

The Student and Staff Support Team and the Coordination of Student Services

*“Nine Different People
Were Helping One Child”*

William T. Brown and Sherrie Berrien Joseph

The Student and Staff Support Team (SSST) is essential to solving individual and whole-school issues that can undermine student learning and development. This chapter discusses the composition of the SSST, strategies for dealing with individual and schoolwide problems, organization, and inter-team relationships. Detailed forms developed by an extremely effective SSST in Brooklyn, New York, provide additional models for productive action.

In many ways, what we now know as the School Development Program began with the Mental Health Team, the progenitor of the Student and Staff Support Team (SSST). The late Dr. Albert Solnit, the former director of the Yale Child

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Study Center, and Mr. Samuel Nash, director of special projects for the New Haven Public Schools, had recognized that clinicians and educators had much to offer each other:

In 1966, after more than 15 years of providing periodic consultation and in-service training in public schools, as clinical and educational scholars we planned to establish a systematic long-term collaborative exchange between a clinical center and two primary schools. . . . The clinicians knew that being able to observe children in the public schools would expose them to learning about a large sector of child life that otherwise they usually heard about only in an indirect fashion. The educators knew that clinicians used certain . . . constructs and observational methods to understand the ailing child, which, when translated into an understanding of healthy or normal children, could be useful to teachers in their work with children and their parents. (Nash & Solnit, 1993, pp. xv–xvi)

Dr. Solnit then recruited a very bright and promising child psychiatrist, Dr. James P. Comer, to develop this new collaborative between the Child Study Center and the New Haven Public Schools and to be the director of its first Mental Health Team.

Over the years, school systems have generally developed the capacity to provide assessment and therapeutic services for themselves, but despite the presence of thousands of mental health professionals in the schools, there still often exists a rift between the mission of clinicians and the missions of the educators. In large part, this rift can be attributed to differential emphasis by educators and clinicians on different aspects of development: Educators are often more focused on the cognitive and linguistic development of their students; clinicians, depending on their professional training, pay relatively more attention to the physical, psychological, and social functioning of their clients.

In the Comer Process, it is the role of the SSST to actively unite the whole school community in order to promote the development of children and adolescents along *all* the developmental pathways. The SSST is charged with, first of all, the task of enabling students (as well as their teachers and families) to overcome the barriers to their learning by mobilizing the resources of the school, the district, and the surrounding community to meet the developmental needs of the students. To fulfill this role the team must possess a level of expertise in child development theory and practice that is not usually characteristic of other groups within the school community. The SSST is also charged with helping the adults in the school community change how they view students and families and how they serve them.

SSST COMPOSITION

The membership of the SSST includes those individuals in the school community who possess specialized knowledge, training, or expertise in mental health or child and adolescent development theory and practice. It is important that the members of the SSST have (or have access to) expertise in how children and youth develop along all the pathways: physical, cognitive, psychological, language, social, and ethical. More specifically, the team should include some combination of the following individuals:

- *Administrator.* The principal (or an assistant or vice-principal) is a required member of the SSST. This person is able to inform the team of the administrative and

legal constraints and opportunities that may impact any interventions or programming the SSST decides to recommend.

- *Psychologist.* Most of the time, the school psychologist is responsible for the assessments conducted for special education. More generally, however, psychologists are trained in observing and understanding human behavior and, depending on their training, can contribute expertise in psychological and social development, as well as in therapeutic interventions.
- *Social workers and counselors.* In addition to their training in therapeutic techniques, social workers and counselors are often trained in accessing service systems and community resources. The ecological perspective a social worker can bring is important for identifying and intervening with both individual and global issues.
- *Special education teachers.* These teachers have specialized training in helping students to overcome barriers—including physical, emotional, and social ones—to their learning. Among the major contributions that special education teachers often make to the work of the SSST are the intervention and problem-solving skills that can benefit almost any student, regardless of education placement.
- *School nurse.* Nurses and other medically trained personnel can provide to the SSST specialized knowledge in young people's physical functioning and development, which impacts all the other areas of development.
- *Speech/hearing specialists and bilingual teachers.* These individuals provide the expertise in language development and, perhaps, physical development. Similar to the special education teacher, these team members can contribute strategies and interventions that may even help students who do not suffer from a speech, hearing, or other language impairment.

This list is by no means exclusive, and almost any individual with developmental expertise (e.g., a physical education teacher with knowledge of children's physical development) is eligible to sit on the SSST. Schools have also included community members (e.g., a member of the local community policing program) on their SSST. It is important to note that while parents or guardians are not regular members of the SSST (this is the only team in the Comer Process that does not include them as standing members), the parent or guardian of any student referred to the SSST should be included whenever possible in discussions of that student. Regular education teachers may also sit on the SSST, and the teachers who refer any student should attend, like the parent or guardian, any meetings during which the team will discuss that particular student's case.

The activities of the SSST fall into three major categories: interventions and case management for individual students, prevention and addressing global issues, and staff development.

