



Reagan Parent Request for Assistance

Student Name:	
Grade/Teacher:	
Today's Date:	
Parent Name/Phone Number:	
Reason(s) for requesting assistance?	☐ Academic Concerns ☐ Behavioral Concerns ☐ Social-emotional Concerns
Who does the child live with?	☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Grandparent(s) ☐ Other: _____
Are there any significant changes that have occurred in your child's life that might be affecting school performance?	☐ Death in the Family ☐ Divorce ☐ Homelessness ☐ Loss/Lack of Employment ☐ Other: _____
Is your child receiving any outside services?	☐ Yes ☐ No
Have any past teachers raised concerns?	☐ Academic ☐ Behavioral ☐ Social-emotional ☐ Other: _____
How many schools has your child attended since Kindergarten?	☐ 1 Previous School(s): ☐ 2 - 3 _____ ☐ 4 - 5 _____ ☐ 6 or more
My child _____ responds correctly when angered. ☐ Always ☐ Sometimes ☐ Seldom ☐ Never	

My child_____follows my directions promptly at home when completing chores/tasks without arguing.

- ☐ Always
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

My child_____makes appropriate choices to stay out of trouble.

- ☐ Always
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

Please rate your child's ability to establish positive friendships outside of school:

- ☐ Easily
- ☐ Somewhat easily
- ☐ Some difficulty
- ☐ Moderate difficulty
- ☐ Extreme difficulty

Please list ANY strengths you feel your child possesses.

How does your child respond to being disciplined at home?

What has been the most successful way(s) to solve problems with your child?

Parent Signature: _____

Staff Signature: _____