STUDENT SUCCESS TEAM MEETING INTERVENTION MEETING

OXNARD UNION HIGH SCHOOL DISTRICT

Date of SST: **Current School:**	**Purpose of SST:** ☐Intervention ☐Other ☐Remain in Condor Review ☐ Alternative Placement Comittee referral ☐Return to District/Home School
Referred by: ☐Parent/Guardian ☐School ☐Student Support Services	**Parent/Guardian**: **Ed Rights holder name, if different**:
Student Name: **Grade:**	**Address:**
Student ID #: **DOB:** **Age:**	**City:** **Zip:**
Email:	**Phone:** **Alternate Phone:**

SCHOOL RECORDS REVIEW

- ☐ College and Readiness Plan (U-CCRP)
- ☐ CTE Pathway/Academy:_____
- ☐ Transcript/ A-G requirements
- ☐ Total credits earned: _____ GPA _____
- ☐ Current Grades
- ☐ School Attendance
- ☐ 2nd semester Math requirement met
- ☐ Computer Literacy Met
- ☐ Standardized Test Scores:
  Math _____ English _____ Science _____
- ☐ CELDT overall score:_____Year: _____
- ☐ EL Program: ☐EO ☐IFEP ☐LTEL ☐RFEP
- ☐ Discipline reviewed
- ☐ Probation: ☐ 602 ward
- ☐ Employed
- ☐ Foster Youth
- ☐ McKinney-Vento
- ☐ AB 167, 216, 1806 qualified
- ☐ Migrant
- ☐ IEP
  SAI above 50% ☐
  SAI below 50% ☐
- ☐ Section plan 504
- ☐ General Education with Accommodations:
  Describe or attach: _____
- ☐ Other:

INTERVENTIONS ATTEMPTED

- ☐ Parent Conference
- ☐ Administrative Referral(s) (**attach)**
- ☐ Alternative Means of Correction: _____
- ☐ Behavior Contract: (**attach)**
- ☐ Counseling:☐Academic ☐PBSP ☐other:_____
- ☐ Peer Assistance/Mediation
- ☐ Referral to School Psychologist
- ☐ Referral to Student Intervention Specialist
- ☐ Tutoring
- ☐ Credit Recovery: _____
- ☐ Summer School
- ☐ OASIS/SOAR
- ☐ Program Adjustment
- ☐ Reduced Day
- ☐ Attendance: ☐Letter 1 ☐Letter 2 ☐Letter 3
- ☐ SARB meeting: ☐1st ☐2nd ☐3rd ☐ SARB contract
- ☐ SST: #1st meeting date _____
  #2nd meeting date_____
  #3rd meeting date _____
- ☐ Other:

PLACEMENTS ATTEMPTED

- ☐ Adult Education
- ☐ Charter School_____
- ☐ Condor High School Options Academy
- ☐ Oxnard Middle College HS
- ☐ Frontier Continuation High School
- ☐ Gateway/Community School
- ☐ High School Equivalency Program
- ☐ Home/Hospital Teaching
- ☐ Independent Study Short Term
- ☐ Providence School
- ☐ Other/Previous schools:

*List:*_____

REQUEST FOR ALTERNATIVE PLACEMENT

- ☐ Adult Education (OAS)
- ☐ Condor HS Options Academy (CHSOA)
- ☐ Frontier Continuation High School (FHS)
- ☐ Gateway Community School (GCS)
- ☐ High School Equivalency Program(HSEP)
- ☐ Home/Hospital Teaching (HHT)
- ☐ Independent Study Short Term (ISST)
- ☐ In lieu of expulsion: _____
- ☐ 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:_____

School Psychologist:_____ Nurse:_____

Principal:_____ District Administration:_____

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Adapted for Condor High School 10-05-18