Student Intervention Team (SIT)

Revised January, 2013

Name: _____ Parents: _____

Date of Birth: _____ _____

Age: ____ Grade: _____ Teacher: _____

School: _____ Date SIT form completed: _____

Are there any concerns for this child in the area(s) of ...

Health? ☐ No ☐ Yes/Maybe? Please give details

_____

Family Issues? ☐ No ☐ Yes/Maybe? Please give details

_____

Area(s) of Concern:

☐ Reading ☐ Language Arts ☐ Math

☐ Discipline ☐ Speech/Language ☐ Other _____

Next - Please complete one page for each area identified as a concern

READING *What are your specific concerns?*

Classroom observations: _____

Did last year's teacher see this as a problem too? ☐ No ☐ Yes
What was tried? Was it successful? _____

Has this child received Title I assistance? ☐ No ☐ Yes-for how long? _____

Essential Components of Reading Instruction *Please describe the child's skills*

Phonemic Awareness - _____

Phonics - _____

Vocabulary Development - _____

Reading Fluency/Oral Reading Skills - _____

Reading Comprehension Strategies - _____

What strategies have you tried, how long did you try it, and what was your degree of success? (please complete in detail)

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What strategies have you tried and your degree of success? (please complete in detail)

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