



**Solicitud de Ayuda de los Padres al Equipo de Intervención Estudiantil:
(Esta solicitud no es para exámenes de educación especial).**

Fecha: _____ Escuela: _____

Nombre del estudiante: _____ # Identificación del Estudiante: _____

Fecha de nacimiento: _____ Grado: _____

Nombre del padre que hace la solicitud: _____

Solicito que mi hijo/a sea revisado/a por el equipo de intervención para ayudar a proporcionar intervenciones (apoyo) en un esfuerzo por mejorar su rendimiento general. He estado en comunicación regularmente con los maestros/as y he colaborado para brindar intervenciones en casa.

He observado áreas de preocupación que interfieren con el progreso educativo de mi hijo/a. (Marque todas las áreas que correspondan).

- Rendimiento Académico** (Indicar materias con calificaciones bajas o reprobatorias).
- Lectura Escritura Matemáticas Ciencias Sociales
 Ciencias

- Comportamiento y/o Disciplina
- Otro (por favor describa).)

Mi hijo/a participa en programas antes y/o después de la escuela, como tutoría, escuela los sábados, etc. (Enumere a continuación).

Enumere las intervenciones que ya se han probado en casa.

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"/>

Consultation/staffing scheduled no later than 5 school days after the Request for Assistance is received.

Date of Staffing:

Counselor:



**Parent Request for Assistance to the Student Intervention Team:
(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.)*
 - Reading
 - Writing
 - Math
 - Social Studies
 - Science
- 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.

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- 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"/>

Consultation/staffing scheduled no later than 5 school days after the Request for Assistance is received.



Date of Staffing:

Counselor: