discussion of actual strategies implemented and the person(s) monitoring the student. Discussion is often followed by additional suggestions, if needed. New referrals are then introduced per student with supporting information. Discussion is held and suggested strategies presented. If necessary, the information is passed onto the subcommittee best suited to implement the strategies. If there are not enough supporting data, the student’s name is held over until the next week when assigned members report back with requested information” (Beatty, 2002, p. 33).
Prior to the initial meeting about the student, the case manager will need to collect information, including a copy of the transcript, attendance record, discipline record, graded work samples in the area of concern, health information, and family background information (Ormsbee, 2001; S. Crouch, personal communication, March 5, 2004; D. Stout, March 3, 2004). San Antonio Independent School District has developed forms (Appendices C and D) for obtaining health and family background information. If the child is receiving services from an outside agency, such as a mental health center, juvenile justice, or a crisis center, the case manager should obtain signatures from the parent for the consent of mutual exchange of information. The case workers from these agencies should be invited to attend the initial meeting. After compiling this information, the case manager should prepare a brief summary, noting areas of concern or patterns of behaviors that might be of help to the committee.

Although these procedures for the referral and data collection are well founded and are a sound practice in most cases, the process should never become so complex and legalistic that students who need immediate attention are dangerously postponed (H. Humphrey-Greer, personal communication, March 2, 2004). For example, a student who reveals detailed plans for suicide or who reports her rape needs urgent assistance. The team should develop an alternate procedure for these types of requests for intervention. The referral form could include a box that can be checked or a form copied onto brightly colored paper or a form with a list of imminent warning signs that should be referred immediately to the principal. “The Student Support Team must respond by convening as soon as possible following the receipt of a referral regarding a child exhibiting early warning signs” (Dwyer & Osher, 2001, p.19). The team may need to place this item ahead of others on the agenda or meet on a day and time other than the regularly scheduled time. Schools must place the interest of the child first and be flexible with the process.
to ensure the safety of all students. Encouraging informal consultations with concerned parents, students, and staff can also prevent problems. Some individuals will be cautious about placing their concerns in writing, fearing that they may be unfounded. But they will be willing to have a less formal conversation with the coordinator or other team member (Dwyer & Osher, 2001). These consultations may lead to SST involvement in a critical situation.

After the case manager has arranged for all relevant parties to attend the initial meeting and has gathered data and thought about a summary, the initial meeting can take place. At this time, the team will be focusing on understanding the problem behaviors and signs that led to a referral. The team will determine the most fitting response and develop a preliminary action plan, including “specific follow-up activities [such as data collection procedures], outlining the child and teacher supports that will be implemented immediately and continue until the team meets again to develop the child’s educational plan” (Dwyer & Osher, 2001, p. 24). The team may also consider other resources that could benefit the student. Some schools routinely have outside agencies attend one SST meeting a month. At other sites, the agencies present an overview of their services each semester to the SST (Beatty, 2002; S. Crouch, personal communication, March 5, 2004; T. Durrant, personal communication, March 4, 2004). When a student is referred to SST who is currently receiving services from the agency or who could benefit from the services of the agency, the case manager requests the attendance of a representative (H. Humphrey-Greer, personal communication, March 2, 2004). Both methods have proven effective, but the involvement of these outside agencies is a critical component of SST (Zetlin, 2000). Some of the agencies that have been involved at high schools in Wilmington include Southeastern Mental Health Center, Coastal Horizons Substance Abuse Treatment Center, Department of Juvenile Justice, Day Treatment Center, Wilmington Health Access for
A thorough assessment of the behavior must take place prior to the development of an educational plan. For any child that has repeated offenses of an inappropriate behavior, the team should complete a functional behavioral assessment or FBA (Appendix E). The FBA will identify the antecedents, context, underlying causes, and consequences of the behavior. In the coming weeks, the team will collect information about the frequency, intensity, and severity of the problem. “As a process, FBA is founded on the principle that what can be predicted can be prevented” (Scott & Eber, 2003, p. 135). The team will draft a hypothesis about the function of the behavior and under what conditions the behavior is likely to occur. The FBA provides the information necessary to design a specific type of educational plan, called a Behavior Intervention Plan or BIP (Appendix F). A major goal of SST, whether the concern of a case is behavioral or academic, is to get to the root of the problem and address it (S. Crouch, personal communication, March 5, 2004). For this reason, referrals cannot easily be categorized into behavioral or academic. Often the problems go hand in hand. “An essential factor in this process in supporting at-risk students is the identification of physical challenges that require medical attention. While schools don’t diagnose medical concerns, they do play a vital role in implementing strategies to help students achieve success in spite of any medical concerns” (Beatty, 2002, p.18).