INTERVENTIONS AND CASE MANAGEMENT FOR INDIVIDUAL STUDENTS

One of the most significant and visible SSST activities is developing interventions for individual students who are experiencing problems in their school functioning.

Although some schools use the SSST as the level of intervention prior to a special education referral, it is important to note that referral to the SSST is not just for special education students. Any student who is experiencing a barrier to or problem with their development or learning is eligible for referral to the SSST.

At times, these barriers or problems may be centered “within” the child. For example, the child may be too shy or anxious to participate in classroom activities, and the best efforts of the classroom teacher have not been enough to engage the child satisfactorily. The barrier may also be some condition outside the child’s influence or control. Parents who are experiencing a great deal of financial hardship and whose work schedules are irregular, or who may be overwhelmed by having to care for several children or a gravely ill relative, may not be able to consistently prepare their children for school. More often, the problem is a result of a combination of child characteristics and contextual factors, and it is important not only that the SSST view the child through the developmental lens, but that they also adopt an ecological view of the child’s behavior in that child’s context.

For example, when I (W. Brown) served as a counselor in elementary schools that served a diverse but impoverished student population, I often had to work with children who were labeled as “aggressive” because they often fought with their peers. When I talked with them about their behavior, a common response was, “My mother told me that if someone hits me, I hit them back.” These kids, in fact, came from rough neighborhoods where perceived weakness could lead to continued provocation and harassment or could even prove fatal when they got older. To contradict the child’s parent would serve no good purpose, and my response instead was to ask two questions: “When you go to McDonald’s, do you go in the back and fix your own food?” and “When you are at home, do you pay your mother for the things you eat?” Even kindergartners could understand that different settings called for different behaviors and that the expectations at school were different from those at home or in the neighborhood. Without an ecological view, this intervention would not even have occurred to me.

Referrals

There should be a very clear and structured process for referring students to the SSST. At a minimum, the referring teacher should be asked to provide a non-judgmental description of the student’s challenges and strengths along the six developmental pathways. This description should also include the frequency, severity, and duration of the challenging behavior, as well as possible antecedents. Referring teachers should also indicate what intervention strategies they have already tried and the extent to which these have been effective—even if only marginally. Whenever possible, the referring teacher should also provide whatever background information (e.g., parental report of imminent divorce) or current indicators (e.g., work samples, distressing pictures or drawings) might be relevant.

Once a child has been referred to the SSST, he or she should be placed on the agenda as quickly as possible. Parents or guardians should be informed of the referral and invited to attend the meeting during which their child is being discussed. In many instances, parents are willing to take the time to come to the school, but in cases where the parents have not been able to attend, SSSTs at various Comer schools have found creative ways to include them, including making conference calls or holding the meeting at times more convenient for the parent.

Viewing the Child Through a Developmental Lens

During discussion of the child, the SSST should use a “developmental lens” and identify areas of appropriate development, overdevelopment, or underdevelopment. Specifically, the team should describe and discuss each area of the child’s development and how that child’s level of development might contribute to the presenting problem. *The importance of these developmental discussions cannot be stressed enough.* They are the fundamental, central process of the SSST’s operation, and talking about the child in this way will yield at least two important benefits: First, the team will be more likely to gather important information that would inform possible interventions, or at least identify gaps in the team’s knowledge of the child. Second, the team will be less likely to judge or label the child, and thus less likely to apply inappropriate interventions as a result of emotionally charged perceptions.

Developmentally Appropriate Interventions

Likewise, the SSST should attempt to generate interventions that are developmentally appropriate and informed. There are at least three possible levels of intervention: by the teacher within the classroom, through consultation with other school personnel, and through outside services.

The First Level of Intervention Is the Classroom

Members of the SSST should assist the referring teacher in creating and implementing strategies the teacher has not tried or thought of, or should assist the referring teacher in refining interventions already being employed.

The Second Level of Intervention Is Mobilizing School Resources

At this level, other school personnel may be called in to consult with the SSST and referring teacher. These personnel may be members of the SSST or they may be other members of the school community. In several cases we have observed, the consultant is a very experienced teacher who lends the benefit of her knowledge to the team. In other cases, a teacher who is familiar with the child and/or the child’s family from another time or setting (e.g., has had a sibling in another class) provides the consultation.

The Third Level of Intervention Is Accessing Resources or Services From Outside the School

The SSST may determine that the referred child and/or the child’s family might benefit from psychotherapy, substance abuse treatment, a full medical evaluation, structured activity outside of the school, or any of a number of services that the school cannot provide. In this case, the responsibility of the SSST is to coordinate these services with those the school provides and to supervise the delivery of any services provided within the school by these outside agencies or organizations. This coordination may be as important as the presence of the services themselves. In person, print, and presentations, Dr. Comer has often described a situation he encountered during the initial Baldwin-King Project in which nine different people—including social workers, psychologists, and special education teachers—were helping a single child but

were not communicating with each other (Comer, Haynes, & Joyner, 1996). As a result of this lack of communication, there was neither a coherent picture of the child's needs nor a cohesive effort toward meeting those needs.

