

REQUEST FOR STUDENT ASSISTANCE

This document has two major purposes:

- 1. To formally request assistance from the Student Assistance Team.
- 2. To provide relevant information to the ESU #1 evaluators if referral for a formal evaluation is deemed necessary.

It is suggested that parent/guardian be informed that assistance is being requested.

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Date \_\_\_\_\_ Student's Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person Requesting Assistance \_\_\_\_\_

Relationship to Student \_\_\_\_\_

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- 1. Date and method parent/guardian was informed of request _____
 - _____ Telephone Call
 - _____ Letter
 - _____ Parent-Teacher Conference

2. Briefly describe student's major strengths:

3. Briefly describe major problems (or weaknesses) student is currently exhibiting:

4. These problems were first observed:
- | | |
|---|--|
| <input type="checkbox"/> At birth | <input type="checkbox"/> Since beginning of the student's school career |
| <input type="checkbox"/> During past 3 months | <input type="checkbox"/> Student just entered school or moved from another school district and problems were immediately apparent. |
| <input type="checkbox"/> During past 6 months | |
| <input type="checkbox"/> During past year | |

5. Indicate the severity of the specific problems student is exhibiting using the following indicators:

- | | | |
|---------|---|---|
| S | = | Severe Problem |
| MO | = | Moderate Problem |
| MI | = | Mild Problem |
| (Blank) | = | No Problem or Not Applicable to Age Level |

Pre-academic/Academic Problems

- | | |
|---|---|
| <input type="checkbox"/> Motor coordination | <input type="checkbox"/> Following directions |
| <input type="checkbox"/> Letter recognition | <input type="checkbox"/> Sound-letter association |
| <input type="checkbox"/> Number recognition | <input type="checkbox"/> Reading (word recognition) |
| <input type="checkbox"/> Reading (phonics) | <input type="checkbox"/> Reading (comprehension) |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Written expression |
| <input type="checkbox"/> Math (computation) | <input type="checkbox"/> Math (reasoning) |

Communication Problems

- Articulation (pronunciation)
- Language (grammar, prefix/suffix usage, word meanings, functional usage)
- Voice (loudness, pitch, nasality, hoarseness)
- Fluency (stuttering)

Behavior Problems

- | | |
|---|---|
| <input type="checkbox"/> Distractible/short attention span | <input type="checkbox"/> Makes noises/talks out of turn |
| <input type="checkbox"/> Physically overactive | <input type="checkbox"/> Pervasive mood of unhappiness or depression |
| <input type="checkbox"/> Does not complete assignments | <input type="checkbox"/> Verbally aggressive |
| <input type="checkbox"/> Does not participate in class activities | <input type="checkbox"/> Poor peer relations |
| <input type="checkbox"/> Physically aggressive | <input type="checkbox"/> Poor adult relations |
| <input type="checkbox"/> Inappropriate expression of feelings | <input type="checkbox"/> Fears/physical symptoms associated with school/personal problems |

Medical/Physical Problems

- Suspected or confirmed hearing loss
- Suspected or confirmed vision loss (i.e. vision loss even when corrected)
- Medical and/or physical conditions that appear to be adversely influencing behavior and/or learning (briefly describe conditions and any medications being used to control or alleviate conditions).
- Other problems _____

6. To assist in providing important information about student's educational history, please indicate if the items below are applicable to student's current or past situation using the following indicators:

- C = Currently
- P = Previously
- (Blank) = Not Applicable to Student's Situation

- | | |
|--|---|
| <input type="checkbox"/> Enrolled in preschool | <input type="checkbox"/> Enrolled in Title I (reading) |
| <input type="checkbox"/> Enrolled in Head Start | <input type="checkbox"/> Enrolled in Title I (math) |
| <input type="checkbox"/> Evaluated/served by ESU #1 | <input type="checkbox"/> Retained (specify grades) |
| <input type="checkbox"/> Evaluated/served by non-ESU #1
special education program,
mental health agency or
professional (specify) | <input type="checkbox"/> Suspended/expelled |
| | <input type="checkbox"/> Received failing grades recently
(specify subjects) |

7. Current test information:

Date	Test	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. What questions do you want answered by the Student Assistance Team? (e.g. "How can I help this student be more successful at learning his/her math facts?", "Does this student have a reading disability?", etc.).

9. Alternative procedures tried in the past (e.g. Behavior Modification Program, Title I, etc.). Specify duration of procedure and extent of success.