

Baltimore County Public Schools
STUDENT SUPPORT TEAM TEACHER INPUT FORM

TO: _____ **DATE:** _____

Your student, _____, has been referred to the Student Support Team. Please provide input on the student to the team chair, _____, in the following areas:

Area	No Concerns (check)	Summary of Concerns
Attendance		
Behavior		
Achievement in Your Class (Subject: _____)		
Peer Interactions		
Homework		

Other Comments that you would like to share with the team: _____

RETURN TO _____ **NO LATER THAN** _____.