



Lau Master Plan Requirements for Student Success Teams (SSTs)

SFUSD/Student, Family, and Community Support Department

SST MEETINGS AND LAU ACTION PLAN REQUIREMENTS

- In compliance with the Lau Action Plan for English Learner students, SFUSD's Student Success Teams (SSTs) will be trained and consistently implement procedures for interventions and referral for special education evaluation that take into consideration the linguistic and cultural background of students



REQUIREMENTS OF LAU MASTER PLAN FOR ENGLISH LEARNER STUDENTS (EL)

- Inviting at least one certificated staff person with appropriate EL certification based on state requirements to SST meetings for ELs;
- Ensuring that the SST includes a staff member with personal knowledge of the EL student. If a staff member with personal knowledge of the EL cannot be available for the SST meeting, then another member of the SST will consult with at least one such staff member prior to the meeting; and
- Fully considering the language background, educational history, linguistic history (including CELDT scores and primary language proficiency assessment results where available), and language-related issues of ELs, including review of:
 - academic progress in an appropriate EL pathway;
 - classroom observations;
 - work samples in English and, where available, in the primary language; and
 - outcomes of evidence-based interventions when making data driven decisions to evaluate EL students for special education and related services.



REQUIRED DOCUMENTATION IN SST FORMS

- ✓ **REQUEST FOR ASSISTANCE 1.0 Referral From**
 - ❑ **Section 3. Prior Interventions:** Indicate if prior interventions include consult with CLAD, BCLAD or ELD certificated staff, for EL students only.



Referral To	Request for Assistance (1.0) San Francisco Unified School District	<i>Attach photo of student if available</i>
<input type="checkbox"/> Student Assistance Program (SAP) <input type="checkbox"/> Student Success Team (SST)	School Site: _____	

--CONFIDENTIAL: please do not leave out for others to read--

Student (Last, First)	Grade	Gender M F	DOB	Ethnicity	HOW
Parent/Caregiver	Home Language		Telephone Number		
Name of Person Making Request	Title		Classroom or Telephone Extension		

1. Student's Strengths	2. Your Concerns about Student	3. Prior Interventions
<input type="checkbox"/> Able to problem solve <input type="checkbox"/> Articulates feelings/needs <input type="checkbox"/> Asks for help <input type="checkbox"/> Attentive in class <input type="checkbox"/> Cooperates with others <input type="checkbox"/> Demonstrates sense of humor <input type="checkbox"/> Enjoys math <input type="checkbox"/> Enjoys reading <input type="checkbox"/> Follows instructions <input type="checkbox"/> Helpful to others <input type="checkbox"/> Listens well <input type="checkbox"/> Makes/maintains friendships <input type="checkbox"/> Negotiates/compromises <input type="checkbox"/> Participates in class <input type="checkbox"/> Regular Attendance <input type="checkbox"/> Other: _____ _____ _____	<p>Please check and provide additional details:</p> <input type="checkbox"/> Academic _____ <input type="checkbox"/> Attendance _____ <input type="checkbox"/> Emotional or Behavioral _____ <input type="checkbox"/> Family/home _____ <input type="checkbox"/> Physical Health/Medical _____ <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Behavioral interventions <input type="checkbox"/> Classroom modifications <input type="checkbox"/> Instructional modifications <input checked="" type="checkbox"/> Consult w/ CLAD, BCLAD, or ELD certified staff (for EL students) <input type="checkbox"/> Met with student <input type="checkbox"/> Offered tutoring/after-school program <input type="checkbox"/> Spoken to/met with parent/caregiver <input type="checkbox"/> Other: _____ <p>Please describe your interventions and strategies, including length of time tried and response by student.</p> _____ _____ _____ _____ _____ _____

===== Complete if student is referred to SST =====

4. Student Profile Section (SAP/Counselor/SST Team to complete):				
STAR 9 (Two previous yrs):	Year	Reading	Lang	Math
CELDY Scores: Students' primary language proficiency assessment results:				Support Services student is currently receiving:
				<input type="checkbox"/> After-School Prog <input type="checkbox"/> GATE <input type="checkbox"/> ELD/ELL <input type="checkbox"/> Tutoring <input type="checkbox"/> Mentoring <input type="checkbox"/> Peer Resources <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> Foster Youth Services (FYS) <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Health <input type="checkbox"/> Other: _____
Health		Most recent Physical Exam: _____		Screening
Immunizations: Complete _____ Incomplete: _____				Date
Chronic health conditions? _____				Status - Pass/Fail
				FU required?
		Vision		
		Hearing		

5. Date family notified re: referral to SST: _____ Results: _____

=====Feedback to Referring Person=====

Date Referral Processed	Primary Contact Person
Action Items Planned	When Will Follow-up
1.	
2.	
3.	



REQUIRED DOCUMENTATION IN SST FORMS

- ✓ **REQUEST FOR ASSISTANCE 1.0 Referral From**
 - **Section 4. Student Profile:** Indicate student's CELDT Scores and primary language proficiency assessment results.



Referral To <input type="checkbox"/> Student Assistance Program (SAP) <input type="checkbox"/> Student Success Team (SST)	Request for Assistance (1.0) San Francisco Unified School District School Site: _____	<i>Attach photo of student if available</i>
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--CONFIDENTIAL: please do not leave out for others to read--

Student: (Last, First)	Grade	Gender M F	DOB	Ethnicity	HOM
Parent/Caregiver	Home Language		Telephone Number		
Name of Person Making Request	Title		Classroom or Telephone Extension		

1. Student's Strengths	2. Your Concerns about Student	3. Prior Interventions
<input type="checkbox"/> Able to problem solve <input type="checkbox"/> Articulates feelings/needs <input type="checkbox"/> Asks for help <input type="checkbox"/> Attentive in class <input type="checkbox"/> Cooperates with others <input type="checkbox"/> Demonstrates sense of humor <input type="checkbox"/> Enjoys math <input type="checkbox"/> Enjoys reading <input type="checkbox"/> Follows instructions <input type="checkbox"/> Helpful to others <input type="checkbox"/> Listens well <input type="checkbox"/> Makes/maintains friendships <input type="checkbox"/> Negotiates/compromises <input type="checkbox"/> Participates in class <input type="checkbox"/> Regular Attendance <input type="checkbox"/> Other: _____ _____ _____	Please check and provide additional details: <input type="checkbox"/> Academic _____ <input type="checkbox"/> Attendance _____ <input type="checkbox"/> Emotional or Behavioral _____ <input type="checkbox"/> Family/home _____ <input type="checkbox"/> Physical Health/Medical _____ <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Behavioral interventions <input type="checkbox"/> Classroom modifications <input type="checkbox"/> Instructional modifications <input type="checkbox"/> Consult w/ CLAD, BCLAD, or ELD certificated staff (for EL students) <input type="checkbox"/> Met with student <input type="checkbox"/> Offered tutoring/after-school program <input type="checkbox"/> Spoken to/met with parent/caregiver <input type="checkbox"/> Other: _____ Please describe your interventions and strategies, including length of time tried and response by student. _____ _____ _____ _____ _____

===== Complete if student is referred to SST =====

4. Student Profile Section (SAP/Counselor/SST Team to complete):				
STAR 9 (Two previous yrs):	Year	Reading	Lang	Math
Support Services student is currently receiving:				
		<input type="checkbox"/> After-School Prog	<input type="checkbox"/> GATE	<input type="checkbox"/> ELD/ELL
		<input type="checkbox"/> Tutoring	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Peer Resources
		<input type="checkbox"/> IEP	<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Foster Youth Services (FYS)
		<input type="checkbox"/> Mental Health	<input type="checkbox"/> Physical Health	<input type="checkbox"/> Other:
CELDY Scores: Students' primary language proficiency assessment results:				
Health Most recent Physical Exam: _____		Screening	Date	Status -Pass/Fail
Immunizations: Complete _____ Incomplete: _____		Vision		FU required?
Chronic health conditions? _____		Hearing		

5. Date family notified re: referral to SST: _____ Results: _____
 =====Feedback to Referring Person=====

Date Referral Processed	Primary Contact Person
Action Items Planned	
1. _____	WHO Will Follow-up
2. _____	
3. _____	



REQUIRED DOCUMENTATION IN SST FORMS

✓ **SUPPLEMENTAL REQUEST FOR ASSISTANCE (1.0A Referral From)**

- **IF THE STUDENT OF CONCERN IS AN EL**, in addition to completing the Request for Assistance (1.0) form, the referring teacher or staff person must also complete the Supplemental Request for Assistance (1.0A) form.



Supplemental Request for Assistance (1.0A)

SST Referral for English Learners

San Francisco Unified School District

****This form is REQUIRED to accompany the Request for Assistance (1.0) for all EL students referred for a SST****

Name of Student: _____ School: _____
HO#: _____ Date of Birth: _____ Primary Language: _____
Living with: _____ Relationship to Student: _____
Referred by: _____ Date of Referral: _____
Person Completing Form (if different from person making referral): _____

FAMILY HISTORY

List all countries of residence other than the United States: _____
How long has the student been in the United States? _____
Reading materials in the home are in: student's: native language English
Does the student regularly watch T.V. or listen to the radio in student's: native language English

LANGUAGE BACKGROUND

Copy of CELDT for the current year is attached (mandatory – this can be found on Data Director)

Language first learned by student _____
Language student prefers _____

Indicate language & how much of the time (<25%-100%):

