



Request for Assistance Form

Student's Name: _____

Student's Grade Level: _____

Teacher(s): _____

Gender: M F

Today's Date: 00/00/00

IEP: Yes No

504: Yes No

1. Parent(s) Contacted :

Date(s) Contacted: 00/00/00

00/00/00

00/00/00

00/00/00

2. Type of Assistance Requesting: put X by all that apply

<input type="checkbox"/> Failing Grades	<input type="checkbox"/> Health or Home	<input type="checkbox"/> Gifted/Talented
<input type="checkbox"/> Absences	<input type="checkbox"/> Behavior/Attention	

3. Attendance:

Present: _____	Absent: _____	Tardy: _____
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4. Math Grades

4. ELA Grades

Previous: _____	Previous: _____
Current: _____	Current: _____

5. Subject(s) student is struggling in:

Screener	Beginning	Curent
STAR	⋮	⋮
IRLA/Reading Plus/Lexia	⋮	⋮
OTHER (NAME)	⋮	⋮

6. In which area(s) do you feel this student is gifted/talented? (Only fill out if you checked gifted/talented on question 2) :

7. Teacher Feedback :

Plan of Action (Fill out with CCC team)

<input type="checkbox"/> Tier 3	Reading	Math	Written Expression	Behavior	Other: -----
Interventions (Program names and specific skills being addressed)					
Frequency (Minutes per day, days per week)					
Group size (How many students are in a group? Is the student working 1-on-1?)					
Progress monitoring (What will be used to monitor student progress?)					
Person responsible (Who will collect the data?)					

Intervention Examples (Reflex, IRLA, 95th% grouping, Below grade level zearn (PM with exit tickets), Reading Plus.....)

Suggestions from CCC to complete before the next meeting: Mark each one

Blue book eval (Dyslexia)	KTEA	Gross motor screening	Health screening
Hawthorne	KBIT	Fine motor screening	AT screening
Attempt accommodations	Gifted screening	Speech screening	Sensory screening
Complete teacher interviews (all teachers)	Talented screening	Social/Emotional/Behavior screening	Other:

Comments/Instructions:

Next meeting: **00/00/00**