

Mt. Olive Township School District

<p>ACCESS Parent Request for Assistance</p>
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High School

Student Name: _____ Date: _____

Grade: ____ Counselor _____ Parent/Guardian Completing Form: _____

Contact Phone #: _____

Educational Concerns:

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

Please check the strategies you have tried to help your son/daughter.

✓	Strategy	Date	Outcome
	Discussed concern with son/daughter		
	Check agenda		
	Check PowerSchool		
	Communicated with teachers <input type="checkbox"/> Email <input type="checkbox"/> Phone		
	Communicated with Guidance		
	Outside resources used such as tutors, therapy, learning centers		
	Inside resources used such as homework club, peer tutoring, math center, extra help		
	Other		

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

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