

**PUPIL INTERVENTION AND REFERRAL SERVICES**  
**REQUEST FOR ASSISTANCE FORM**

Requesting Date \_\_\_\_\_  
Meeting Date \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Person Requesting Assistance: \_\_\_\_\_  
Reasons for this Referral: \_\_\_\_\_  
\_\_\_\_\_

**I. Background Information:**

Teachers contacted: (Guidance to send check-up sheets to teachers)

- (1) Course: \_\_\_\_\_ / Teacher: \_\_\_\_\_
- (2) Course: \_\_\_\_\_ / Teacher: \_\_\_\_\_
- (3) Course: \_\_\_\_\_ / Teacher: \_\_\_\_\_
- (4) Course: \_\_\_\_\_ / Teacher: \_\_\_\_\_
- (5) Other: \_\_\_\_\_ / Teacher: \_\_\_\_\_

Parent contacts:

Date	Comment
_____	_____
_____	_____
_____	_____

Parent Questionnaire sent to Parents – Date Mailed: \_\_\_\_\_

Date Completed Parent Questionnaire Received: \_\_\_\_\_

**II. Educational History (High School Grades, Elementary/Middle School Record Review) – To be completed by Guidance Counselor/LDTC**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior testing information (standardized group tests):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. Discipline Record – To be completed by Assistant Principal

Attendance last school year:

Days absent: \_\_\_\_\_ Days present: \_\_\_\_\_

Attendance this school year:

Days absent: \_\_\_\_\_ Days present: \_\_\_\_\_

IV. School Psychologist Interview: Date: \_\_\_\_\_

\_\_\_\_\_

V. Summary presented to Committee Chair – Date Received: \_\_\_\_\_

Committee Chair Name: \_\_\_\_\_

Date for Meeting with Committee/Parents: \_\_\_\_\_

Date: March 8, 2005  
Revised: September 12, 2006  
**Revised: May 19, 2009**