One of the team members should serve as a recorder, taking minutes of the meeting in a professional manner and consistent form. The minutes record individuals present (making particular note of parent and student attendance), details presented, and actions taken or planned.
Key decisions, such as the determination that a student should undergo testing or that a student no longer needs the services of the SST should be included in the minutes. A copy of the minutes should be kept in the child’s file and provided to parents (Greene County n.d.).

Parents should be involved from the first stages of the SST process. “Safe schools understand that families are central to children’s educational success and their social and emotional adjustment” (Dwyer & Osher, 2001, p. 22). The family should be involved in each step of the process and be included as members of the team who have valuable insight about the student’s life, strengths and interests, as well as needs. Successful implementation of the educational plan often hinges on the rapport that the team develops with the family during the initial phase of the process (New Hanover, 2003; Hallam, 2001; Greene County, n.d.). If parents choose not to participate in the meetings, the case manager should always keep them informed of the progress of the student and committee (Atlanta, n.d.).

The student also needs to attend the meetings as a team member. Students must be actively involved in identifying their goals. One of the most effective components of SST is its potential to change student thinking from impose rules to responsible choices. “Successful projects involved pupils in self-monitoring and developing self-reliance. . . the pupils themselves were now mentoring younger pupils” (Hallam 2001, p. 173). More than any other team member, the student has the answers to the problems and solutions.

Education Plan

The heart of SST is student interventions, developed collaboratively by all team members and delivered through educational plans. The team addresses barriers to the student’s success and strategies to overcome the barriers. The plan includes a description of the strategy, the
person responsible for the intervention, and the date for implementation. The plan should also identify the next date for review, which is typically three weeks from the implementation date (New Hanover, 2003). Figure 4 shows a chart format that teams can use to develop educational plans.

<table>
<thead>
<tr>
<th>Barrier to Success</th>
<th>Strategy</th>
<th>Person Responsible</th>
<th>Date for Implementation</th>
<th>Date for Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for movement during class period</td>
<td>Student has several assigned seats in each classroom and may change seats as needed</td>
<td>Classroom teacher, student</td>
<td>May 1</td>
<td>May 22</td>
</tr>
<tr>
<td></td>
<td>Student uses hand manipulatives during instruction</td>
<td>Classroom teacher, student</td>
<td>May 1</td>
<td>May 22</td>
</tr>
</tbody>
</table>

Figure 4: Sample Educational Plan Chart

When the committee selects strategies to meet student needs, the members may want to consider a few questions during their discussion: “Does the Team have a clear understanding of the problem(s) affecting the student? Does this strategy or modification address the problems the student is currently experiencing? Is this strategy or modification feasible for the student, teacher, environment and/or other factors that may impact its effectiveness? What is the time span for implementing and completing this strategy or modification? Are the necessary equipment and materials available to implement these strategies or modifications? Are there alternative or more appropriate strategies or modifications that should be implemented initially?” (Atlanta, n.d.). SSTs have used a host of interventions to augment student success. Providing manipulatives, allowing the student to role-play, providing alternate textbooks or a set of books for school and a set for home, shortening assignments, extended time on tests and projects, changing the work area, providing background music using headphones, using large print materials—the possibilities are endless (D. Stout, personal communication, March 3, 2004; T. Durrant, personal communication, March 4, 2004; S. Crouch, personal communication, March 5,
2004). The value of the diverse members of the team is their unique perspectives and the creativity that comes from the synergy of their discussions. “This array of persons. . . helps ensure that the plan is person-centered and based on realistic data and outcomes that are likely to be owned by those who interact the most with the student” (Scott & Eber, 2003, p. 133).

