



SST/SDT PLAN

The SST/SDT plan is to be sent to each school's representative Regional Center Special Education Instructional Supervisor by October 1st of each school year.

School: _____ Date Completed: _____

SST/SDT Coordinator: _____ Title: _____

Section 504 Coordinator: _____ Title: _____

Note: The principal or assistant principal is to serve as SST/SDT coordinator

SST/SDT Permanent Members (minimum of three)

(The classroom teacher of the individual student to be discussed should always be a member of the SST/SDT but should not be listed as a permanent member.)

Name

Position

_____	_____
_____	_____
_____	School Social Worker
_____	Department of School Psychologist

For LEP students indicate the member of the LEP Committee who is from the Bilingual Education .

SST/SDT Meeting Schedule

Days and Times: _____

Note: SST/SDT meetings should be scheduled in the afternoon to allow for evaluation and consultation time in the morning.

SST/SDT Follow-up Plan

Individual Responsible

Grade/Level(s)/Team(s)/Department(s)

_____	_____
_____	_____
_____	_____
_____	_____

SPECIAL EDUCATION STAFF

Name:

Position

_____	Administrator in Charge of SPED
_____	LEA Designee
_____	School Staffing Specialist
_____	Sped Program Specialist
_____	SPED Department Chairperson
_____	Other:

SIGNATURES

Principal _____

Print Name

Principal _____

Principal _____

Signature

Date