

STUDENT SUPPORT TEAM (SST) STUDENT PROGRESS REVIEW

Student Name: _____ Date: _____

Classroom Teacher: _____

PERSONAL EDUCATION PLAN (PEP) REVIEW:

1. Are the specified intervention strategies in the PEP being followed?

2. Are the interventions manageable in the classroom setting?

3. Has the student made academic and/or behavioral progress?

4. Do the procedures in the PEP need modification?

5. Does the student qualify for 504 accommodations?

6. Is a formal evaluation recommended, due to a lack of significant student progress?
