

Student Support Team Request For Assistance

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|---|-------------------|---|--|--|
| Student: | | | Date: | |
| Age: | Birthdate: | Grade: | Elem. <input type="checkbox"/> or Mid. School <input type="checkbox"/> | |
| Meeting Requested By: | | | | |
| Parent Contact Date: | | Would the Parents Like to Attend the Initial Meeting? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| * Please contact school counselor if you have any questions * | | | | |

| A. Describe the student's strengths, attributes and interests. | | | | | | | | |
|---|--------------------------------|--------------------------------|----|----|----|----|----|----|
| | | | | | | | | |
| B. Identify the areas of concern or growth (what is getting in the way of success at school.) | | | | | | | | |
| | | | | | | | | |
| C. Strategies/interventions used and effectiveness. | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">Major Strategy Tried</th> <th style="width: 50%; padding: 5px;">Effectiveness of Each Strategy</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">1.</td> <td style="padding: 5px;">1.</td> </tr> <tr> <td style="padding: 5px;">2.</td> <td style="padding: 5px;">2.</td> </tr> <tr> <td style="padding: 5px;">3.</td> <td style="padding: 5px;">3.</td> </tr> </tbody> </table> | Major Strategy Tried | Effectiveness of Each Strategy | 1. | 1. | 2. | 2. | 3. | 3. |
| Major Strategy Tried | Effectiveness of Each Strategy | | | | | | | |
| 1. | 1. | | | | | | | |
| 2. | 2. | | | | | | | |
| 3. | 3. | | | | | | | |
| D. What would you like the student to be able to do (goal). | | | | | | | | |
| | | | | | | | | |

Student Support Team members attending:

*Please select the members you want in attendance *

- | | |
|---|--|
| <input checked="" type="checkbox"/> Principal (or designee) <input checked="" type="checkbox"/> School Counselor <input checked="" type="checkbox"/> Classroom Teacher <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Reading Specialist (Title I) | <input type="checkbox"/> Special Ed. (EBD <input type="checkbox"/> CD <input type="checkbox"/> LD <input type="checkbox"/> <input type="checkbox"/> School Nurse <input type="checkbox"/> School Psychologist <input type="checkbox"/> Speech & Language <input type="checkbox"/> Other: |
|---|--|

RETURN TO SCHOOL COUNSELOR WHEN COMPLETE