Primary language spoken by student at home _____

Primary language spoken by parents at home _____

Language student uses most frequently with siblings: _____

Subject's primary language in informal social situations (playground, cafeteria, or on the street) _____

Subject's primary language in classroom _____

Is the student not learning as quickly as peers who have had similar language experiences and opportunities for learning? _____

PREVIOUS SCHOOL EXPERIENCE

School records were available for review: YES NO

If NO, what was the source of the following information: _____

Education Outside of the United States

Country	# of years	# of schools	Studied English
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Education in the United States

School Attended	Grade Level(s)	EL Services
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO



CURRENT SCHOOL PERFORMANCE

Program in which student is enrolled and length of time in program:

English Only- _____ yrs/mos Dual Immersion- _____ yrs/mos/ _____ % in English Other _____ (specify)

History of English instruction [check all that apply]:

Preschool Kindergarten 1st – 3rd grades 4th and above _____

Problems identified: behavior attendance academic

Student's academic level: **Primary language:** **English**

Please specify (e.g., running record level, DRA reading level, etc.)

Reading – _____ below grade level? _____ below grade level?

Written Language – _____ below grade level? _____ below grade level?

Oral Language – _____ below grade level? _____ below grade level?

Math Skills – _____ below grade level? _____ below grade level?

CURRENT LANGUAGE SKILLS

	<u>Primary Language</u>	<u>English</u>
Is the student's speech very difficult to understand?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Does the student listen and follow directions well?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Does the student respond appropriately to questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Can the student express ideas in an age appropriate manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Can the student maintain a conversation in an age appropriate manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is the student dysfluent (e.g., stutters)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Does the student require more prompts and repetition than peers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

PREVIOUS INTERVENTIONS

List previous program and instructional interventions or attach SST notes:

ADDITIONAL COMMENTS

All of the following documents must be attached:

- Transcript
- Current Progress Report/Report Card
- Attendance Record
- Discipline Record
- Statewide Assessment
- CELDT Scores



REQUIRED DOCUMENTATION IN SST FORMS

- ✓ **SST Meeting Summary Form (2.0) and SST Follow-Up Meeting Summary Form (2.0A)**
 - **IF THE STUDENT OF CONCERN IS AN EL**, a teacher with a CLAD, BCLAD or ELD certificate must be a member of the Student Success Team. This teacher must sign in the Action Plan signature box on the SST Meeting Summary Form (2.0) or SST Follow-Up Meeting Summary Form (2.0A) indicating presence at the SST meeting or consultation regarding the student prior to the SST meeting (if meeting attendance is not possible).



SAN FRANCISCO UNIFIED SCHOOL DISTRICT
 Student Success Team
 First Meeting Summary Form (2.0)
 Meeting Date _____

Student _____
Birthdate _____ Grade _____
School _____
Teacher/Referral Source _____

STRENGTHS	
KNOWN INFORMATION <i>(Summarize pertinent student information, e.g. health/developmental status, testing data, work samples, EL status, etc.)</i>	
PRIOR INTERVENTIONS <i>(Include current services, accommodations/ modifications, length of time tried & outcomes)</i>	
AREAS OF CONCERN <i>(Prioritize)</i>	
BRAINSTORM – STRATEGIES <i>(Consider Classroom, School, Home, and Community Arenas)</i>	
DESIRED STUDENT OUTCOMES <i>(SMART: Specific, Measureable, Attainable, Relevant and Timely)</i>	AS EVIDENCED BY <i>(Method of progress monitoring)</i>

SST ACTION PLAN ON BACK

SAN FRANCISCO UNIFIED SCHOOL DISTRICT
 Student Success Team Action Plan

Student _____ Meeting Date _____

ACTION ITEMS <i>(Refer to SST Manual, Menu of Interventions, Pre-Referral Intervention Manual, Behavior Intervention Manual)</i>	WHO	WHEN

Follow-up Meeting Date _____ <i>(schedule within 4-6 weeks)</i>
I (parent/caregiver) _____ <input type="checkbox"/> agree <input type="checkbox"/> do not agree to this action plan _____ Date _____
Student _____ Administrator _____ Referring Teacher _____
<input type="checkbox"/> CLAD, BCLAD, or ELD certificated staff member present or consulted <i>(for EL students) Name</i> _____
Rev. August 2011



SAN FRANCISCO UNIFIED SCHOOL DISTRICT
Student Success Team

Summary Form for Follow-up Meetings (2.0A)

Date _____ SST Meeting # _____

Student _____
Birthdate _____ Grade _____
School _____
Teacher/Referral Source _____

