

# STUDENT SUCCESS TEAM MEETING INTERVENTION MEETING

OXNARD UNION HIGH SCHOOL DISTRICT

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

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"/> 2 <sup>nd</sup> semester Math requirement met <input type="checkbox"/> Total credits earned: _____ GPA _____ <input type="checkbox"/> Current Grades <input type="checkbox"/> School Attendance <input type="checkbox"/> Discipline reviewed <input type="checkbox"/> Health record reviewed <input type="checkbox"/> Employed <input type="checkbox"/> Probation: <input type="checkbox"/> 602 ward <input type="checkbox"/> Foster Youth <input type="checkbox"/> McKinney-Vento <input type="checkbox"/> Migrant <input type="checkbox"/> EL Program: <input type="checkbox"/> EO <input type="checkbox"/> IFEP <input type="checkbox"/> LTEL <input type="checkbox"/> RFEP <input type="checkbox"/> CELDT overall score: _____ Year: _____ <input type="checkbox"/> AB 167, 216, 1806 qualified <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) ( <b>attach</b> ) <input type="checkbox"/> Alternative Means of Correction: _____ <input type="checkbox"/> Behavior Contract: ( <b>attach</b> ) <input type="checkbox"/> Counseling: _____ <input type="checkbox"/> Peer Assistance/Mediation <input type="checkbox"/> Referral to School Psychologist <input type="checkbox"/> Referral to Student Intervention Specialist <input type="checkbox"/> Tutoring: _____ <input type="checkbox"/> Credit Recovery: _____ <input type="checkbox"/> Summer School <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 <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: List: _____ <div style="background-color: #e0e0e0; padding: 2px;"><b>REQUEST FOR ALTERNATIVE PLACEMENT</b></div> <input type="checkbox"/> Adult Education (OAS) <input type="checkbox"/> Condor High School (CHS) <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 (Attach additional pages as needed)

### CONSENT FOR ALTERNATIVE PLACEMENT

**VOLUNTARY TO:** \_\_\_\_\_  **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: _____	Student Intervention Specialist: _____
*Assistant Principal: _____	Translator/Other: _____
School Psychologist: _____	Nurse: _____
Principal: _____	District Administration: _____

