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	INTERVENTIONS ATTEMPTED	PLACEMENTS ATTEMPTED
☐ 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:	☐ 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:	☐ 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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