During the formation of the educational plan, the team will also need to establish the data collection methods and the evaluation techniques they will utilize to determine whether the strategies have been effective. The SST should outline rewards for the student who makes progress with the plan. The family can be especially helpful in this aspect of the process. During the review meetings, service providers share the results of the interventions and recommend adjustments to the plan (New Hanover, 2003). The case manager plays a critical role in following up with the plan. “That person would check on the classroom teacher during the first few days of the plan to make sure that he or she is comfortable with the strategy, help develop any unique materials needed for the plan, encourage the teacher to follow the plan even when things go array, and troubleshoot any problems that may occur. In addition, this person would be responsible for conducting the evaluation of the intervention to determine objectively if the plan was effective” (Ormsbee, 2001, p. 148). If all of the strategies have been unsuccessful, the team may feel that the student needs a formal evaluation with an anticipated placement in the special education program. In this situation, the team must follow federal guidelines outlined in IDEA. These mandates are not addressed in this thesis. If the student is making educational progress after several months and no further modifications seem necessary, the SST may discontinue the process until a need resurfaces and the committee needs to reconvene for the case.
The SST coordinator needs to keep a roster (Sample in Appendix G) with pertinent information to track the work of the SST at a site. During the first year of the SST, the coordinator will need more detailed information about the specific types of problems the team addresses. This data will help the coordinator discern the need for programs to serve small groups of students with particular issues. For example, if students are seeking assistance with conflict resolution before physical engagement, SST might advocate for a peer mediation program. “When a number of referrals of student in special education indicated that parents were requesting help with managing their children at home, the team organized a meeting between parents and the behavior specialist form the school district” (Zetlin, 2000). Recognizing and addressing patterns within specific populations will dramatically impact the entire school in positive ways.

Peer mediation is one prevention program that has had good results. When two students have a dispute, they can opt to participate in peer mediation: “A student mediator, with an adult in attendance, attempts to negotiate a resolution that is acceptable to the disputing students” (George et al., 2000). Many students choose peer mediation over other disciplinary measures, producing benefits for the student mediators, the students in conflict, and administrators. According to the Conflict Resolution/Peer Mediation Research Project, “mediators reported generalization of skills to ‘informal’ conflict situations and expressed high satisfaction with the mediation process (as quoted in Beatty, 2002, p.19). The project not only helps students engaged in conflicts but also helps students with low-self esteem and behavioral challenges by getting them involved in positive decision-making activities as leaders. No Child Left Behind promotes several programs for groups of students: service learning (1421a2A), conflict resolution curricula (4123b1C), proven strategies by the Substance Abuse and Mental Health
Administration (4129b2), and mentors for students (4130a2C, b1B). Funds are available to schools working toward dropout prevention and reentry (1822b1) and mentoring programs (1430b). Integrating these programs into the work of SST seems to provide a win-win situation.

Almost every school with SST finds the need for professional development about interventions (D. Stout, personal communication, March 3, 2004; S. Crouch, personal communication, March 5, 2004). “Lack of appropriate communication and collaboration between the Student Support Teams and general staff in the schools is evident” (Beatty, 2002). In another study completed by Ormsbee and Haring (2000), 25% identified the need for training in instructional modifications and 19% saw the need for training in behavior management systems. This study points out that teachers are open to additional training and that funding is available through special education legislation: IDEA 97 Amendments “make it clear that special education Comprehensive System of Personnel Development (CSPD) monies can be applied to training activities that include general educators” (p. 22). Preparing staff to work in concert with the educational plans drafted by SST will make the interventions have a greater impact.

