Student and Family Assistance Tools
Tools for Presenting Workshops

Worksheet for Workshop Planning

Topic: 
Date: 
Place: 
Room Arrangement: 
Total Time: 

<table>
<thead>
<tr>
<th>Big Ideas</th>
<th>Activities</th>
<th>Time Needed</th>
<th>Related Stories or Examples</th>
<th>Charts Supplies</th>
<th>AV Needed</th>
<th>Handouts</th>
</tr>
</thead>
</table>
How People Learn

People Generally Remember

10% of what they read
20% of what they hear
30% of what they see
50% of what they hear and see
70% of what they say or write
90% of what they say as they do a thing

Ways People Learn

Verbal receiving
Visual receiving
Hearing, saying, seeing, and doing

Read

Hear words

Watch still picture
Watch moving picture
Watch exhibit
Watch demonstration

Do a site visit
Do a dramatic presentation
Simulate a real experience
Do the real thing
SAT Meeting Format/ Agenda (Sample)

New Referrals

Start out the meeting by reviewing any new student referrals that have been made since the Team last met. Follow the format of your referral form to discuss the relevant concerns or issues, and the Team’s initial ideas for helping the identified student(s). Determine who on the Team will be responsible for following up with the student and the referral source, and coordinating services as needed for that student.

Previous Referrals

Discuss the status of any previous referrals. It is important that information is shared about successes or roadblocks in helping the students who’ve been referred. What is working, what is not?

Other Concerns/ Issues

Use this portion of the meeting to look at the bigger picture. What is happening at the systems level of the school that may be hindering student success? Is anything contributing to negative behaviors at the school? What does the school need to do to help reduce the number of referrals to the SAT team, in-school suspension, or to detention? Does the Team see any themes or commonalities about the types of problems students are having?
Potential In-Service/ Classroom Presentation Topics

Attachment / Attachment Disorder
Behavior Management
Bullying / Teasing
Child Abuse and Neglect and its Effects on Development
Child Abuse: What to look for / When to Report
Children of Alcoholics / Substance Abuse
Domestic Violence and its Effects on Children and Teens
Eating Disorders / Body Image
Gangs
Grief and Loss
Racism / Multiculturalism
Sexual Orientation
Stress Management for Educators
Teen Dating Violence
Tolerance / Acceptance
Warning Signs: Suicidality
Warning Signs: Violence
Working with students from Immigrant Families
Are You Worried?

Do you have a child in your class that you think may have a mental health problem?

Maybe we can help.

Please complete the following information:

Student __________________________ CIF# __________________________

Grade ___________ Referring Teacher __________________________

The student is currently in: ____________________ Regular Education
_______________________ Special Education
_______________________ ELL

Areas of concern:

________ Mental Health (sad, angry, anxious, withdrawn, etc.)
________ Behavior
________ Attendance
________ Education (sudden decline in grades)
________ Socialization/Friendships
________ Food/Eating problems
________ Chemical Use
________ Other

Please tell us more: ______________________________________________

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Please return this form to _______________ mailbox.
Response to “Are You Worried?”

Staff responding to student ______________________________

Date of Contact: __________

Results of contact:

☐ Weekly sessions with _______________ Day ______ Time ______

☐ Group counseling with _______________ Day ______ Time ______

☐ Home visit by _______________ Day ______ Time ______

☐ Referral information given to parent/guardian

☐ Other ________________________________

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Student Assistance Team Form

Student’s Name: ____________________ Grade: ___  Teacher: ______________  Meeting Date: __________

Current Concern:

Desired Outcome:

<table>
<thead>
<tr>
<th>Current Data</th>
<th>Intervention Strategies</th>
<th>Persons Responsible</th>
<th>Desired Outcome (How will we know we're successful?)</th>
<th>Target Date</th>
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<tbody>
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Scheduled Follow-up Date: ________________________

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