Date: _____ Student Name: _____Grade: _____

Name of person making the request: _____

I am a (circle one): **Parent/Guardian** **Family Member -Relationship to student:** _____

IEP: YES NO 504 Plan: YES NO

Check ALL areas of concern:

Strengths:	Concerns:	Prior Interventions
☐ Able to problem solve ☐ Articulates feelings/needs ☐ Asks for help ☐ Cooperates with others ☐ Demonstrates sense of humor ☐ Enjoys school (subject: _____) ☐ Follows instructions ☐ Helpful to others ☐ Listens well ☐ Makes/maintains friendships ☐ Negotiates/compromises ☐ Participates in class ☐ Regular attendance ☐ Extra-curricular activities (_____) ☐ Other: _____	☐ Academic: _____ _____ ☐ Behavior or Emotional:_____ _____ ☐ Attendance: _____ _____ ☐ Family/Home: _____ _____ ☐ Physical/Mental: _____ _____ ☐ Other: _____ _____ _____	☐ Behavioral Interventions ☐ Classroom Modifications ☐ Met with Teacher ☐ Tutoring/after school program ☐ Out of school counseling ☐ Other: _____ _____ _____ Please describe interventions and strategies, including length of time tried and response of student: _____ _____ _____ _____

Brief Description of what is happening:

For school use only:

Date Received: _____ Team Member: _____

Date parent was notified: _____ Outcome: _____
(response should occur within 3 days)