



SST SUPPORT PLAN

The SST Support Plan is to be sent to each school's representative SPED Center Special Education Instructional Supervisor by October 1st of each school year.

School: _____ Date Completed: _____

SST Coordinator: _____ Title: _____

Section 504 Coordinator: _____ Title: _____

Note: The principal or assistant principal is to serve as SST coordinator

SST Permanent Members (minimum of three)

(The classroom teacher of the individual student to be discussed should always be a member of the SST but should not be listed as a permanent member.)

Name

Position

School Social Worker

School Psychologist

For LEP students indicate the member of the LEP Committee who is from the Bilingual Education .

SST Meeting Schedule

Days and Times: _____

Note: SST meetings should be scheduled in the afternoon to allow for evaluation and consultation time in the morning.

SST Follow-up Plan

Individual Responsible

Grade/Level(s)/Team(s)/Department(s)

SPECIAL EDUCATION STAFF

Name:

Position

Administrator in Charge of SPED

LEA Designee

School Staffing Specialist

SPED Program Specialist

SPED Department Chairperson

Other:

SIGNATURE

Principal _____
Print Name

Principal _____
Signature

Date