**EVALUATION TOOL**

In order to evaluate the success of the SST program and make proper adjustments, the team should conduct an evaluation. This assessment can be done at the end of each grading period or at the completion of each school year. The plan detailed in Figure 5 addresses four of the primary goals of SST and outlines both qualitative and quantitative data sources that do not require extensive time or funding. The plan also includes the methodology.
<table>
<thead>
<tr>
<th>Goal</th>
<th>Stakeholders Affected</th>
<th>Data Source</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>To educate stakeholders about how SST functions, how to access SST,</td>
<td>SST members, administrators, teachers, parents, students, and community agencies</td>
<td>Questionnaire- Qualitative</td>
<td>The questionnaire will contain rating scales and open-ended questions to provide stakeholder perspectives of the program.</td>
</tr>
<tr>
<td>and how to participate in SST</td>
<td></td>
<td>SST Referral Records- Qualitative</td>
<td>Evaluators will compare the number of referrals completed by each stakeholder group.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Open-ended Interview- Quantitative</td>
<td>Evaluators will ask questions to determine stakeholder understandings of the SST function, referral process, and strategy implementation.</td>
</tr>
<tr>
<td>To achieve stakeholder satisfaction with the SST process and its</td>
<td></td>
<td>Questionnaire- Qualitative</td>
<td>The questionnaire will contain rating scales to indicate stakeholder satisfaction.</td>
</tr>
<tr>
<td>outcomes</td>
<td></td>
<td>Open-ended Interview- Quantitative</td>
<td>Evaluators will ask questions about stakeholder satisfaction with the process and outcomes.</td>
</tr>
<tr>
<td>To improve student behavior and academic performance</td>
<td></td>
<td>Discipline Records- Qualitative</td>
<td>Evaluators will contrast the number and types of referrals for students before and after they receive assistance through SST.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grades- Qualitative</td>
<td>Evaluators will contrast student grades before the SST referral and after students receive assistance through SST.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Open-ended Interview- Quantitative</td>
<td>Evaluators will ask all stakeholder groups what changes they observed in students who received SST assistance.</td>
</tr>
<tr>
<td>To eliminate inappropriate referrals to special education</td>
<td></td>
<td>Testing Records- Qualitative</td>
<td>Evaluators will record the number of students tested for special education who did not qualify; evaluators will figure the percentage of students referred to SST who were tested and placed in the special education program.</td>
</tr>
</tbody>
</table>

Figure 5: Program Evaluation for Student Support Team
CONCLUSION

In the age of national and state accountability, in the age when the demographics of the United States and her schools is rapidly changing, in the age when all youth must attend school but not all youth want to come, in this age, schools must intervene on the behalf of students who are not readily finding success. “Interventions at the secondary level may affect the school-wide plan by involving simple alterations to existing expectations, routines, or arrangements that, although not necessary for most students, provide added support for those whose success is tenuous” (Scott & Eber, 2003, P. 142). The two greatest challenges for offering interventions are time constraints and staff resistance. Student Support Team provides an efficient and cost-effective strategy for tackling the problems facing students (Zetlin, 2000). It offers a collegial round-table where “teachers can feel like they are getting somewhere,” (S. Crouch, personal communication, March 5, 2004) rather than feeling isolated and under the gun of test scores. SST is the road to the diploma, to a better future, to an educated voice in the democracy. Using research as a guide, the good steward of young minds will work toward careful implementation of SST.
Atlanta Public Schools. (n.d.). *Manual of Procedures and Guidelines for the Student Support Team*. (Available from Student Support Team Compliance, Office of Student Programs and Services, Kennedy Middle School Complex, 225 James P. Brawley Drive, N.W., Atlanta, Georgia 30314 & [http://www.atlanta.k12.ga.us parents_students/health_safety/student_support/index.html](http://www.atlanta.k12.ga.us parents_students/health_safety/student_support/index.html)).


Florida Diagnostic and Learning Resources System. (n.d.). *As a parent you will want to know about... student support team* [Brochure].


Greene County Schools. (n.d.). *Overview of the Student Support Team Process*. (Available from Greene County Schools, 201 North Main Street, Greensboro, Georgia 30642 or [http://www.greene.k12.ga.us/images/Greene%20County%20SST.pdf](http://www.greene.k12.ga.us/images/Greene%20County%20SST.pdf)).


APPENDICES

Appendix A: Greene County Schools Student Support Team Referral

GREENE COUNTY SCHOOLS
STUDENT SUPPORT TEAM
REFERRAL

SST Referral Date: _______________ Case Manager Assigned: _______________

Student: ___________________ DOB: __________ Age: __________

FTE/SSN: ___________ School: ___________ Grade: _______ Teacher: ___________

Lives with: Parent____ Guardian____ Foster Parent ______

Names of the Above: _______________________________________________________

Address: ________________________________________________________________

Telephone Number: _______________________________________________________

REASON FOR REFERRAL

1. A review of available information suggests that this student's problem is primarily (check one):
   Academic: ______ Behavioral: ______ Speech and Language: ______

2. Describe your reason for referring this student: (please be specific)

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. Strengths:

   ________________________________________________________________
   ________________________________________________________________

4. Weaknesses:

   ________________________________________________________________
   ________________________________________________________________

5. Attach copies of test reports. Include front of cumulative record and complete profile for most recent testing.

6. Academic Referrals: Attach five analyzed samples of classroom work for each of the following
   which are identified as weakness areas: Basic Reading Skills, Reading Comprehension, Written
   Expression, Math Calculation, and Math Reasoning.

SCHOOL HISTORY

1. Attendance Record: Current School Year 20__, Days Absent ____ Days Present ____
   Grade in which absences exceed 20 days: ________________________________

2. Previous School Attended:
   Greene County Schools Attended: ________________________________
   Schools Outside of Greene County: ________________________________

3. Grades(s) Retained: ______________________________

4. Confidential Material Available on the Student: Psychological ____ Medical ____ or Other: (Please specify) ______
   (Please attach copies if available)

5. Previous educational services:
   EHPP ____ Remedial ____ Intercessions ____
   Counselor ____ Special Education ____ Other: ________________________________

Academic Performance

This student is presently achieving at the following grade equivalent level:

Reading _____ Math _____ Written Language ______

Most Recent Report Card Grades:

Reading ____ Math ____ Language Arts/English ____ Social Studies ____ Science ____

INTERVENTIONS ATTEMPTED PRIOR TO SST REFERRAL:

OUTCOMES OF INTERVENTIONS

Student Conference: ________________________________

Parent Contact: ________________________________

Parent Conference: ________________________________

Consultation with Specialists: ________________________________

Consultation with Colleagues: ________________________________

Referral to Counselor: ________________________________

Behavior Management Techniques: ________________________________

Adjusted Workload: ________________________________

Alternative Methods/Techniques: ________________________________

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As a parent
You will want to
know about . . .

Student
Support Team

The Florida Diagnostic and Learning Resources System is funded by the State of Florida, Department of Education, Division of Public Schools and Community Education, Bureau of Instructional Support and Community Services, through federal assistance under the individual with Disabilities Act (IDEA), Part B; IDEA Part B, Preschool; and State General funds.
# Student Support Team

The primary purpose of the Student Support Team is to provide schools with a procedure for implementing systematic and efficient assistance to administrators, teachers, parents, and students.

The SST is a team that meets on a regular basis to discuss students in need of resource services, alternative teaching strategies, curriculum changes, behavioral interventions, and/or psychological evaluations. The Team's responsibility is to study all information about the student and make recommendations to be utilized in working with him or her.

## PROCEDURES FOR SST

In each school the Principal will appoint an SST Chairperson whose responsibility will be to preside over all SST meetings. This responsibility is usually assigned to the Guidance Counselor.

The SST usually includes the Chairperson, Guidance Counselor, School Psychologist, initiating person, and the student's teacher(s).

Other SST members may include the following as needed: Administrator, Alternative Education Teacher, Behavioral Specialist/Analyst, Consultative Specialist, Dean, ESE Program Specialist, ESE Teacher, ESOL Professional Support Person, Health Paraprofessional, Interpreter, Student Support Specialist, Migrant Mentor, Other District Employees, Outside Agency Representatives, Parent Advocate, Parent Educator, Parent/Legal Guardian, School Resource Officer, School Social Worker, Speech Therapist, and the Student, as deemed appropriate.

