



MIAMI-DADE COUNTY PUBLIC SCHOOLS SST Monitoring System

Student's Name: _____ Beginning Date for Intervention: _____ Target Area: _____

Beginning Score (Assessment Used and Baseline Score/Descriptor): _____

WEEK: _____	M	T	W	Th	F	Follow-up Score/ Descriptor	Case Manager's Initials: _____
Intervention: (1) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Case Manager's Comments: _____
(2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____

Teacher Comments (Optional): _____

WEEK: _____	M	T	W	Th	F	Follow-up Score/ Descriptor	Case Manager's Initials: _____
Intervention: (1) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Case Manager's Comments: _____
(2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____

Teacher Comments (Optional): _____

WEEK: _____	M	T	W	Th	F	Follow-up Score/ Descriptor	Case Manager's Initials: _____
Intervention: (1) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Case Manager's Comments: _____
(2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____

Teacher Comments (Optional): _____

WEEK: _____	M	T	W	Th	F	Follow-up Score/ Descriptor	Case Manager's Initials: _____
Intervention: (1) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Case Manager's Comments: _____
(2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____

Teacher Comments (Optional): _____

Administrator Verification of Intervention Implementation

Date: _____ Signature: _____

Yes-Reconvene SST for follow up

No-Administrator will provide support for intervention implementation