

LISBON EXEMPTED VILLAGE SCHOOL DISTRICT

REQUEST FOR CONSULTATION-ASSISTANCE

Student's Name _____ DOB _____ Age _____ Grade _____

Requesting Person _____ Teachers _____

Date Request Initiated _____

Date Received by Team Chair _____

SECTION I Check all that apply

- | | | |
|---|--------------------------------|-----------------------------------|
| 1. ___ Poor Retention | 6. ___ Poor Study Habits | 11. ___ Distractible |
| 2. ___ Slow Rate of Work | 7. ___ Poor Attitude | 12. ___ Disorganized |
| 3. ___ Cannot Follow Oral Directions | 8. ___ Poor Peer Relationships | 13. ___ Off Task Often |
| 4. ___ Cannot Follow Written Directions | 9. ___ Inconsistent | 14. ___ Poor Motor Skills |
| 5. ___ Doesn't Complete Assignments | 10. ___ Very Active | 15. ___ Poor Language Development |
| 16. ___ Other (explain) _____ | | |

SECTION II Reason for Request. Be specific _____

What classroom adjustments have been made to remediate the problem? _____

Services currently being provided _____ Title I Reading _____ Math _____ Counseling _____
Speech Therapy _____ Other (explain) _____

Have parents been made aware of the problem? _____ Yes _____ No Date(s) _____

If yes, their reaction and/or suggestions: _____