

Le Grand Union Elementary School District
Student Success Team
DOCUMENTATION OF PREVIOUS CLASSROOM MODIFICATIONS
(SST-4)

Please check all modifications that have been attempted:

Modifying the instructional mode:

- ☐ Repeating directions
- ☐ Teaching study skills
- ☐ Increasing active participation
- ☐ Teacher circulates around room
- ☐ Providing visual prompts (board/desk)
- ☐ Provide immediate feedback (students correct own work)
- ☐ Frequent review of key concepts
- ☐ Teach students to attend to advance organizers at beginning of lesson (set, objective, purpose)
- ☐ Speaking more slowly or loudly
- ☐ Using classroom contracts
- ☐ Using cross-age or peer tutoring
- ☐ Re-teaching
- ☐ Using peer-partners (Buddy system)
- ☐ Small group instruction
- ☐ Individualized instruction
- ☐ Instruction Assistants (if possible)
- ☐ Other _____

Modifying the teaching setting:

- ☐ Preferential seating
- ☐ Changing class or school
- ☐ Changing schedule
- ☐ Modify length of school day
- ☐ Other _____

Modifying instructional materials:

- ☐ Reducing amount of work
- ☐ Using easier materials
- ☐ Using more varied materials
- ☐ Using aides (calculator, word processor)
- ☐ Changing skill/task
- ☐ Using manipulative materials
- ☐ Using color-coded text
- ☐ Using books on tape
- ☐ Using graphic organizers (visual/spatial displays)
- ☐ Modifying testing mode/setting
- ☐ Other _____

Modifying communication:

- ☐ Parent conference/contacts (please use Contact Log or describe contacts on another sheet)
- ☐ Daily/weekly reports home
- ☐ Parent contracts

_____ Home visit
_____ Other _____

Modifying student's behavior:

_____ Re-teach expected behavior
_____ Examine student success rate (95% during independent practice)
_____ Reinforcing positive behavior (4:1)
_____ Using mild, consistent consequences
_____ Goal setting with student
_____ Using Behavior Contract
_____ Using school-wide reinforcement with target student
_____ Group/individual counseling
_____ Number of Office Behavior Referrals
_____ Other _____

Historical Data:

Consultation:

_____ Other (including past) teacher
_____ Resource teachers
_____ Resource specialist
_____ Speech and Language specialist
_____ School psychologist/counselor
_____ Student Study Team
_____ Principal/Assistant Principal
_____ Occupational Therapist/Adaptive PE teacher
_____ Other _____

District Services:

_____ SARB
_____ Other _____

Community Services:

_____ Volunteer services
_____ Youth services
_____ Family services, Mental Health
_____ Counseling services
_____ Other _____

Please keep a record of all modifications attempted. If the student is referred for assessment, please document which modifications were attempted and their degree of success.