

# **BUFFALO GROVE HIGH SCHOOL**

## **Student Support Teams**

**2009-2010**

# Buffalo Grove High School

## STUDENT SUPPORT TEAMS

2009-2010

### Team B

Dean - Rick Carlson  
Specialist - Chris Ludwig  
Counselor - Bill Brown  
Counselor – Elizabeth Pilarski  
Counselor - Lily Justiniano

### Team G

Dean - Rick Carlson  
Specialist – Jennifer Zacharski  
Counselor – Kathy Fox  
Counselor – Maxine Levy

### Team H

Dean - Craig Kincaid  
Specialist – Roger Mills  
Counselor - Jill Hamilton  
Counselor - Todd Soderwall

### Team S

Dean - Craig Kincaid  
Specialist – Ewa Sansonetti  
Counselor – Polly Knudsen  
Counselor – Jeff Kondrad

These meetings serve as documentation of Tier 1 and Tier 2 interventions. When all best practice interventions are attempted, the student is referred to the full team meeting for Tier 3 interventions.

Teams meet twice a week in the Student Services Conference Room.

- Teams are encouraged to change meeting times as needed to facilitate faculty attendance.

### Thursdays 2:00-3:00 pm (Full SST Team meets to address Tier 3 interventions):

Rob Hartwig	Trish Peikoff
Amy Silverman/Trisha Dean	Rick Carlson
Craig Kincaid	Chris Ludwig
Roger Mills	Jennifer Zacharski
Stacy Antkowiak	Stacy Wodka
Referring Counselor	Ewa Sansonetti

## **Buffalo Grove High School** **Support Team Concept**

The Student Support Team (SST) of Buffalo Grove High School will operate as the primary level of intervention for students with academic, social, emotional and/or special needs. The SST is composed of the Associate Principal of Operations, Assistant Principal for Student Services, Dean of Students, Guidance Counselors, IR Coordinators, the school nurse, the school social worker, and the school psychologist. Each plays a vital role in evaluating and analyzing potential situations with students that require professional assistance. From failure intervention to individual counseling and consultation, the SST functions as a complete unit to insure each student at Buffalo Grove is supported fully in his/her pursuit of academic success. The Student Support Team will function as an advocate for students, as a facilitator of programs and services and as a professional resource for the Buffalo Grove faculty and staff as we all work collectively on behalf of our students. The professionals who comprise the SST will collaborate with one another and work as a team to identify potential interventions, which will help our students be as successful as possible.

The team will dedicate itself to a systemic intervention model composed of small groups focused on dialogue on individual students. Today, as the nearly 2200 students of Buffalo Grove attend school each day, the SST members will meet in small representative sub teams to discuss specific students, potential concerns and necessary interventions. This interaction will foster a professional dialogue centered on student needs and assisting those students that would otherwise “fall through the cracks.” Often these meetings will result in Student Support Team members intervening on the behalf of a student before the classroom teacher, parent and, at times, the student, is even aware. Concerns such as attendance, failure and behavior will be the primary items of discussion within the small group meetings. Suggestions and recommendations related to a student’s daily schedule, academic load and required services will often be determined at these meetings and agreed to with parents and staff to complete the communication cycle.

With the development of a cohesive Student Support Team, our hope is that we will be able to have an impact, which can be measured in a variety of settings.

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## Buffalo Grove High School STUDENT SUPPORT TEAM REFERRAL FORM

Student \_\_\_\_\_ ID# \_\_\_\_\_ Grade In School \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ Class \_\_\_\_\_ Period \_\_\_\_\_

### BEHAVIOR/SYMPTOMS:

- |  |  |
|--|--|
| <input type="checkbox"/> Personality/emotional changes         | <input type="checkbox"/> Sleeps in class                         |
| <input type="checkbox"/> Irresponsible/loses things            | <input type="checkbox"/> Lethargic/blank stares                  |
| <input type="checkbox"/> Hyperactive/nervousness               | <input type="checkbox"/> Withdrawn/loner                         |
| <input type="checkbox"/> Cries in class                        | <input type="checkbox"/> Frequently/easily upset                 |
| <input type="checkbox"/> Argumentative/defensive               | <input type="checkbox"/> Frequently exchanges money with others  |
| <input type="checkbox"/> Frequently teased/bullied             | <input type="checkbox"/> Wears drug-related clothing/jewelry     |
| <input type="checkbox"/> Makes inappropriate comments/jokes    | <input type="checkbox"/> Bloodshot eyes/wears sunglasses indoors |
| <input type="checkbox"/> Inappropriately displays affection    | <input type="checkbox"/> Smells of alcohol/drugs                 |
| <input type="checkbox"/> Changes in friends                    | <input type="checkbox"/> Frequently asks to leave classroom      |
| <input type="checkbox"/> Older/Younger peer group              | <input type="checkbox"/> Denies problem despite evidence/lies    |
| <input type="checkbox"/> Poor hygiene/signs of neglect         | <input type="checkbox"/> Police/court involvement                |
| <input type="checkbox"/> Sudden change in appearance or weight | <input type="checkbox"/> Deteriorating Grades                    |

### SPECIFIC CONCERNS:

- |   |   |
|---|---|
| <input type="checkbox"/> Talks about home problems                    | <input type="checkbox"/> Has difficulty making friends      |
| <input type="checkbox"/> Has run away                                 | <input type="checkbox"/> Sexual Issues                      |
| <input type="checkbox"/> Talks about alcohol/drug use                 | <input type="checkbox"/> Teen parent                        |
| <input type="checkbox"/> Others talk about student's alcohol/drug use | <input type="checkbox"/> Talks about hurting self           |
| <input type="checkbox"/> Talks constantly of parties                  | <input type="checkbox"/> Talks about hurting others         |
| <input type="checkbox"/> Live with chronically/terminally ill person  | <input type="checkbox"/> Gang Involvement                   |
| <input type="checkbox"/> Current/past hospitalization                 | <input type="checkbox"/> Alleged Abuse                      |
| <input type="checkbox"/> Relative/friend has died                     | <input type="checkbox"/> Alcohol/drug problem in the family |
| <input type="checkbox"/> Home condition/living situation              | <input type="checkbox"/> Concerned person has made contact  |

### OTHER INFORMATION: \_\_\_\_\_

**PLEASE NOTE:** All cases of suspected child abuse, suicide, threat to others, or sexual assault MUST be reported to the counselor, psychologist or social worker immediately.

Please add additional comments on the reverse side. Although the information you share may be used to assist the student, your name will not be used without your consent. Please initial here for consent \_\_\_\_\_.

Return this form in a confidential manner (sealed envelope or hand-delivered) to the counselor, psychologist or social worker (see reverse side).

Referred by \_\_\_\_\_

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BUFFALO GROVE HIGH SCHOOL

## STUDENT SUPPORT TEAM FEEDBACK FORM

**To:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**RE:** Status of Referral of \_\_\_\_\_  
(use student ID # only)

Thank you for sharing your concerns about this student. The Student Support Team is currently working to provide services. The following indicates the status of our assessment:

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If you should have any questions, concerns or suggestions, please do not hesitate to contact a Student Support Team member directly.

cc: \_\_\_\_\_