The Case Manager

After the team has discussed the case and interventions, the SSST should assign a case manager to the student. The case manager is responsible for monitoring the implementation of the recommended interventions and the progress of the referred student. It is important to note that the case manager is not necessarily responsible for conducting the intervention. For example, if the SSST recommends that psychological assessment be conducted, the psychologist does not necessarily serve as the case manager (in fact, collaboration is increased if the case manager is not the person most closely associated with the intervention). Finally, the team should review and evaluate each case periodically (we recommend reviewing cases within a month's time) and have procedures in place for closing cases that either have been resolved or need to be referred for interventions beyond the scope of the team (e.g., psychiatric hospitalization).

PREVENTION AND GLOBAL ISSUES

Just as important as meeting individual student needs (generally a form of tertiary prevention) is the SSST's role in spearheading the major preventive efforts of the school and addressing global concerns that affect the entire school community. In medicine and mental health, there are three types of prevention—primary, secondary, and tertiary—and the SSST should consider all of them.

Primary, Secondary, and Tertiary Prevention

- *Primary prevention* entails solving problems before they even occur. Vaccinations, for example, are provided to everyone and eliminate the potential problem of a specific disease.
- *Secondary prevention* is aimed at preventing problems from manifesting themselves after risks have been identified. Secondary prevention interventions are directed toward all members of a risk group. For example, children who have been retained in school are at higher risk for dropping out of school later, so a school might direct a drop-out prevention program toward anyone who is retained in their current grade for the next school year.
- *Tertiary prevention* (also known as rehabilitation) occurs after a problem has manifested itself. With tertiary prevention, the goal is to treat the problem and restore functioning. While tertiary prevention is typically more visible and demonstrable than primary or secondary prevention (and thus often more satisfying for the clinician and easier to justify with respect to costs and effort), it also tends to be the most expensive form of prevention in the long run—hence the saying, “An ounce of prevention is worth a pound of cure.” Schools, just like many of our society's other institutions, are unfortunately often reactive instead of proactive with respect to many problems. They are so busy handling the day-to-day tasks of educating

millions of children nationwide that they do not devote enough time, effort, and resources to primary preventive efforts.

Addressing Global Issues

We advocate that schools in general, and the SSST in particular, should consider adopting primary prevention strategies whenever possible, so that individual incidents do not develop into schoolwide issues and so that school community issues do not develop into major crises. The SSST may look in a number of directions to identify these global issues (see Figure 11.1).

Figure 11.1 Examples of possible global issues

Tardiness	Student-staff relationships
Absenteeism	Staff-parent relationships
Behavior/discipline	Response to crises or trauma
New students/school adjustment	Teacher burn-out
Learning styles	Low staff morale
Student achievement	Child neglect & abuse
Diversity/multicultural issues	Student and staff health awareness
Student interpersonal relationships	

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- One source is from the individual cases that are referred to the SSST. It is often found that several cases may have commonalties or similar patterns that suggest that an intervention broader than working with individual students is warranted. For example, the SSST may find that many of the students are referred for fighting and that many of these fights start with name-calling and teasing. The team may then decide to recommend a program that emphasizes respect for peers.

- A second possible source of global issues are events, both expected and unexpected, which impact the entire school community. The response of schools to young people's needs for comfort and reassurance after the terrorist attacks on New York and Washington is a perfect example of an unexpected event. Other examples include natural disasters or the departure or death of a teacher or school administrator. Unexpected events need not be negative or tragic—the SSST may capitalize on resources suddenly becoming available for the school or advocate broadening the recognition of some scholastic or athletic achievement by the students so that the positive impact is felt throughout the school. Expected or predictable events include many of the transitions associated with the schooling process (e.g., attending a new school).

- A third source of global issues is the normal development of the students in the school. For example, although children are perfectly capable of discerning

differences between people's physical features, they typically do not begin to exhibit systematic differential attitudes toward people of different races or ethnicities until six or seven years of age. This is also when students enter school and begin to observe how a societal institution—the school—treats different groups of people. Given this knowledge, the SSST may facilitate the school community, paying particular attention to issues of diversity and equitable treatment.

Similarly, students who are entering adolescence (typically around seventh grade) are beginning to grapple with issues of adolescent identity, and a major part of this process is adopting and experimenting with different roles in relationships with adults and each other. From a developmental point of view, students' defiance of adult authority might also be conceptualized as experimenting with their own exercise of power. Not coincidentally, it is at about this age that friendship groups based on convenience begin to give way to crowds and cliques based on the students' own perceptions and preferences; it is also at about this age that these groups begin more systematically to exercise social power. The SSST might then look for ways to involve the students in exercising authority within the school in appropriate and prosocial ways.

