

**Mt. Olive Township School District**

<p><b>ACCESS</b>  <b>Staff Request for Assistance</b></p>
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*High School*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_ Counselor \_\_\_\_\_ Staff Member Completing Form: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Educational Concerns:

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Observed Behaviors :( Include such descriptions of attitude, attendance, class conduct, classwork, homework, etc.)

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Please check the strategies you have tried to help your student.

✓	Strategy	Date	Outcome
	Spoke to student privately after class. Explain concern.		
	Gave help after school/unit lunch		
	Changed seat		
	Communicated with Parent <input type="checkbox"/> Email		
	<input type="checkbox"/> Phone		
	Communicated with Guidance		
	Gave student work at his/her level-modified assignments. Explain modifications.		
	Assigned after school/Unit Lunch detention when appropriate. Explain reason.		
	Other strategies. Explain.		

\*\*\*\*\*Return to Rob Feltmann-ACCESS Administrator\*\*\*\*\*

**By submitting this form, I understand that I will be a full partner with the ACCESS Team.**