

Belén Consolidated Schools

Student Assistance Team

Request for Assistance

Student: _____ Date: _____

Referring Teacher(s): _____

Area of concern: Academic (complete A) Behavior (complete B)

(A) Academic concern:

<input type="checkbox"/> Reading	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Speech & Language
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What have you done to address the concern?

<input type="checkbox"/> contacted parent(s) (must have 1 contact)	<input type="checkbox"/> receives/referred to Remedial Reading
<input type="checkbox"/> Classroom accommodations (please attach)	<input type="checkbox"/> receives/referred to Remedial Mathematics
<input type="checkbox"/> receives/referred to Speech & Language	<input type="checkbox"/> spoke with Special Education Director
<input type="checkbox"/> spoke with principal/administrator	<input type="checkbox"/> other: _____

(B) Behavior(s) of concern:

<input type="checkbox"/> poor attendance	<input type="checkbox"/> frequently tardy	<input type="checkbox"/> sick frequently
<input type="checkbox"/> withdrawn/loner	<input type="checkbox"/> cries easily/frequently	<input type="checkbox"/> easily distracted
<input type="checkbox"/> appears sad	<input type="checkbox"/> bullies others	<input type="checkbox"/> aggressive

Other (observable behavior): _____

This behavior occurs:

<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> occasionally
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When is the behavior most likely to occur?

<input type="checkbox"/> morning	<input type="checkbox"/> afternoon	<input type="checkbox"/> no difference
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Life stressors this student is experiencing:

<input type="checkbox"/> parents divorcing	<input type="checkbox"/> parents separated	<input type="checkbox"/> parent(s) incarcerated
<input type="checkbox"/> parent lost job	<input type="checkbox"/> loss/grief of family member	<input type="checkbox"/> parent deployed
<input type="checkbox"/> parent(s) addiction issue	<input type="checkbox"/> school transition	<input type="checkbox"/> being bullied

Other (be specific): _____

What have you done to address this issue?

<input type="checkbox"/> contacted parents (must have at least 1 contact)	<input type="checkbox"/> Positive Behavior Support Plan (please attach)
<input type="checkbox"/> referred to principal/administrator	<input type="checkbox"/> referred to counselor (if applicable)
<input type="checkbox"/> other	<input type="checkbox"/> talked with student re: concern

Please return to SAT Chair: refer to SAT for intervention Classroom Interventions

SAT Coordinator's/Administrator's Signature

Date