

**Monongalia County Schools
STUDENT ASSISTANCE TEAM REPORT**

Student Name:	Date of Birth:	School:
Parent/Guardian:	Telephone #:	Teacher:
Address:	WVEIS #:	Grade:
	Medicaid #:	Current Date:
Parent e-mail address:	Other contact e-mail addresses:	

Description of Problem(s):	Interventions/Action Steps:	Person(s) Responsible:
	Modifications/Accommodations:	Setting(s)/Person(s) Responsible:

Parent/Guardian: _____	School Administrator/Chairperson: _____
SAT Coordinator: _____	School Psychologist: _____
General Education Teacher: _____	Special Educator: _____
School Counselor: _____	School Nurse: _____
Director of Attendance: _____	Student: _____
Other(s): _____	