

# Parent Request

## for Assistance to the Student Intervention Team: Stage 1

(This request is not for special education testing.)

Date: \_\_\_\_\_ School: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent Making Request: \_\_\_\_\_

I request that my child be reviewed by the intervention team to assist in providing interventions (support) in an effort to improve his/her overall performance. I have been in regular contact with the teacher(s) and have collaborated to provide interventions at home.

I have observed areas of concern that interfere with my child's educational progress.

(Check all areas that apply.)

☐ **Academic Performance** (Indicate subjects having low or failing grades.)

☐ English/LA      ☐ Science      ☐ Reading

☐ Math      ☐ Social Studies

☐ **Behavior and/or Discipline**

☐ **Other** (Please describe.)

My child participates in before- and/or after-school programs such as tutoring, Saturday school, etc.  
 (List below.)

List interventions already tried at home.

### FOR OFFICE USE ONLY

Counselor:

Date received:

☐ **Data Collection for Staffing – Form 3A** (Given to Academic Achievement Specialist)

☐ **Classroom Observation Form – Form 5** (Given to Academic Achievement Specialist)

AAS:

Date:

☐ **Social Case History - Parent Information Form – Form 4** (Given to parent)

Parent Name:

Date:

☐ **Data Collection for Staffing – Form 3B:**

Teachers	Form Sent	Form Returned	Attended Staffing
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Consultation/staffing scheduled no later than 5 school days after Request for Assistance received.*

Date of Staffing:

Counselor: