

# Pittsburg Community School Improvement Team

Request for Assistance

Date \_\_\_\_\_

<input type="checkbox"/> Teacher Referral
<input type="checkbox"/> Team Referral
<input type="checkbox"/> Self Referral
<input type="checkbox"/> Parent Referral

All requests must be based upon behavior and/or academic performance that you have actually observed. As a rule, an isolated instance of unsatisfactory or exceptional performance will not be grounds for referring a student to a Student Improvement Team. However, when there is a definite and repeated pattern of behavior or academic failure, a request for assistance is appropriate. Parents or teachers may indicate a request for assistance if they suspect the student may need extensive academic interventions.

Student \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Student Soc. Sec. # \_\_\_\_\_ KIDS # \_\_\_\_\_ Sex \_\_\_\_\_ Ethnicity \_\_\_\_\_

Mother/Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Ph. \_\_\_\_\_

Father/Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Ph. \_\_\_\_\_

Students primary language \_\_\_\_\_  
Student lives with \_\_\_\_\_ Address \_\_\_\_\_

Language spoken in home \_\_\_\_\_  
Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Is the student in foster care? Y N DK Behavior Concerns Y N Attendance Concerns Y N

## Prior Educational Experiences

- Preschool
- Headstart
- Grades repeated
- Other \_\_\_\_\_

Previous schools attended/Grades \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Support Services

Case Management: \_\_\_\_\_  
Mental Health: \_\_\_\_\_  
Youth friend: \_\_\_\_\_

Probation: \_\_\_\_\_  
Challenger: \_\_\_\_\_  
Counseling: \_\_\_\_\_  
Other: \_\_\_\_\_

## Health

Vision \_\_\_\_\_ Date \_\_\_\_\_ Hearing \_\_\_\_\_ Date \_\_\_\_\_  
Fine Motor Skills: Normal \_\_\_\_\_ Concerns \_\_\_\_\_  
Gross Motor Skills: Normal \_\_\_\_\_ Concerns \_\_\_\_\_  
Chronic Illness: \_\_\_\_\_ Medications: \_\_\_\_\_

Is this student a danger to himself/herself or to others? Y \_\_\_ N \_\_\_

Please explain \_\_\_\_\_

\*\*\*Has the parent been contacted about this referral? \_\_\_ Y \_\_\_ N

If yes, when and by whom: \_\_\_\_\_