

REQUESTING ASSISTANCE FORM

Student's Name: _____ YIS: _____ ID#: _____

ESL: Y N ELL Level: _____ 504 plan: Y N IEP: Y N

Your Name: _____ EXT: _____ RM#: _____ Date: _____

IF A STUDENT IS IN CRISIS, CALL FOR IMMEDIATE ASSISTANCE SocW: 81304 CouS: 81384 MainO: 81301 NurO: 81319

Use the lists below to identify your concerns. On the back, we ask you to consider what you've tried so far to support the student. There is a mailbox in the main office labeled SST, please put this completed form there. The Student Support Team meets Fridays, weekly during 2nd period. Please indicate if you would like to meet with the team regarding this student. We will help find coverage for your class if needed. You may also meet with the student's Social Worker, Counselor or Dean at a time that is convenient for you.

CLASSROOM CONCERNS:

- Failing Grades
- Incomplete or missing assignments
- Low test scores
- Difficulty following directions
- Difficulty understanding concepts
- Easily forgets learned information
- Inattentive
- Low motivation
- Absent or tardy
- Skips or walks out of class
- Refuses to work or participate
- Easily frustrated with new or ongoing tasks
- Poor class participation
- Other (Explain) _____

GENERAL HEALTH

- Frequent sleeping in class
- Frequent physical complaints/symptoms
- Frequent passes to nurse or bathroom
- Hygiene concern
- Medications in class: (prescription or OTC)
- Substance use concerns (odor, not acting themselves)*
- Vision/hearing concerns (squinting, needs things repeated)
- Other (Explain) _____

BEHAVIOR CONCERNS:

- Not following classroom expectations
- Not following teacher directions
- Trouble sitting still/lots of energy
- Verbally inappropriate (talks out of turn, outbursts, etc.)
- Disrespectful (towards staff or peers)
- Destructive of property
- Abusive/intimidating toward others
- Withdrawn
- Disoriented or confused
- Alone, lacks friends
- Sudden change in friends
- Subject of peer teasing
- Mood swings
- Cries easily, seems unhappy
- Appears anxious or tense
- Age inappropriate behaviors
- Play fighting with peers
- Talks/writes/draws about death and or suicide*
- Other (Explain) _____

FAMILY

- Limited family contact
- Unable to reach the parent/guardian (wrong telephone #)
- Parents have expressed concerns about the student
- Student has expressed concerns about family/home
- Known family relationship problems
- Homeless or Highly Mobile/Couch Hopping
- Other (Explain) _____

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WHAT HAS BEEN TRIED IN THE CLASSROOM:

- | | | |
|---|--|---|
| <input type="checkbox"/> Call or email home | <input type="checkbox"/> Token system | <input type="checkbox"/> Lunch tutoring |
| <input type="checkbox"/> 1:1 meeting with the student | <input type="checkbox"/> Additional time for testing or HW | <input type="checkbox"/> Building relationships |
| <input type="checkbox"/> Family meeting (discussion at P.T. conf.) | <input type="checkbox"/> Consulted at grade level team | <input type="checkbox"/> Immediate feedback on work |
| <input type="checkbox"/> Peer tutoring | <input type="checkbox"/> Modified assignments | <input type="checkbox"/> Alternative texts |
| <input type="checkbox"/> Moved seating | <input type="checkbox"/> After school/advisory tutoring | <input type="checkbox"/> Provide notes and slides for content |
| <input type="checkbox"/> Use supplemental resources | <input type="checkbox"/> Multiple referrals to Dean | <input type="checkbox"/> Consistent check-ins |
| <input type="checkbox"/> Individual teaching of org skills | <input type="checkbox"/> Multiple at the door meetings | <input type="checkbox"/> Positive reinforcers |
| <input type="checkbox"/> Backpack check | <input type="checkbox"/> Timeout/breaks | <input type="checkbox"/> Conversation with case manager |
| <input type="checkbox"/> Utilize language specific staff/Family Liaison | | |

What other things have you tried, or what additional information would be helpful, what are some positives about this student:

Would you like to discuss this student in person? Y N

Your prep hours/periods: _____

STUDENT SUPPORT TEAM FOLLOW UP

FORM GIVEN TO: _____ DATE: _____

STUDENT SELECTED FOR GROUP DISCUSSION, DATE PRESENTED: _____

REVIEW/FOLLOWED UP ON STUDENT/RECOMMENDATIONS, DATE: _____

FOLLOWED UP WITH TEACHER/PERSON REQUESTING SUPPORT, DATE: _____

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