Oroville Union High School District
SST – Parent Request for Special Education Testing

Student Name: _____ SS#: _____

Date of Birth: _____ Grade: _____ School: _____

Father's Name: _____

Address: _____ Phone: _____

Mother's Name: _____

Address: _____ Phone: _____

I am requesting that _____ be referred to the Student Success Team for review of his/her educational program. The review is requested because: [include behaviors observed at home, academic strengths/weaknesses noted during homework completion, strategies attempted to correct the problem at home and with the classroom teacher(s)].

_____

_____

Has the classroom teacher indicated concerns about your child's academic performance?
☐ Yes ☐ No If yes, please list concerns: _____

_____

What classroom instructional strategies do you think would help your child? _____

_____

Has your child had any previous evaluations through any school system or private provider? Can you provide a copy of who conducted the evaluation and when? _____

_____

I would like for my child to begin the Student Success Team process immediately.

_____ _____
Parent(s) Signature Date

-OR-

The counselor has explained the Student Success Team process to me in detail. I understand the process but wish to skip all interventions and have my child tested for Special Education. I understand that the process is in place to help prevent my child from being labeled as a child with a disability. (GIVE COPY OF PROCEDURAL SAFEGUARDS). Begin the referral process.

_____ _____
Parent(s) Signature Date