STAFF DEVELOPMENT

As effective as the SSST may be in promoting development and in prevention or intervention with individual students, the school will not be best served if developmental knowledge and expertise is concentrated within this team. The SSST is expected to help enhance the school's ability to think developmentally and use this knowledge to improve the school's climate and young people's outcomes.

For example, the clinical presentation of several psychiatric disorders in young people often differs from that of adults. In the case of depression—a very common diagnosis among both young people and adults—children and adolescents may not exhibit the depressed mood that is commonly associated with adult depression. They may, in fact, present with a very irritable mood. Knowledge of these developmental differences may influence how a teacher or administrator chooses to act toward a student who “always has an attitude” or is otherwise acting out in the school.

Members of the SSST may choose to share their clinical and developmental expertise directly with colleagues during staff development sessions. In fact, we encourage collaborative presentations that integrate the clinical perspective of the clinicians on the SSST and the education perspective of the teachers on the team or the staff. If necessary, the SSST can arrange to bring in an outside consultant or expert to provide staff development. The SSST should make clear to the staff how each staff development effort is tied into the larger mission of the team and the school, as well as the global issues the SSST has identified.

KEY POINTS ON MEETING ORGANIZATION AND PROCESS

Given the nature of the work of the SSST, there are several important points that the team must consider (see Figure 11.2): consistency, collaboration, early intervention, and confidentiality.

Figure 11.2 Some general guidelines for SSST meetings

<p>Be Stable and Consistent</p> <ul style="list-style-type: none"> • Meet weekly for 1½ to 2 hours. Some teams meet biweekly for a longer period of time in order to accommodate the schedules and caseloads of their members. • Establish and/or re-establish your membership early in the school year. The principal should work with the school district's Specialized Student Support Services or Special Education Department to identify support services staff who can commit to the team. <p>Be Organized and Thorough</p> <ul style="list-style-type: none"> • Establish an agenda for every meeting. At minimum the agenda should include a team builder, new cases, updates or status reports on previous cases, global issues, SPMT report, professional development, and sharing/development of resources. • Establish roles for the team. We recommend that the chairperson serve for at least a school year. The other roles can rotate on a pre-established timeline. • Establish operating procedures for the team: when, where, and how often the team meets. This information should be stabilized as soon as possible. We realize that some teams may need to experiment with meeting times, days, and locations initially; but this should become stable within 1 to 2 months. <p>Encourage Early Referrals and Identify Global Issues Through Well-Known, Clear Processes</p> <ul style="list-style-type: none"> • Establish a referral process and flow chart and yearly present them to the whole school community so that everyone will know the process for bringing a student to the attention of the SSST. • Develop or adapt referral forms, form letters, and/or other documents needed by the team. Establish a location for these forms that is known to all team members. • Encourage members of the school community to make referrals earlier in the year, rather than later. • Identify professional development needed by the SSST and arrange to have it provided during the meeting or at other times set aside for professional development. • Develop written procedures for how the SSST will identify global issues. Global issues impact groups of students and/or the school as a whole, or they emerge from a study of patterns observed in the types of referrals received by the team. <p>Respect Confidentiality</p> <ul style="list-style-type: none"> • Find a meeting location that affords the team as much privacy as possible because of the confidential nature of the information discussed. • Develop consent forms for parents and guardians to review and sign. • Make sure confidential information is not overheard or included in school records that might be seen by others.
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Consistency

First, consistency is absolutely essential in order for the SSST to be effective. It is important that the team meet regularly. We recommend that it meet at least weekly for 1 ½ to 2 hours. Some schools' SSSTs meet more often for a shorter period of time, or less often or for a longer period of time, depending on their caseload and the schedules of their members. Given the level of coordination and follow-up that the team's activities require, consistent attendance is vital, and the dates and times chosen for the meetings should be acceptable to all members of the team. The membership of the SSST should also be relatively stable. This is an important point to emphasize for the school administrators. The SSST is best served when the same administrator serves on the team, although it is perfectly acceptable to send a substitute if that person cannot attend.

Collaborative Problem Solving

Second, like all of the other team meetings, there should be a written agenda for each SSST meeting and adherence to consensus, collaboration, and no-fault, and effective group roles (e.g., chairperson, facilitator, notetaker, timekeeper, etc.) should be adopted to make maximum use of the time available.

Early Intervention

Third, we encourage members of the school community to make referrals earlier in the year, rather than later (members of the Special Education community understand this practice well). This practice is consistent with the idea of early intervention as a possible way to prevent later problems. Furthermore, interventions with students are likely to take some time to work, and if students are referred to the SSST later in the year, there may not be time to implement the interventions suggested by the team, evaluate their effectiveness, or refine them if they do not work. Even more important, neither the student, the teacher, nor the class is well served if the student is allowed to languish in a situation that can very well be corrected.

Confidentiality

The fourth major consideration for the SSST is that of confidentiality. Clinicians have clear ethical obligations to protect the confidentiality of their clients, and the responsibilities associated with these obligations are part of their professional education and training. Although school records are also confidential, clinical records are generally afforded greater protection. As a consequence, it is important that every member of the SSST understand both the importance of confidentiality and the specific measures the group will adopt to protect it.

