

SNA 2: ASSESSMENT AND INTERVENTION BY SCHOOL-BASED SUPPORT TEAM (SBST)

- To be completed by the SBST in consultation with the teacher
- To be completed when requesting support from the DBST by the school

1. REVIEW

SBST reviews the information provided by the teacher: Section 1, supporting documents, verbal reporting.

- 1.1 Does the SBST agree with the teacher's **identification** of the learner's barrier(s) to learning, strengths and needs/challenges? If not, provide comments:

| | | | | |
|-----|--------------------------|----|--------------------------|-----------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Comments: |
|-----|--------------------------|----|--------------------------|-----------|

- 1.2 Does the SBST agree with the teacher's **support** to deal with the barrier(s) to learning? If not, provide comments or suggest alternative support:

| | | | | |
|-----|--------------------------|----|--------------------------|-----------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Comments: |
|-----|--------------------------|----|--------------------------|-----------|

2. SUMMARY OF IDENTIFIED BARRIERS TO LEARNING AND SUPPORT THAT WAS/IS/WILL BE PROVIDED BY SBST
