|  |
| --- |
| **Dorchester County Public Schools**  **Request for Assistance**  **School Site:** North Dorchester High School |

**\*\*\*Confidential: please do not leave out for others to read\*\*\***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student:** | | **Grade** | **Gender** | **DOB** | | **Ethnicity** |
| **Parent/Caregiver** | | **Home Language** | | **Telephone Number** | | |
| **Name of Person Making Request** | | **Your title/Position** | | **Classroom or Telephone Ext.** | | |
| 1. **Student’s Strengths** | **2. Your Concerns about Student** | | | | **3. Prior Interventions** | |
| * Able to problem solve * Articulates feelings/needs * Asks for help * Attentive in class * Cooperates with others * Demonstrates sense of humor * Enjoys math * Enjoys reading * Follows instructions * Helpful to others * Listens well * Makes/maintains friendships * Negotiates/compromises * Participates in class * **Other:** | **Please check and provide additional details:**   * **Academic** * **Attendance** * **Emotional/Behavioral**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * **Family/home** * **Physical Health/Medical** * **Other**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | * Behavioral Interventions * Classroom modifications * Instructional modifications * Met with student * Offered tutoring/after-school program * Spoken to/met with parent/caregiver * **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **Please describe your interventions including length of time tried:**  **Describe the Student’s response to the interventions implemented:** | |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Complete if student is referred to SST\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **4. Student Profile Section (Counselor/SST Team to complete):** | | | | | | |
| **MSA Scores (two previous years)** | **Reading** | **Math** | **Support services student is currently receiving:** | | | |
|  |  |  | * After-school prog. * Tutoring * IEP * Mental Health | | * Mentoring * 504 Plan * Physical Health | * ELL * Peer Resources * Foster Care * Other: |
|  |  |  |
| **Health Most recent physical Exam:\_\_\_\_\_\_\_\_\_\_\_**  **Immunizations: Complete Incomplete:\_\_\_\_\_**  **Chronic health conditions?** | | | Screening  Vision  Hearing | **Date** | **Status – Pass/Fail** | **Follow Up required?** |

**5. Date family notified re: referral to SST:\_\_\_\_\_\_\_\_\_\_\_\_ Results:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Feedback to Referring Person\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

|  |  |
| --- | --- |
| **Date Referral Processed:** | **Primary Contact Person:** |
| **Action Items Planned**  **1.** |  |
| **2.** |  |
| **3.** |  |

**Distribution:** Original – Cum Folder Copies: Primary Contact Person & Referral Source