The team should develop consent forms for parents and guardians to review and sign. The team should meet on school premises so that they have access to any necessary school records and so that confidential information will not be overheard in a public setting. Some of the information that the SSST gathers *must not* be included in the school record, and the SPMT and the larger school community must understand that members of the SSST *cannot* share all the information at their disposal.

RELATIONSHIP WITH THE OTHER TEAMS

As depicted in the “Schoolhouse” diagram (Figure 2.2 in Chapter 2), there should be consistent communication among the SSST, the SPMT, and the Parent Team. If the SPMT is the engine of the school, then the SSST is the sensor array and dashboard panel: It monitors the functioning of the school and provides feedback when things are going wrong.

Generally speaking, the SSST is responsible for informing the SPMT of global issues it has identified and for making recommendations to address them. Once the SPMT has decided on a course of action, the SSST then acts to implement the SPMT’s policy decision. Ideally, the SSST does not work in isolation, but instead works with one or more of the SPMT’s subcommittees (e.g., Climate, Curriculum, Instruction and Assessment, Public Relations) to implement the prevention or programmatic effort. At least one member of the SSST sits on the SPMT to represent the team and its perspectives and to carry information from the SPMT to the SSST. Given the diversity of concerns that face the SPMT, the SSST representative should function as the “voice for development” in the meetings, just as the entire team should act as the voice for development for the entire school.

The relationship of the SSST and the Parent Team likewise involves a great deal of communication between the groups, but that communication may be more diverse and informal. Often, the SSST will serve as the first contact a student’s family will have with the school. Members of the SSST may be experts on child development, but parents and guardians are the experts on *their* child’s development. The SSST represents the school, and so must make conscious and sustained efforts to attempt to form collaborative partnerships with parents and community members. The SSST may also lend support to Parent Team activities or provide training and consultation to the Parent Team.

While the information presented above represents the ideal of SSST functioning, schools have developed their SSSTs in different ways, depending on a variety of factors, including their needs and the resources available to them.

MODEL FORMS

The Model Forms section of this chapter provides a variety of ready-to-use forms that can be used for productive action.

The forms in Figures 11.3–11.12 were created by the SSST at Public School 46, the Edward C. Blum Elementary School, in Community School District 13, Brooklyn, New York. They appear here courtesy of Principal Carmen S. Gonzalez and the school’s SSST.

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Figure 11.3 Child study team—Student form

Child Study Team — Student Form
Edward C. Blum Elementary School – Public School 46
Carmen S. Gonzalez, Principal

Name _____
Date _____
Time of Incident _____

This is the classroom rule I did not follow:

This is what happened:

This is why I did it:

This is what I could have done:

Teacher's Comments (relate to developmental pathways framework):

Other Comments:

Student Signature _____ Date _____

Teacher Signature _____ Date _____

SOURCE: Courtesy of Public School 46, the Edward C. Blum Elementary School, Carmen S. Gonzalez, Principal.

Figure 11.4 Child study team

Child Study Team		
Edward C. Blum Elementary School – Public School 46 Carmen S. Gonzalez, Principal		
MEETING FLOW	DATE _____	
Case Overview (Pathway category focus)		
Follow up Case Reviews Medical/status pending (5 minutes)	New Case Reviews Pathway/Action plan (15 minutes per case)	Discussion of scheduled activities/workshops (5 minutes)
Global Issues		
Conclusions (Comer moment/team process/observations/praises/recommendations)		

SOURCE: Courtesy of Public School 46, the Edward C. Blum Elementary School, Carmen S. Gonzalez, Principal.

Figure 11.5 Child study referral notice

Child Study Referral Notice

Edward C. Blum Elementary School
Public School 46 – CSD 13
100 Clermont Avenue, Brooklyn NY 11205
(718) 834-7694 Fax # (718) 243-0726

School Personnel: Please use this form to inform the parent of his/her child's referral to the Child Study Team

STUDENT'S NAME	DATE
TEACHER	GRADE/CLASS

PARENT/GUARDIAN REFERRAL NOTIFICATION

We are sure that you share our concern that your child's school performance is not as positive as we might expect. To better understand any reasons behind this situation, your child has been referred to the Child Study Team. The process of this referral and the purpose of this referral are:

- Review current and past records and investigate patterns, changes in performance or other factors that attribute to present performance levels.
- Conduct student, parent and teacher interviews to gain background information.
- Bring together key personnel that would assist with the discussion of interventions to improve your child's performance.
- Monitor and assess the value of any intervention strategies already in place.
- Determine the need for in-depth student evaluation to better understand and address concerns.

