



Educational Service Unit 7

Request For Student Assistance Form

The Student Assistance Team (SAT) is a general education problem-solving team intended to utilize documented intervention strategies to assist the school in the provision of general education. (Rule 51 006.01C)

Student: _____ Age: _____ Gender: _____

Date of Birth: _____ Grade: _____ Teacher: _____

Parent/Guardian/Caseworker: _____

Address: _____ City, State & Zip: _____

Home Phone: _____ Work Phone: _____

Translator Needed? Yes No

Person Requesting Assistance: _____ Relationship to Student: _____

The Parent/Guardian must be informed that assistance is being requested.

Date(s) of notification: _____

Method: Telephone Letter Parent/Teacher Conference

The reason for referral has been observed:

Since Birth Other: _____ The student just moved from another district & problems were immediately apparent During the past 3-6 months Since entering an educational setting

Background/Health Information (As Applicable)

Is there a language other than English spoken in the home? Yes No Please Specify: _____

Is the student Migrant? Yes No Date of Entry: _____

Is the student in English as a Second Language (ESL)? Yes No Date of Entry: _____

Has the student received ESL services in the past? Yes No Date of Service: _____

Refer to Language Proficiency score below: Date: _____ Scores: Oral _____ Reading _____ Writing _____

Does the student's records indicate school changes? Yes No Explain: _____

Has the student's vision been screened? Yes No Distance Vision: R _____ / _____ L _____ / _____ Date of Screening: _____ Near Vision: R _____ / _____ L _____ / _____ Date of Screening: _____

Other vision evaluations: _____

Has the student's hearing been screened?

Yes No Date of Screening: _____

➤ Hearing: Passed Failed

Has the student ever had a Special Education Evaluation?

Yes No Date: _____

➤ Category: _____ Related Services: _____

Academic History

Attendance

Regular Irregular (Explain): _____

Has the student been retained?

Yes No Grade: _____

Assessment Data

Attached Additional Documentation for each of the following.

NESA-R Dates: _____

NESA-W Dates: _____

NESA-M Dates: _____

ELDA Dates: _____

NRT Name/Date: _____

Dibles Data: _____

Other Name/Dates: _____

Name/Dates: _____

Name/Dates: _____

Name/Dates: _____

Additional Assessment Info: _____

The Student's Grades

Are they attached? Yes No

Have increased each year

Dropped suddenly

Have stayed about the same each year

Have decreased each year

Data not available/Other Circumstances (Explain): _____

Strengths

Academic Concerns (If Applicable)

Basic Reading Skills

- Limited sight word vocabulary
- Vowel sounds
- Consonant sounds
- Diphthongs
- Omission of letter sounds in words
- Addition of letter sounds in words
- Inability to identify letters of the alphabet
- Reversals
- Silent letters
- Word attack/decoding skills
- Other: _____

Reading Comprehension

- Limited vocabulary
- Inability to grasp implied meanings
- Inability to use context clues
- Poor recall of main ideas
- Other: _____

Oral Expression

- Vocabulary
- Antonyms
- Synonyms
- Grammar
- Analogies
- Sentence Structure
- Other: _____

Listening Comprehension

- Auditory memory
- Vocabulary
- Understanding directions
- Auditory attention span
- Needs questions/directions repeated
- Other: _____

Math Reasoning

- Solving problems involving time
- Solving measurement problems
- Solving percentage problems
- Solving word problems with more than one math function
- Money values
- Concept of fractional parts
- Other: _____

Math Calculation

- Number recognition
- Subtraction facts
- Addition facts
- Fractions
- Multiplication facts
- Division facts
- Regrouping in addition/carrying
- Regrouping in subtraction/borrowing
- Decimals
- Other: _____

Written Expression

- Upper/Lower case Letters
- Incorrect pencil grasp
- Word usage-tense/plurals
- Punctuation/capitalization
- Spelling
- Reversals
- Organization
- Abbreviations
- Sentence Structure
- Legibility
- Other: _____

Motor Coordination

- Fine motor
- Gross motor
- Explain: _____

Other Areas of Concern: _____

Behavioral Concerns

- Easily distracted
- Does not hand in homework
- Physically aggressive
- Talks out
- Persistent mood of unhappiness or sadness
- Teasing
- Lying
- Bullies other children
- Stubborn
- Cheating

- Does not complete assignments
- Does not participate in class activities
- Makes noises
- Verbally aggressive
- Poor peer relationship
- Stealing
- Tantrums
- Falls asleep
- Won't follow directions
- Other (Explain): _____

Speech/Language/Hearing Concerns (If Applicable)

Articulation

- Substitutes one sound for another—(wabbit for rabbit)
- Omits a sound —(han for hand)
- Distorts a sound

Hearing

- Doesn't respond when spoken to
- Previous hearing problems (Explain): _____

Language (Please provide Oral &/or Written)

- Word structure, word forms
- Word order, combining words to form sentences
- Word meaning
- Uses short or disconnected sentences
- Difficulty answering questions
- Difficulty asking questions
- Figurative Language
- Language concepts & relationships
- Social language
- Grammar
- Vocabulary
- Sequencing
- Verbal expression
- Listening comprehension
- Reading comprehension
- Written expression

Voice

- Pitch is too: High Low
- Quality of voice is: Harsh Breathy
- Nasal
- Pitch is monotone

Fluency

- Repetitions—("What t-t-t-time is it?")
- Prolongations—("Lllllet me do it.")
- Interjections—("Um, um I have an idea.")
- Other/Describe: _____
