

STUDENT SUCCESS TEAM MEETING INTERVENTION MEETING

OXNARD UNION HIGH SCHOOL DISTRICT

Date of SST: _____		Current School: _____		Purpose of SST: <input type="checkbox"/> Intervention <input type="checkbox"/> Other	
				<input type="checkbox"/> Alternative Placement Committee referral <input type="checkbox"/> Return to District	
Referred by: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> School			Parent/Guardian: _____		
<input type="checkbox"/> Student Support Services			Ed Rights holder name, if different: _____		
Student Name: _____		Grade: _____		Address: _____	
Student ID #: _____		DOB: _____		Age: _____	
		City: _____		Zip: _____	
Email: _____			Phone: _____		Alternate Phone: _____

SCHOOL RECORDS REVIEW	INTERVENTIONS ATTEMPTED	PLACEMENTS ATTEMPTED
<input type="checkbox"/> College and Readiness Plan (U-CCRP) <input type="checkbox"/> CTE Pathway/Academy: _____ <input type="checkbox"/> Transcript/ A-G requirements <input type="checkbox"/> Total credits earned: _____ GPA _____ <input type="checkbox"/> Current Grades <input type="checkbox"/> School Attendance <input type="checkbox"/> 2 nd semester Math requirement met <input type="checkbox"/> Computer Literacy Met <input type="checkbox"/> Standardized Test Scores: Math _____ English _____ Science _____ <input type="checkbox"/> CELDT overall score: _____ Year: _____ <input type="checkbox"/> EL Program: <input type="checkbox"/> EO <input type="checkbox"/> IFEP <input type="checkbox"/> LTEL <input type="checkbox"/> RFEP <input type="checkbox"/> Discipline reviewed <input type="checkbox"/> Probation: <input type="checkbox"/> 602 ward <input type="checkbox"/> Employed <input type="checkbox"/> Foster Youth <input type="checkbox"/> McKinney-Vento <input type="checkbox"/> AB 167, 216, 1806 qualified <input type="checkbox"/> Migrant <input type="checkbox"/> IEP SAI above 50% <input type="checkbox"/> SAI below 50% <input type="checkbox"/> <input type="checkbox"/> Section plan 504 <input type="checkbox"/> General Education with Accommodations: Describe or attach: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Parent Conference <input type="checkbox"/> Administrative Referral(s) (attach) <input type="checkbox"/> Alternative Means of Correction: _____ <input type="checkbox"/> Behavior Contract: (attach) <input type="checkbox"/> Counseling: <input type="checkbox"/> Academic <input type="checkbox"/> PBSP <input type="checkbox"/> other: _____ <input type="checkbox"/> Peer Assistance/Mediation <input type="checkbox"/> Referral to School Psychologist <input type="checkbox"/> Tutoring <input type="checkbox"/> Credit Recovery: _____ <input type="checkbox"/> Summer School <input type="checkbox"/> OASIS/SOAR <input type="checkbox"/> Program Adjustment <input type="checkbox"/> Reduced Day <input type="checkbox"/> Attendance: <input type="checkbox"/> Letter 1 <input type="checkbox"/> Letter 2 <input type="checkbox"/> Letter 3 <input type="checkbox"/> SARB meeting: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> SARB contract <input type="checkbox"/> SST: #1st meeting date _____ #2nd meeting date _____ #3rd meeting date _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Adult Education <input type="checkbox"/> Charter School _____ <input type="checkbox"/> Condor High School Options Academy <input type="checkbox"/> Oxnard Middle College HS <input type="checkbox"/> Frontier Continuation High School <input type="checkbox"/> Gateway/Community School <input type="checkbox"/> High School Equivalency Program <input type="checkbox"/> Home/Hospital Teaching <input type="checkbox"/> Independent Study Short Term <input type="checkbox"/> Providence School <input type="checkbox"/> Other/Previous schools: <i>List:</i> _____ <hr/> REQUEST FOR ALTERNATIVE PLACEMENT <input type="checkbox"/> Adult Education (OAS) <input type="checkbox"/> Condor HS Options Academy (CHSOA) <input type="checkbox"/> Frontier Continuation High School (FHS) <input type="checkbox"/> Gateway Community School (GCS) <input type="checkbox"/> High School Equivalency Program(HSEP) <input type="checkbox"/> Home/Hospital Teaching (HHT) <input type="checkbox"/> Independent Study Short Term (ISST) <input type="checkbox"/> In lieu of expulsion: _____ <input type="checkbox"/> Other: _____

MEETING SUMMARY NOTES	
Student Areas of Strength	Student Areas of Growth

Recommendations/Goals/Action Plan <i>(Attach additional pages as needed)</i>

CONSENT FOR ALTERNATIVE PLACEMENT

<input type="checkbox"/> VOLUNTARY TO: _____	<input type="checkbox"/> INVOLUNTARY REQUIRES HEARING TO: _____
Transfer to alternative school programs can be voluntary unless circumstances require an involuntary transfer (Board Policy 5144). By signing the parent or guardian agrees to the aforementioned program.	
*Parent/Guardian: _____	*Parent/Guardian: _____
*Student: _____	*Counselor: _____
Teacher: _____	*Attendance Advisor: _____
Sp. Ed Representative: _____	Outreach Consultant: _____
*Assistant Principal: _____	Translator: _____
School Psychologist: _____	Nurse: _____
Principal: _____	District Administration: _____

The Oxnard Union High School District does not discriminate on the basis of the actual or perceived race, ethnicity, religion, color, age, national origin, political affiliation, gender, gender identity, gender expression, sexual orientation, mental or physical disability, parental or marital status, or any other basis protected by the federal, state, or local law, ordinance, or regulation in its educational programs or employment. El Distrito Unido de Escuelas Secundarias / Preparatorias de Oxnard no discrimina en base a la raza real o percibida, origen étnico, religión, color, edad, nacionalidad, afiliación política, género, identidad de género, expresión de género, orientación sexual, discapacidad mental o física, estatus / situación o estado civil de los padres, o cualquier otro fundamento protegido por las leyes federales, estatales o locales, ordenanza o reglamento en sus programas académicos o de empleo.