*We hope that you will be able to be as involved as possible in this very important process. We have scheduled an appointment for you to meet with the Child Study Team on:

(Day of Week) _____ (Month) _____ (Date) _____ (Year) _____ at (Time) _____

Presently, the school has concerns about your child's performance in the area(s) checked below:

<input type="checkbox"/> Academic Progress	<input type="checkbox"/> Skill Retention	<input type="checkbox"/> Socialization	<input type="checkbox"/> Attention
<input type="checkbox"/> Behavior	<input type="checkbox"/> Aggression	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Homework
<input type="checkbox"/> Hearing/Vision	<input type="checkbox"/> Attendance	<input type="checkbox"/> Health _____	<input type="checkbox"/> Other _____

Additional Comments

PARENT/GUARDIAN ACKNOWLEDGMENT SECTION

It is our intent to keep you informed and involved in your child's performance at school. Please return this parent acknowledgement section to the Child Study Team or your child's teacher so that we may begin serving your child's needs.

TO CHILD STUDY TEAM OF PS 46

I have received and read the Parent/Guardian Referral Notification. I understand that the school is very concerned about my child's performance at school and is seeking strategies to assist my child.

I am aware of this situation and will meet with the Child Study Team on the scheduled appointment.

I am aware of this situation, however, I am unable to attend on the scheduled date. I am able to attend the Child Study Team conference on

(date) _____ at (time) _____

Parent/Guardian signature (required) _____ Date _____

SOURCE: Courtesy of Public School 46, the Edward C. Blum Elementary School, Carmen S. Gonzalez, Principal.

Figure 11.6 Referral

Referral

Edward C. Blum Elementary School
Public School 46 – CSD 13
100 Clermont Avenue, Brooklyn NY 11205
(718) 834-7694 Fax # (718) 243-0726

School Personnel: Please use this form to initiate the process of referring a student for Academic or Social Intervention Services.
This is an important initial step in the consideration of child's eligibility for additional services and a possible IEP.

STUDENT INFORMATION

REFERRING PERSONNEL

STUDENT'S NAME DATE CLASS REFERRING TEACHER/ADMINISTOR

Presently the student's performance is:

- Passing At Risk Failing

Signature

Date

At this time, concerns about this student are: Has the parent been made aware of your concern? Yes No

- Recently Identified Ongoing and Serious How Parent Conference Phone Call Letter(s)

Area(s) of Concern:

Other

- Academic Progress Skill Retention
 Socialization Behavior
 Attention Aggression
 Speech/Language Homework
 Hearing/Vision Attendance
 Health Other

Have you ever attached the required supporting documentation for case review? Yes No

List documentation attached to this request

Services student is already receiving:

Identify Actions/Interventions already initiated:

- | | | | | |
|--|---|----------------------------------|---|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Math | <input type="checkbox"/> Speech | <input type="checkbox"/> Parent Conference | <input type="checkbox"/> Student Conference |
| <input type="checkbox"/> ESL/BL | <input type="checkbox"/> Counseling | <input type="checkbox"/> Medical | <input type="checkbox"/> Record Review | <input type="checkbox"/> Special Seating |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Peer Mediation | | <input type="checkbox"/> Modified Instruction | <input type="checkbox"/> Buddy/Peer |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Other | | <input type="checkbox"/> Behavior Plan | <input type="checkbox"/> Skill Inventory |
| | | | <input type="checkbox"/> Daily Progress Form | <input type="checkbox"/> Counseling |
| | | | <input type="checkbox"/> Other | |

COMMENTS:

White page – Child Study Team Canary page – Teacher Copy Pink page – Administration Copy

SOURCE: Courtesy of Public School 46, the Edward C. Blum Elementary School, Carmen S. Gonzalez, Principal.

Figure 11.7 Child study action sheet, Side 1

Child Study Action Sheet — Side 1

Edward C. Blum Elementary School
 Public School 46 – CSD 13
 100 Clermont Avenue, Brooklyn NY 11205
 (718) 834-7694 Fax # (718) 243-0726

SUDENT'S NAME _____ **CLASS** _____
 Teacher _____ Case Manager _____
 Conference Date _____ Case Review Date _____

