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		NO		Comments:
1.2	Б			
	not, p	the S provide	BST e cor	agree with the teacher's support to deal with the barrier(s) to learning? If mments or suggest alternative support:
	not, p	the S provide NO	BST e cor	agree with the teacher's support to deal with the barrier(s) to learning? If mments or suggest alternative support: Comments:
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2.	SUMMARY OF IDENTIFIED BARRIERS TO LEARNING AND SUPPORT THAT WAS/IS/WILL BE PROVIDED BY SBST

3. INDIVIDUAL SUPPORT PLAN (COMPLETED BY CLASS TEACHER AND SBST)

List the area(s) in which the support needs to be provided: Communication; Learning; Behaviour and social competence; Health, Wellness and personal care; Classroom and school; Family, home and community; Teacher development/training, etc. (See SNA1)

	Comment on progress	made in achieving target(s)						
Review date		achievement of the target)	15 April 20					
Time frame			Within a week					
Responsible	person		Principal					
Area(s) in Target to Strategy of Responsible Time frame Review	intervention	(If the leamer needs concessions, or is an immigrant who needs exemptions, use Annexure B If a medical condition must be investigated by a medical or other specialist, use Annexure D)	 Assign a mentor teacher to support learner Raise awareness during assembly Review school conduct policy Call in the parent/legal caregivers 					
Target to	pe	achieved	Stop bullying behaviour					
Area(s) in	which	support is needed	E.g. Behaviour and social competence					

FORM DBE 120

REQUEST FOR SUPPORT FROM THE DISTRICT-BASED SUPPORT TEAM (DBST), BY SBST

- To be completed by the SBST only when requesting support from the DBST
 Copies of Learner Profile, SNA1 and 2 and all other relevant supporting documents must be submitted.
- Provide reasons and motivation why support is needed from the DBST: State what support is needed from the DBST: Initials and surname of SBST Coordinator (print) Signature Date: 20.../.../... PARENT/LEGAL CAREGIVER SUPPORTS REQUEST FOR DBST ASSISTANCE Yes No Comment: Initials and surname of parent/legal caregiver (print) Signature Date: 20.../.../...

PRINCIPAL'S PROFESSIONAL JUDGEMENT ON REQUEST FOR SUPPORT FROM DBST								
Request supported			Yes	No				
Reason for decision and recommendation								
Initials and surname of principal (prin	t)	Signature	Date	e:				
			20/	1				

^{*}Attach this form in front of the SNA 1 and 2 booklet when submitting to the DBST