Previous SST Meeting Dates: 1st _____ 2nd _____ 3rd _____

<p>PAST ACTION ITEMS</p>		<p>OUTCOMES OF PAST ACTION ITEMS <i>(Were the Desired Student Outcomes achieved?)</i></p>	
<p>NEW INFORMATION</p>			
<p>BRAINSTORM – STRATEGIES <i>(Consider Classroom, School, Home, and Community Arenas)</i></p>			
<p>DESIRED STUDENT OUTCOMES <i>(SMART: Specific, Measurable, Attainable, Relevant, and Timely)</i></p>		<p>AS EVIDENCED BY <i>(Method of Progress Monitoring)</i></p>	

SST ACTION PLAN ON BACK

SAN FRANCISCO UNIFIED SCHOOL DISTRICT
Student Success Team Action Plan

Student _____ Meeting Date _____

NEW AND CONTINUING ACTION ITEMS <small>(Refer to SST Manual, Menu of Interventions, Pre-Referral Intervention Manual, Behavior Intervention Manual)</small>	WHO	WHEN

Follow-up Meeting Date _____
I (caregiver) _____ <input type="checkbox"/> agree <input type="checkbox"/> do not agree to this action plan _____ Date _____
_____ Student _____ Administrator _____ Referring Teacher _____
<input type="checkbox"/> CLAD, BCLAD, or ELD certificated staff member present or consulted (for EL students) Name _____
<small>Rev. August 2011</small>



I. KEY ENGLISH LEARNER RELATED PROCEDURES IN THE SST PROCESS:

In compliance with the Lau Action Plan for English Learner students, SFUSD's Student Success Teams (SSTs) will be trained and consistently implement procedures for interventions and referral for special education evaluation that take into consideration the linguistic and cultural background of students, including:

- Inviting at least one certificated staff person with appropriate EL certification based on state requirements to SST meetings for ELs;
- Ensuring that the SST includes a staff member with personal knowledge of the EL student. If a staff member with personal knowledge of the EL cannot be available for the SST meeting, then another member of the SST will consult with at least one such staff member prior to the meeting; and
- Fully considering the language background, educational history, linguistic history (including CELDT scores and primary language proficiency assessment results where available), and language-related issues of ELs, including review of:
 - i. academic progress in an appropriate EL pathway;
 - ii. classroom observations;
 - iii. work samples in English and, where available, in the primary language; and
 - iv. outcomes of evidence-based interventions when making data driven decisions to evaluate EL students for special education and related services.

**The SFUSD SST Manual and Forms are in compliance with the
Lau Action Plan for English Learners.**

The following are key components to be aware of:

- ✓ Request for Assistance (1.0) Referral Form
 - Section 3. Prior Interventions: Indicate if prior interventions include consult with CLAD, BCLAD or ELD certificated staff, for EL students only.
 - Section 4. Student Profile: Indicate student's CELDT Scores and primary language proficiency assessment results.
- ✓ Supplemental Request for Assistance (1.0A) Referral Form
 - Must be filled out and attached to the Request for Assistance (1.0A) form when referring EL students to the SST process.
- ✓ SST Meeting Summary Form (2.0) and SST Follow-Up Meeting Summary Form (2.0A)
 - Action Plan Signature Box: CLAD, BCLAD, or ELD certificated staff member must sign SST Meeting Summary Forms to indicate presence at the SST meeting or consultation prior to SST meeting.
- ✓ SST Manual
 - SST Manual includes all forms and requirements highlighted above.
SST Manual and Forms can be found at <http://www.healthiersf.org/Forms/index.php#sst>.



II. SST TRAINING for STAFF

All members of SSTs must be trained on the Lau Action Plan requirements for SSTs. Principals are expected to designate time in a staff meeting to remind staff of the protocols outlined above by the **end of November** of each school year. Record the date of the staff meeting where these procedures were discussed on the Lau Observation Protocol submission **due on January 29, 2016**. There will be several training opportunities to prepare sites and SST leads to meet this requirement. Training presentation and materials can be found at www.healthiersf.org.

III. INTERPRETATION AND TRANSLATION RESOURCES FOR SSTs

- ✓ For interpretation services during SST meetings, go to the Translation and Interpretation Unit (TIU) webpage on SharePoint- <https://district.sfusd.edu/dept/translation/default.aspx>. In general, SST interpretation requests will be fulfilled based on available resources.
- ✓ Translated SST Forms, e.g. SST Parent Notification Letter and Summary Forms, can be found at <http://www.healthiersf.org/Forms/index.php>.



SFUSD SAP AND SST MANUALS AND FORMS

- SFUSD SAP and SST Manuals and Forms can be found at:
www.healthiersf.org



Thank you

For further support on implementing SST procedures in compliance with the LAU Action Plan, please contact:

***Jennifer Donahue**, Program Administrator
donahuej@sfusd.edu

***Andi Hilinski**, Program Administrator
hilinskia@sfusd.edu

School Health Programs Office
Student, Family, and Community Support Department
415-242-2615

healthiersf.org