PATHWAY	INDICATORS	RECOMMENDED ACTION	START DATE/ END DATE
PHYSICAL	<ul style="list-style-type: none"> • Physical health • Nutrition • Exercise • Responsible decision making 	<ul style="list-style-type: none"> <input type="checkbox"/> Medical exam <input type="checkbox"/> Vision/hearing screening <input type="checkbox"/> Nutrition conference <input type="checkbox"/> Open Airways class <input type="checkbox"/> Other 	
COGNITIVE	<ul style="list-style-type: none"> • Flexibility of thought • Logical thinking • Manipulate information • Interaction with environment • Basic academic skills • Ability to adapt to environment 	<ul style="list-style-type: none"> <input type="checkbox"/> Class observation <input type="checkbox"/> Teacher conference <input type="checkbox"/> Home visit <input type="checkbox"/> AIS Services <input type="checkbox"/> Staff development <input type="checkbox"/> Informal evaluation <input type="checkbox"/> New class placement <input type="checkbox"/> Peer tutor <input type="checkbox"/> Other 	
PSYCHOLOGICAL	<ul style="list-style-type: none"> • Feelings of adequacy • Managing emotions • Accepting differences • Self-esteem 	<ul style="list-style-type: none"> <input type="checkbox"/> Class observation <input type="checkbox"/> Home visit <input type="checkbox"/> Agency referral <input type="checkbox"/> Psychological evaluation <input type="checkbox"/> Counseling 	
LANGUAGE	<ul style="list-style-type: none"> • Receptive language • Expressive language • Process communication 	<ul style="list-style-type: none"> <input type="checkbox"/> Informational evaluation <input type="checkbox"/> Formal evaluation <input type="checkbox"/> Class observation 	
SOCIAL	<ul style="list-style-type: none"> • Empathy • Communication skills • Good relationships • Group interactions 	<ul style="list-style-type: none"> <input type="checkbox"/> Class observation <input type="checkbox"/> Teacher conference <input type="checkbox"/> New class placement <input type="checkbox"/> In-house intervention <input type="checkbox"/> School service <input type="checkbox"/> Counseling <input type="checkbox"/> Peer mediation <input type="checkbox"/> Daily Progress report <input type="checkbox"/> Staff development 	
ETHICAL	<ul style="list-style-type: none"> • Appropriate behaviors • Respect self • Respect others • Sound decision-making 	<ul style="list-style-type: none"> <input type="checkbox"/> Class observation <input type="checkbox"/> Peer mediation <input type="checkbox"/> Counseling <input type="checkbox"/> School service <input type="checkbox"/> Agency referral 	

SOURCE: Courtesy of Public School 46, the Edward C. Blum Elementary School, Carmen S. Gonzalez, Principal.

Figure 11.8 Child study action sheet, Side 2

Child Study Action Sheet — Side 2

Issue		
Pathway	Assessment	Intervention
Physical		
Cognitive		
Psychological		
Language		
Social		
Ethical		

SOURCE: Courtesy of Public School 46, the Edward C. Blum Elementary School, Carmen S. Gonzalez, Principal.

Figure 11.9 Child Study Team—Strategies to improve the school

Child Study Team				
Strategies to Improve the School				
Pathway	Goal	Target Group	Intervention Service(s)	Estimated #
Physical	Increase student nutritional knowledge/increase sports participation	<ul style="list-style-type: none"> • Overweight students • Open Airways students 	<ul style="list-style-type: none"> • Nutrition committee • Sports Monday • Open Airways 	28
Cognitive	Increase student academic activity	<ul style="list-style-type: none"> • Grade 3 • 6+ students 	Reduced Class Size (after-school tutorial)	
Psychological	Increase student self-esteem	Identified guidance group	<ul style="list-style-type: none"> • Individual/Group counseling • Character Education program • Clubs 	15
Language	Increase student use of appropriate language (audience)	Grades 4–6	<ul style="list-style-type: none"> • Monthly assembly programs • Drama club productions 	48
Social	Enhance student empathy and compassion	Behavior Groups	<ul style="list-style-type: none"> • Counseling • Peer Mediation 	50
Ethical	Enhance students' decision making for the collective good	Pre-suspended and In-house suspended students	<ul style="list-style-type: none"> • In-House Suspension Program • Peer Mediation • Counseling • School Service 	35

SOURCE: Courtesy of Public School 46, the Edward C. Blum Elementary School, Carmen S. Gonzalez, Principal.

Figure 11.10 Child Study Team self-assessment form

Child Study Team Self-Assessment Form				
Edward C. Blum Elementary School – Public School 46 Carmen S. Gonzalez, Principal				
Team Leadership	Always (4)	Frequently (3)	Sometimes (2)	Never (1)
Is our vision of “all students can succeed” communicated to the parents, students, and staff?				
Do we encourage teachers to assess student learning styles and use developmentally appropriate teaching strategies?				
Do we constantly practice and apply Comer principles?				
Did we fully and fairly participate in all Child Study conferences?				
Do we make all decisions in the best interests of children?				
Resources	Always (4)	Frequently (3)	Sometimes (2)	Never (1)
Do we provide community partnerships to support students with the most needs?				
Do we seek volunteers or tutors to help all students achieve?				
Do we seek out grants or funds to support the learning needs of all our students?				
Parental Involvement	Always (4)	Frequently (3)	Sometimes (2)	Never (1)
Do we provide parents with instructional/behavioral management activities that can be used at home to reinforce positive learning?				
Do we make parents feel welcome in our school?				
Do we consider parents' work schedules and commitments when we schedule conferences?				
Do we provide parents with the appropriate standards for the child's academic/social success?				
Comprehensive Planning	Always (4)	Frequently (3)	Sometimes (2)	Never (1)
Do we involve all stakeholders in our child study plan?				
Does our plan focus on academic achievement for all students?				
Have we devoted adequate resources to fairly implement our plan for student achievement?				
Do we monitor and evaluate plan implementation to determine our degree of success?				
Do we follow up and submit all required documentation to the team case manager in a timely fashion?				

