*Our Student Assistance Team is compiling resources for effective interventions. We are requesting that you complete this survey to help us inventory resources at our school.*

**SAT Form No. 1: Inventory of Building Resources**

**I could support a referred student in one of the following ways:**

|  |  |
| --- | --- |
| **The student could:** | **Specify days and times:** |
| Mentor/tutor one of my students as a reward. |  |
| Come to my class to use educational software programs on the computer. |  |
| Meet with me regularly to work on a specific academic skill. |  |
| Read with me regularly. |  |
| Run errands or do classroom chores/work for me. |  |
| Use a designated area of my classroom as an area for a short break |  |
| Other: |  |
| **I could:** | **Specify days and times:** |
| Mentor a student myself |  |
| Loan my classroom for a tutoring or mentoring space when I do not have a class |  |
| Give a student a small reward and praise each day it is earned |  |
| Greet a student each morning |  |
| Serve as a consultant to the team & attend a meeting to share my special area of expertise.  AREA: |  |
| Have students from my class serve as peer tutors |  |
| Other: |  |

**Curricular Materials:**

Computer-based materials/Games/Resources for the following content areas:

\_\_\_\_\_ Reading Specific Skill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Math Specific Skill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Spelling Specific Skill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_ Specific Skill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_\_

Intervention Programs - Those I am trained in and/or have materials for:

\_\_\_\_\_ Reading Specific Skill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Math Specific Skill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Spelling Specific Skill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_ Specific Skill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_\_

I would suggest the following websites:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Other ways that I could support staff in implementing and monitoring interventions are:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Student Assistance Team will contact you with details prior to starting the assistance offered.**

Thank you for your continued support!

**SAT Form No. 1: Inventory of Building Resources**