The Chairperson will disseminate the SST Initiation Form upon request and determine who will be responsible for its completion. The designated professional should consult with guidance, review school records, and confer with parents in order to complete the SST Initiation Form.

Upon receipt of the SST Initiation Form, the Chairperson will schedule SST meetings on a regular basis and notify appropriate team members with a copy of the SST Initiation Form and the SST Schedule two weeks in advance. The SST members will meet and discuss relevant information, accumulated data, and current information.

The data should include the Initiation Form, cumulative records, student work samples, observations, medical and psychological reports, discipline reports, current grades, estimated level of academic functioning, anecdotal record of parent conferences, etc.

Information will be documented on the SST Meeting Summary Sheet in the form of areas of concern, interventions and results. SST members in attendance must sign the Summary Sheet. Interventions must be implemented for a period of 6 to 9 weeks on a consistent basis.

SST members will reconvene immediately after or anytime during the intervention phase to discuss the effectiveness of interventions.

The SST will determine:
- If the interventions were effective and need to be continued;
- If new interventions are needed; and/or
- If a formal evaluation is necessary.
Appendix C: Information from Parent Form

**SST LEVEL I - INFORMATION FROM PARENT** (Required)
(Completed by the Classroom Teacher)

Student: __________________________ ID: ___________ D.O.B: ___________ Grade: ______ School: ___________

How was this information obtained? _______ Letter _______ Telephone _______ Conference 

The following information was obtained from: ____________________ Relationship _______ Phone _______

**General Information** (If additional space is needed, please use the back of this page.)
Father: ____________________ Occupation: _______ Mother: ___________ Occupation _______

With whom does the student live? Specify: __________________________

Brothers/sisters living in the home? (names & ages) __________________________

Others living in the home? __________________________

**PARENT INTERVIEW/SOCIOLOGICAL INFORMATION**

**HOME**
What time does your child go to bed? __________
Does your child get up during the night? _______
Does your child eat breakfast? _______ If so, where? _______
What is his/her physical condition? _______
Have there been any important changes, moves, births, deaths, illness, separations, divorce? _______
Specify: __________________________

**VOCATIONAL**
What chores does your child like to do around the house? _______
What chores does your child do on a regular basis? _______
Occasionally? _______
Does he/she do chores without being reminded? _______
Has your child ever held a job-earned money for chores? _______
What are your expectations for career possibilities for your child? _______
College education _______ Vocational training _______
High school diploma _______ Shelter workshop _______
On-the-job training _______ Other _______

**SCHOOL**
What does your child tell you about school? _______

Do you set aside a special time for him/her to complete homework each day? _______
Yes _______ No _______
Does your child need reminders to complete the homework? _______
Yes _______ No _______
Do you check your child’s homework? _______
Yes _______ No _______

Have you seen any major changes or behaviors or attitudes about school? _______

**Social**
How does he/she get along with his/her brothers or sisters? _______

How does your child get along with friends and neighbors? _______

What does he/she do when not in school? (watch T.V., read, go out with friends, work, play with other children) _______

What activities does the family do together? (watch T.V., go camping, shopping, watch videos) _______

**DISCIPLINE**
What kinds of things does your child get into trouble for at home? _______

What methods of discipline are used with him/her at home? (extra chores, early bedtime, no T.V., spanking, rewards for good behavior) _______

What is his/her reaction to discipline? _______

Parent’s Comments: __________________________
Appendix D: Health Information Form

SST LEVEL I - HEALTH INFORMATION (Required)
Method of Contact: __ Letter: __ Phone: __ Call: __ Conference

Student: ____________________________ DOB: __________ Position: __________

VISON & HEARING (Completed by the nurse)
Type of screening: __________ Date: __________
Results: Without Glasses: Right: __________ Left: __________
With Glasses: Right: __________ Left: __________
Type of Hearing Screening: ___________ Sweep audiometry ___________ Impedance ___________
__ Other ___________
Result: __________ Pass __________ Fail __________ Date: __________

As a result of total health screening is there indication of a need for further assessment of vision, hearing, or general health?
Yes ______ No ______ If YES, please explain: ________________________________

GENERAL HEALTH & MEDICAL (Completed by Interviewer/Parent)

Briefly describe any serious illnesses, accidents, or hospitalization.