SOURCE: Courtesy of Public School 46, the Edward C. Blum Elementary School, Carmen S. Gonzalez, Principal.

Figure 11.11 Student behavioral referral (administrative)

Student Behavioral Referral (Administrative)

Edward C. Blum Elementary School
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(718) 834-7694 Fax # (718) 243-0726

School personnel: Please use this form to inform the administration of a student's infraction of school rules and policy. Submit the form to the principal. Following administrative action, a copy will be returned to the teacher for the files.

STUDENT'S NAME	Grade/Class	DATE
Report Prepared By Title	Assignment/Period/Activity	

TEACHER REPORT

Description of Infraction: _____

Previous Incidents Involving Student: _____

Corrective Efforts: _____

ADMINISTRATIVE ACTION TAKEN

<input type="checkbox"/> Consultation with student <input type="checkbox"/> In-school disciplinary action (mandated service/exclusion from trip/exclusion from clubs, etc.) <input type="checkbox"/> Guidance conference <input type="checkbox"/> Superintendent's suspension	<input type="checkbox"/> After-school detention <input type="checkbox"/> Child Study Referral <input type="checkbox"/> Warning issued <input type="checkbox"/> Removal from classroom <input type="checkbox"/> Expulsion from school <input type="checkbox"/> New classroom assigned	<input type="checkbox"/> Peer Mediation <input type="checkbox"/> Parent conference <input type="checkbox"/> Principal's suspension <input type="checkbox"/> In-house suspension <input type="checkbox"/> Review student records <input type="checkbox"/> Office detention
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COMMENTS: _____

Authorized Signature _____ Date _____
 Student Signature _____ Date _____

SOURCE: Courtesy of Public School 46, the Edward C. Blum Elementary School, Carmen S. Gonzalez, Principal.

Figure 11.12 Parent notification—Student discipline report

**Parent Notification
Student Discipline Report**
Edward C. Blum Elementary School
Public School 46 – CSD 13
100 Clermont Avenue, Brooklyn NY 11205
(718) 834-7694 Fax # (718) 243-0726

School personnel: Please use this form to inform the parent of his/her child's infraction of school rules and policy. Administrative signature is required before form is sent home.		
STUDENT'S NAME	Grade/Class	Date
Report prepared by	Title	Infraction/Location/Date/Time

PARENT/GUARDIAN NOTIFICATION

This report has been prepared to notify you of your child's infraction of school policy, the corrective action taken and the recommended future action(s) that will be taken by the school. Your immediate attention and response to this report is required.

IDENTIFIED INFRACTION		
<input type="checkbox"/> Not wearing school uniform <input type="checkbox"/> Not in assigned place <input type="checkbox"/> Smoking <input type="checkbox"/> Scholastic dishonesty <input type="checkbox"/> Unacceptable language or gestures <input type="checkbox"/> Violation of Internet policy <input type="checkbox"/> Falsely activating a fire alarm <input type="checkbox"/> Engaging in intimidation/coercion/extortion <input type="checkbox"/> Engaging in sexual physical aggression <input type="checkbox"/> Committing arson	<input type="checkbox"/> Possession/selling of a controlled substance or alcohol <input type="checkbox"/> Continuous disruptive behavior in classroom (4 or more times) <input type="checkbox"/> Disruptive behavior <input type="checkbox"/> Left school/class <input type="checkbox"/> Gambling <input type="checkbox"/> Lying <input type="checkbox"/> Disruptive bus behavior <input type="checkbox"/> Possession of a controlled substance	<input type="checkbox"/> Cutting class <input type="checkbox"/> Chronic lateness <input type="checkbox"/> Fighting <input type="checkbox"/> Aggressive behavior <input type="checkbox"/> Defying school authority <input type="checkbox"/> Engaging in theft <input type="checkbox"/> Damaging school property <input type="checkbox"/> Possession/use of a weapon <input type="checkbox"/> Unexcused absence
CORRECTIVE ACTION TAKEN (T)/RECOMMENDED (R)		
<input type="checkbox"/> Consultation with student <input type="checkbox"/> In-school disciplinary action (mandated service/exclusion from clubs, etc.) <input type="checkbox"/> Guidance conference <input type="checkbox"/> Superintendent's suspension <input type="checkbox"/> After-school detention	<input type="checkbox"/> Child Study referral <input type="checkbox"/> Warning issued <input type="checkbox"/> Removal from classroom <input type="checkbox"/> Expulsion from school <input type="checkbox"/> New classroom assigned <input type="checkbox"/> Peer mediation	<input type="checkbox"/> Parent conference <input type="checkbox"/> Principal's suspension <input type="checkbox"/> In-house suspension <input type="checkbox"/> Review student records <input type="checkbox"/> Office detention

COMMENTS:

SOURCE: Courtesy of Public School 46, the Edward C. Blum Elementary School, Carmen S. Gonzalez, Principal.