

REQUEST FOR ASSISTANCE

TO: I &RS Team Leader

From: _____

Date: _____

Student: _____

School: _____

DOB: _____

Grade Level: _____

Room Number: _____

Reasons for Request for Assistance: (Describe cause/s for concern; must be school based i.e. academic, behavior, emotional issues, school health.)

Please outline specific and descriptive observed Behaviors (hearsay or subjective comments will not be accepted):

Please indicate the types of interventions you have tried prior to this request for assistance. Include how often it was done and for how long (ex: independent studies twice per week for 4 weeks).

Intervention	Frequency / Dates
Explained class rules and expectations	_____
Arranged independent study program	_____
Explained my concerns	_____
Set up contract/ behavior modification plan with student	_____
Spoke to student privately after class	_____
Gave student special work at his/her level	_____
Assigned student detention	_____
Sent notices home regarding behavior/school work	_____
Referred student to counselor/social worker	_____
Parent/Teacher conference	_____
Other (Please explain) _____	_____

REQUEST FOR ASSISTANCE (continued)

Student: _____ **School:** _____

DOB: _____ **Grade Level:** _____ **Room Number:** _____

Please list all teacher and/specialist with whom this student have contact so that additional information may be requested. _____

Teacher Signature: _____

Date: _____

I&RS Team Use Only

Date Request Received: _____ **By Whom:** _____

Student accepted: (if accepted tentative date for team meeting) _____

File returned further information needed: (explain) _____

Request denied: (explain why) _____

Student referred directly to CST

Case Assigned To

Date

Team Leader

Date