



Complete and submit this form to School Psychologist; the SFT will convene ASAP.

Student Name:				Birthdate:	
Grade: Parent/Guardian Name:					
Date(s) Parent/Guardian Contacted about SFT Process:					
Parent Contact Info (phone, email, best time-of-day to contact):					
SFT Process Initi	ated by:		Date:		
Concern(s) about this student primarily related to (check all that apply):					
Behavior	Social/Emotional	Attention/Focus/Engagement		Mathematics	
Reading	Writing	English Language Development		Language (Expressive/Receptive)	
Articulation	Fine Motor	Gross Motor		Adaptive (Life-based Skills)	
Hearing	Vision	Medical	Other:		
Please describe objective langua	= =	(s), providing as r	nuch detail as poss	sible with specific, concise, and	
	ons & strategies, to d			that may help the team in creating	
a plan to help this student be successful:					

Student Data

Additional Information:

This student's primary language is: English Spanish Other: Has this student been previously retained: Yes No If Yes, when? Assessment data suggests this student is reading grade level. Above Αt Below Below grade level. Assessment data suggests this student is comprehending math Above Αt Please elaborate on student academic data to help the team better understand your student: Please describe any known issues related to physical/social-emotional health, hearing, vision, etc: Please identify known support services this student has/is currently receiving (check all that apply): Special Education 504 Plan Bilingual/ELL Services Speech **Agency Counseling** Title Reading Program (WIN) Title Math Program Other: