

Preschool Student Assistance Team Process

Date of Meeting: _____ **Student:** _____ **Program:** _____

Currently Eligible for Special Education: Yes No

Area(s) of Concern:

Attendees/Role: _____

DATA SOURCE	Check if Completed	Date Completed	Completed By
Child Observation Record (COR)			
Ages and Stages (ASQ)			
Attendance			
Behavior Information and Data			
Work Samples			
Strengths and Weaknesses			
Home Visit(s)			
Parent Interview			
Attempted strategies			

Dates of Follow-Up Meetings: _____

*below are boxes where a summary of the information collected from the above sources can be documented.

Child Observation Record (COR)
<input type="checkbox"/> Report Attached

Ages and Stages (ASQ & ASQSE)

Age Levels _____

Age appropriate

Delayed

Areas: _____

Work Samples

Attach dated work samples

Attendance

Consistent

Inconsistent

Due to: _____

Behavior Information and Data

Strengths and Weaknesses

*provide brief statements

Home Visit(s) / Parent-Teacher Conferences

Dates _____

Outcome / Relevant Information

Parent Input / Concerns