

**Thurgood Marshall Academic High School - Request for Assistance 1.0**  
**SST/SAP (circle one) Teacher Input Form-Secondary 2.1**

<b>To:</b> _____	<b>From:</b> _____
<b>Re:</b> _____	<b>Program:</b> _____
<b>Purpose of Communication:</b> _____	

**KEY INFORMATION**

Please check appropriate description:	Always	Usually	Sometimes	Never
<b>Attends class regularly</b>				
<b>Is on time to class</b>				
<b>Comes prepared to class</b>				
<b>Completes class assignments</b>				
<b>Turns in homework</b>				
<b>Follows directions independently</b>				
<b>Needs help to complete tasks/assignments</b>				

**1. Grades are: Improving** \_\_\_\_ **Remain the same/consistent** \_\_\_\_ **Slipping** \_\_\_\_

**2. Current grade is:**\_\_\_\_ **If below average, primarily due to:** \_\_\_\_\_

**3. Citizenship: Excellent** \_\_\_\_ **Satisfactory** \_\_\_\_ **\*Warning** \_\_\_\_ **\*Unsatisfactory** \_\_\_\_

**\*If W or U is checked, please explain why:** \_\_\_\_\_

**4. Student Strengths** \_\_\_\_\_

**5. Areas of Concern** \_\_\_\_\_

**6. Additional Comments (please attach additional sheet if necessary)** \_\_\_\_\_

**7. Please note any calls home (time/date/reason)** \_\_\_\_\_

**Teacher Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***IMPORTANT: Forms must be returned to the designated counselor the Friday prior to the weekly SAP meeting for discussion !!! Please note that the SAP team meets each Tuesday during 3rd period***

## STUDENT ASSISTANCE PROGRAM TEAM - MEETING AGENDA

SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

### Initial SAP Referrals (first time)

STUDENT	GRADE / HMRM #	REFERRING TEACHER & DATE	ASSIGNED POINT PERSON	RECOMMENDATION

### Follow up Referrals

STUDENT	GRADE / HMRM #	DATE(S) OF SAP MEETING	INTERVENTIONS AND PLACEMENTS	POINT PERSON

### Upcoming SST (other meetings)

STUDENT	DATE / TIME	LOCATION	DESCRIPTION

**Program issues/Needs for site eg. Mentoring, support groups, professional dev., etc:**

**Next week agenda items:**

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