

**Warren County Schools School
Assistance Team
REQUIRED COMPONENTS CHECKLIST**

SAT-1: Required Components Checklist

SAT-2: School Assistance Team Teacher Referral Form

Teacher Name: _____ Date received: ____/____/____

SAT-3: Parental Notification/Consent of Screening Procedures Form

Sent by: _____ Date: ____/____/____

SS-200: School Assistance Team Introductory Letter to Teacher

Given by: _____ Date: ____/____/____

SAT-4: Observation Form (minimum of 2 observations across settings)

Observation 1 Assigned to: _____ Date: ____/____/____

Observation 2 Assigned to: _____ Date: ____/____/____

Observations Completed: ____/____/____

SAT-5: School Assistance Team Initial Meeting Screening Form

Date Completed by Assistance Team: ____/____/____

SAT-6: Medical and Health Screening Form

Date Completed: ____/____/____

SAT-7: Social Developmental History Form

Date Completed: ____/____/____

SAT-8: School Assistance Team Student Intervention Plan

Date Completed: ____/____/____ (May not be required - See SAT-8 Form)

SAT-8a: School Assistance Team Student Intervention Plan Review

Date Completed: ____/____/____

SAT-8a: School Assistance Team Student Intervention Plan 2nd Review

Date Completed: ____/____/____ Not Required

School Assistance Team Process Completed

Referral to: _____ Date: ____/____/____