

# SAT/REQUEST FOR ASSISTANCE FORM

Date:	Requested by:
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Student's Name:	Grade Level:	D.O.B.
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Class/Subject:	Teacher:	Bldg.
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Describe the concern in specific terms:

The following checklist may also be of assistance:

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| <input type="checkbox"/> Disruptive            | <input type="checkbox"/> Distractible                     | <input type="checkbox"/> Poor Study Habits      |
| <input type="checkbox"/> Poor Attendance       | <input type="checkbox"/> Slow Rate of Work                | <input type="checkbox"/> Lacks Initiative       |
| <input type="checkbox"/> Off Task              | <input type="checkbox"/> Cannot follow oral directions    | <input type="checkbox"/> Inconsistent           |
| <input type="checkbox"/> Disorganized          | <input type="checkbox"/> Cannot follow written directions | <input type="checkbox"/> Poor Attitude          |
| <input type="checkbox"/> Lack of Participation | <input type="checkbox"/> Poor Peer Relationships          | <input type="checkbox"/> Poor Retention         |
| <input type="checkbox"/> Poor Attitude         | <input type="checkbox"/> Works Below Grade Level          | <input type="checkbox"/> Incomplete Assignments |

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|--|---|
| <input type="checkbox"/> Inappropriate Behavior in Classroom     | <input type="checkbox"/> Withdrawn and/or Isolated                    |
| <input type="checkbox"/> Medical/Health Concerns                 | <input type="checkbox"/> Fighting                                     |
| <input type="checkbox"/> Tardiness/Absenteeism                   | <input type="checkbox"/> High Academic Performance                    |
| <input type="checkbox"/> Disrespectful to Teachers/Students      | <input type="checkbox"/> Highly Curious                               |
| <input type="checkbox"/> Failure to Achieve Grade Level Outcomes | <input type="checkbox"/> Highly Creative                              |
| <input type="checkbox"/> Angry Outbursts in School Setting       | <input type="checkbox"/> Exceeds Grade Level Outcomes                 |
| <input type="checkbox"/> Failure of Subjects/Classes             | <input type="checkbox"/> Analyzes evaluates information independently |
| <input type="checkbox"/> Other                                   | <input type="checkbox"/> Other  |

Please identify student strengths:

What modifications or adjustments have you made to address the concern?

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What instructional material changes have you made?

Have you involved the parents? If so, how?

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Does this student currently receive any support services (ESL, TITLE 1, MIGRANT, COUNSELING, SPEECH, ETC.)?

Did the student's cumulative file contain helpful information? If so, what?

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Previous SAT's/Relevant information

Test Scores (MAP, STAR Reading/Math, DRA)

	LNF- Fall- Spring- LSF-Fall- Spring- PSF-Spring- NWF-Spring-
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**Please return this form to the building principal so the SAT Meeting can be scheduled.**