## **SST Summary Form**

STUDENT:	SCHOOL:		TEAM:	OATE OF INITIAL SST:	
PRIMARY LANGUAGE:	GRADE:	BIRTHDATE:	PARENTS:		

STRENGTHS	KNOWN		CONCERNS	QUESTIONS	STRATEGIES	ACTIONS		
	Information	Modifications	(Prioritize)	<b>Q</b> = = = = = = = = = = = = = = = = = = =	(Brainstorm)	(Prioritize)	Who	When
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