Does your child use any special equipment or technology?
Yes ______ No ______ If YES, please explain: ________________________________

Is your child taking any medicines?
Yes ______ No ______ If YES, please explain: ________________________________

Has your child ever taken medicine for a long period of time?
Yes ______ No ______ If YES, please explain: ________________________________

Does your child appear to have any side effects from the medicine?
Yes ______ No ______ If YES, please explain: ________________________________

Is your child under the care of a physician?
Yes ______ No ______ If YES, please explain: ________________________________

HISTORY OF PREGNANCY: DEVELOPMENTAL HISTORY
(Completed by the interviewer/parent)
Age of mother at birth of student: ____________________________
Presence of the following, during pregnancy:
1. Bleeding ______ Yes ______ No ______
2. X-rays ______ Yes ______ No ______
3. Illness ______ Yes ______ No ______
Specify ________/_____/____/

Full Term ______ Premature ______
Birth weight: __________
1. Medications ______ Yes ______ No ______
2. Diabetes ______ Yes ______ No ______
3. Accidents ______ Yes ______ No ______
4. Surgery ______ Yes ______ No ______

Were there any problems before, during, or immediately after birth?
No ______ Yes ______ If YES, please explain: ________________________________

S: ______ age mo. Walked at ______ mo. Talked at ______ mo.

Comparisons with brothers, sisters, or other children about the same age:
____ About the same ______ Slower ______ Faster ______

Conditions similar to those of the student? ______ Yes ______ No ______

FAMILIAL FACTORS (Completed by the Interviewer/Parent)

Are there any family concerns you would like for us to be aware of?
Yes ______ No ______ If YES, please explain: ________________________________

Has there been substance abuse in the family?
Yes ______ No ______ If YES, please explain: ________________________________

To your knowledge, has your child ever abused any substance?
Yes ______ No ______ If YES, please explain: ________________________________

Is there a history in the family of:
Learning or reading disorder: ______ Yes ______ No ______
Mental retardation: ______ Yes ______ No ______


### Appendix E: Functional Behavioral Assessment (FBA)

**Name**

**ID#**

**Date of Birth**

**Meeting Date**

<table>
<thead>
<tr>
<th>Antecedents/Context</th>
<th>Behavior</th>
<th>Consequences</th>
</tr>
</thead>
</table>
| **Social/Emotional** | **Moderate:**
  - Situations in which he is asked to do something he doesn't want to do or may not be capable of doing
  - When he is challenged or he perceives a challenge, he uses aggression as a cover to prevent others from seeing weakness
  - Unstructured time outside of class
  - Regular education classes
  - Structured class time

| **Severe:**
  - Verbal threats, aggressive behavior, misuse of sharp objects, physical violence |
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<tbody>
<tr>
<td><strong>Behavior</strong></td>
<td><strong>Summarize the data gathered during the last 2 weeks on the Frequency Data Sheet. Be specific, and look for patterns.</strong></td>
<td><strong>Check events that typically follow the behavior.</strong></td>
</tr>
</tbody>
</table>
| **Consequences** | **Teacher/adult attention**
  - Peer attention
  - Verbal warning/reprimand
  - Detention
  - Removal from class
  - In school suspension
  - Out of school suspension |

New Hanover County Schools

Functional Behavioral Assessment (FBA)

**Student Strengths**
- very loyal, determined, willing to try at times,
- nice handwriting, strong math calculation

**Review Target Behavior**
- Deviance and aggressive behaviors
<table>
<thead>
<tr>
<th>Function of Target Behavior</th>
<th>Hypothesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>What does the student gain from this behavior?</td>
<td>What variables appear to trigger this behavior?</td>
</tr>
<tr>
<td>What does the behavior look like?</td>
<td>What seems to reinforce this behavior?</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Power:</th>
<th>Escape/Avoidance of Activity or Task</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td></td>
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<tr>
<td>Intimidation</td>
<td></td>
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<tr>
<td>Vengeance</td>
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</table>

