

**Monongalia County Schools**  
**Student Assistance Team (SAT) Behavioral Intervention Worksheet**

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

LEVEL OF INTERVENTION	AREAS OF CONCERN AND INTERVENTIONS					
	Disruptive Behavior	Peer Conflict	Citizenship Leadership	Emotional Concerns	Self-Improvement Graduation	Family Support
Many Interventions listed below can be considered at all TIERS/Levels and the Areas of Concern can be interchangeable. Review all Areas.						
<b>TIER 3 Intensive</b>						
<b>Indicate the Current/Previous Intervention(s)</b>  Person(s) Responsible: _____  Start Date: _____  Data Collection Method: ___ Teacher/Staff Notes ___ Daily/Weekly Check Sheet ___ Team Meetings ___ Attendance Record ___ Grades ___ Self/Parent Reports ___ Other _____	___ Administrative Homebound ___ OSS ___ ISS ___ Saturday School ___ Function-Based BIP ___ Crisis Plan ___ Alternative Ed Consideration ___ Crisis Team Support ___ Risk Assessment ___ Frequent SATs ___ School Resource Officer ___ ART Team ___ Safety Care/CPI ___ Other _____	___ Increased Supervision ___ OSS ___ ISS ___ Saturday School ___ Function-Based BIP ___ Crisis Plan ___ Alternative Ed Consideration ___ Crisis Team Support ___ Risk/Suicide Assessments ___ Frequent SATs ___ School Resource Officer ___ ART Team ___ Other _____	___ Restitution ___ Drug Court ___ Risk Assessment ___ Frequent SATs ___ School Resource Officer ___ Probation ___ ART Team ___ Other _____	___ Individual Counseling ___ Frequent SATs ___ Function-Based BIP ___ Crisis Plan ___ Alternative Ed Consideration ___ Crisis Team Support ___ Risk Assessment ___ Frequent SATs ___ School Resource Officer ___ ART Team ___ United Summit Stabilization Program ___ Other _____	___ Stress Management ___ Frequent SATs ___ Individual Counseling ___ Risk/Suicide Assessments ___ Other _____	___ DHHR ___ Dept. of Rehab. Services ___ Health Care Plans ___ Probation ___ Parent Training ___ Frequent SATs ___ Inpatient Hospitalization ___ Outpatient Hospitalization ___ Other _____
<b>TIER 2 Targeted</b>						
<b>Indicate the Current/Previous Intervention(s)</b>  Person(s) Responsible: _____  Start Date: _____  Data Collection Method: ___ Teacher/Staff Notes ___ Daily/Weekly Check Sheet ___ Team Meetings ___ Attendance Record ___ Grades ___ Self/Parent Reports ___ Other _____	___ Visual Schedule ___ Preferential Seating ___ Withhold Attention ___ Loss of Privilege ___ Specific Redirection ___ Cool Down Area/Timeout ___ Office Referral ___ Adult Supervision ___ Lunch Detention ___ CICO ___ Individual BIP ___ Token Economy ___ Second Chance ___ ART Team ___ Behavior Contracts ___ Conscious Discipline ___ Request Behavior Assessment, such as FBA ___ Other _____	___ Lunch Groups ___ Peer Helper ___ Student Mentor ___ Peer Mediation ___ Behavioral Re-Teach ___ Conflict Resolution ___ ISS ___ Saturday School ___ School Resource Officer ___ Safety Care/CPI ___ Request Behavior Assessment, FBA, Rating Scales ___ Safety Care/CPI ___ Other _____	___ Class Leader ___ Teen Court ___ LAP ___ Second Step ___ Why Try Program ___ Student Advisors ___ Additional LINKS lessons ___ Request Behavior Assessment, such as FBA ___ Other _____	___ School Guidance ___ Individual Counseling ___ Summit Center ___ CAC ___ WVU ___ Calming Techniques ___ Self-Monitoring ___ Teacher Mentor ___ Cool Down Area/Timeout ___ Crises Planning/Support Team ___ Consult Nurse ___ Consult Guidance ___ Consult Psych ___ Consult Behavior Specialist ___ Request Behavior Assessment, such as FBA ___ Consult Coach ___ Other _____	___ Prompts/cues to stay on task, start or complete work ___ Written Apology ___ Additional PBS Support ___ Social Stories/Scripts ___ Test Taking Skills ___ Graduation Option Programs ___ MTEC Consult ___ Credit or Course Recovery ___ Attendance Incentives/Burlington ___ Behavior Contract ___ Request Behavior Assessment, FBA, Rating Scales ___ Other _____	___ Divorce Groups ___ Military Support Groups ___ Other Support Groups ___ SAT Meetings ___ Parent Communication ___ AmeriCorps/Big Brothers/Sisters ___ Consult with Physicians ___ Other _____
<b>TIER 1 Core</b>						
<b>Indicate the programs/opportunities the student experienced throughout schooling</b>	___ PBS ___ Expected Student Dispositions ___ Responsive Classroom ___ Leader In Me ___ Other _____	___ LINKS ___ Random Acts of Kindness ___ Character Education ___ Other _____	___ Student Council ___ Community Partners ___ Rotary ___ Volunteerism ___ Other _____	___ Multi-Cultural Activities ___ Career Days ___ Red Ribbon Week ___ Other _____	___ Developmental Guidance ___ DARE ___ After School Programs ___ Links of Love ___ Other _____	___ Parent Teacher Night ___ Nutrition Programs ___ Cyber Safety ___ Food Drives ___ Other _____

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