

## Student and Family Assistance Tools



## Tools for Presenting Workshops

### Worksheet for Workshop Planning

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

Big Ideas	Activities	Time Needed	Related Stories or Examples	Charts Supplies AV Needed	Handouts

## 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

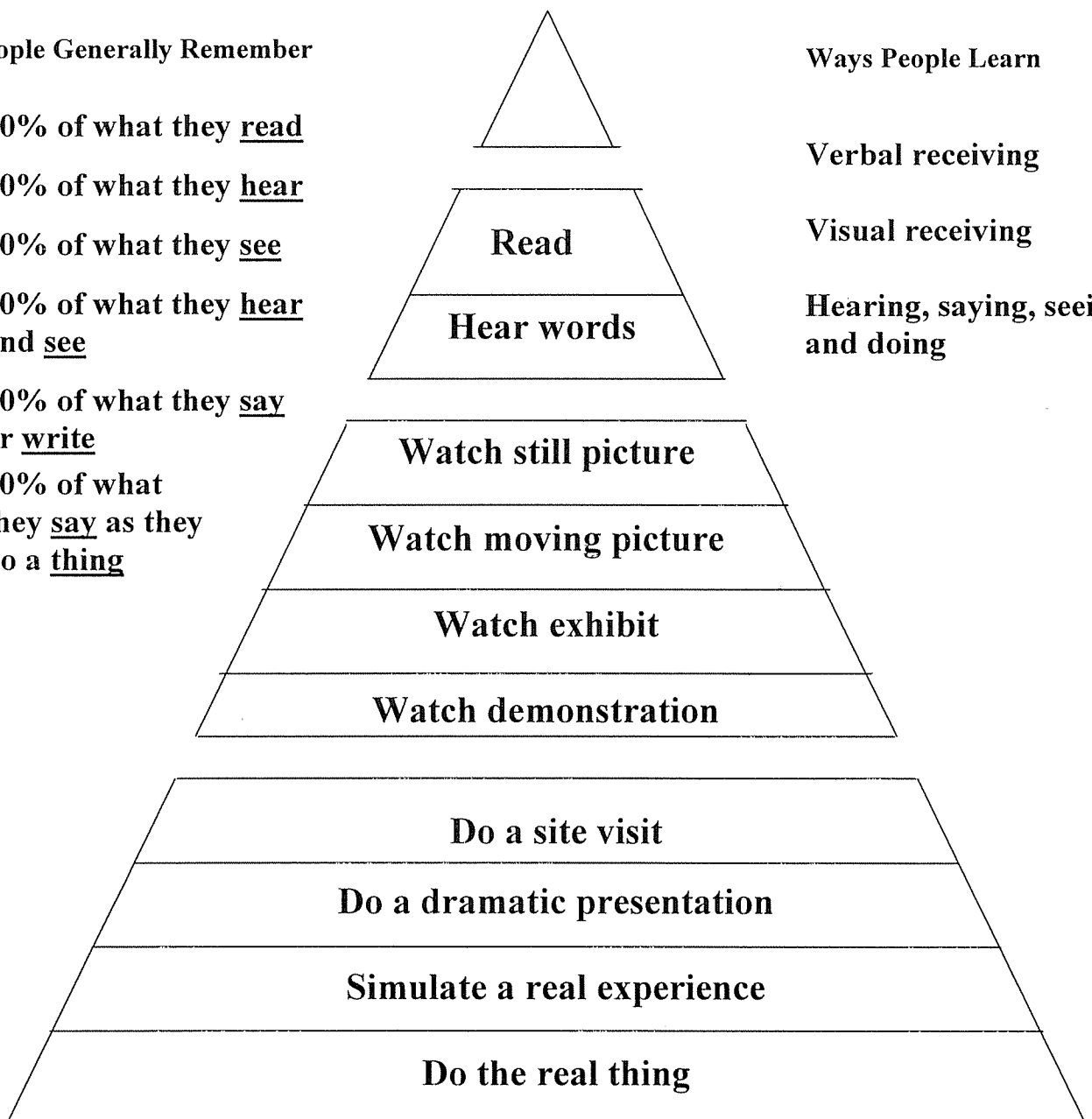
90% of what  
they say as they  
do a thing

### Ways People Learn

Verbal receiving

Visual receiving

Hearing, saying, seeing,  
and doing



## **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: \_\_\_\_\_

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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:

Current Data	Intervention Strategies	Persons Responsible	Desired Outcome (How will we know we're successful?)	Target Date

Scheduled Follow-up Date: \_\_\_\_\_