- When the student is in structured time and senses a challenge or experiences a confrontation, he typically responds with non-compliance and verbal aggression to gain freedom from the staff member's request.
- When the student is in unstructured time and senses a challenge or experiences a confrontation, he typically responds with physical and verbal aggression to gain control and power over the situation.
New Hanover County Schools
Behavioral Intervention Plan (BIP)

Service Delivery Method for IEP/IAAP student
once more than 10 cumulative days of
suspension are reached
Homebound instruction

# Weeks to Implement BIP: 3
Next Meeting to Review BIP Plan
Date: 3:30
Location: E. Ashley High Main Office Conference Room
Add This Today's BIP to Intervention Plan, IAP,
or IEP Page 4.

<table>
<thead>
<tr>
<th>Teaching New/Replacement Behaviors</th>
<th>Compliance to requests for appropriate responses, actual or sensed challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>What?</td>
<td>How? Describe the strategies that will be used to teach the student these new behaviors. Explain how the antecedents/occasions will be modified.</td>
</tr>
<tr>
<td>Strategies: Social skills training, including anger management, role playing, and social stories, during lunch in occupational classroom with special education staff</td>
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<tr>
<td>Modifications:</td>
<td>Strategies: During lunch Modifications: Throughout the day</td>
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<tr>
<td>o Transportation other than a regular school bus</td>
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<tr>
<td>o Special education staff escorts the bus and escorts student to a classroom</td>
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<tr>
<td>o Escort to break when peers are not present</td>
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<tr>
<td>o Escort to each class when peers are not in hallways</td>
<td></td>
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<tr>
<td>o Escort during regular education classes</td>
<td></td>
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<tr>
<td>o Supervised lunch with special education staff in separate setting</td>
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<tr>
<td>o Escort to all places outside classroom (bathroom, nurse, etc.)</td>
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<tr>
<td>o Escort to alternate transportation in the afternoons</td>
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<tr>
<td>Rewards</td>
<td>List the rewards/reinforcements that will be available to the student when he/she demonstrates the new behaviors. Get input from the student, and use his/her interests.</td>
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<tr>
<td>Rewards for appropriate behaviors in classroom and unstructured time:</td>
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<tr>
<td>o Less one-on-one supervision time</td>
<td></td>
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<td>o Computer time</td>
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<tr>
<td>How?</td>
<td>Addressing Old/Target Behaviors</td>
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<tr>
<td>Describe how the old behaviors will be handled when they recur.</td>
<td>Student immediately be removed to IBIS class, staff will not engage in discussion, staff will notify administrator.</td>
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</tbody>
</table>
| Consequences | List negative consequences that are clear, concise, enforceable, and related to the target behavior. Include components of a crisis plan if necessary. | □ Loss of privileges  
□ OSS  
□ Crisis Plan, call SRO | □ Daily behavior log with special education teachers  
□ Disciplinary record |
| □ Special education staff - social skills instruction, classroom suspension after “blunt,” modify behavior log  
□ Student - comply with staff requests, refrain from inappropriate behaviors  
□ Administration - assign consequences |
### Required Documentation for Monitoring

**SST Referral Campus Tracking Roster**

(Completed & maintained by campus staff as designated by principal)

<table>
<thead>
<tr>
<th>Campus</th>
<th>Principal</th>
<th>School Year</th>
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<table>
<thead>
<tr>
<th>Student/Grade</th>
<th>ID#</th>
<th>Teacher Requesting Referral</th>
<th>Date of Referral</th>
<th>Reason for Referral (check all that apply/describe other)</th>
<th>Case Mgr</th>
<th>Level I Date</th>
<th>Level II Date</th>
<th>Level III Date</th>
<th>Program Referred To</th>
<th>Eligible Y/N</th>
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