

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: 7 8 9 10 11 12

Teacher: \_\_\_\_\_ Class: \_\_\_\_\_ Period: \_\_\_\_\_

**Level 1:**

**When a teacher begins to observe a pattern of academic behavior that is concerning:**

- \_\_\_\_\_ Conference with student Date \_\_\_\_\_
- \_\_\_\_\_ Contact homeroom advisor Date \_\_\_\_\_
- \_\_\_\_\_ Differentiated learning - attach copies of learning strategies implemented
- \_\_\_\_\_ Lunch detention (if applicable) Dates \_\_\_\_\_
- \_\_\_\_\_ Friday school for missing work Dates \_\_\_\_\_
- \_\_\_\_\_ Review status: 1 week, 2 weeks, or other \_\_\_\_\_

**Level 2:**

**If no improvement is noted and interventions have not worked:**

- \_\_\_\_\_ Parent contact via phone or e-mail Dates \_\_\_\_\_
- \_\_\_\_\_ Complete SAT referral form - include all documentation
- \_\_\_\_\_ Review status: 1 week, 2 weeks, or other \_\_\_\_\_
- \_\_\_\_\_ Schedule conference with parent

**Documentation: Call Date \_\_\_\_\_ Conference Date \_\_\_\_\_**

**Outcome:** \_\_\_\_\_

**Level 3:**

**The student is continuing to experience academic failure:**

- \_\_\_\_\_ Team teacher meeting Date \_\_\_\_\_ (attach notes)
- \_\_\_\_\_ Begin SAT process
- \_\_\_\_\_ Parent/student conference with teacher and/or SATeam

**Documentation: Call Date \_\_\_\_\_ Conference Date \_\_\_\_\_**

**Outcome:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Level 4:**

**Continued Academic Failure: Teacher Request for Alternative Placement or Testing**