



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

During the past 3 to 6 months

Since entering an educational setting

The student just moved from another district and problems were immediately apparent

Other _____

Background/Health Information (as applicable)

Language other than English spoken in the home? Yes No If yes, specify: _____

Is the student a migrant? Yes No Entry Date: _____

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

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

Refer to Language Proficiency score below:

Date: _____ Scores: Oral _____ Reading _____ Writing _____

Do the student's records indicate school changes? Yes No

Explain _____

Has the student's vision been screened? Yes No

Distance Vision: R (##/###) _____ L (##/###) _____ Screening Date: _____

Near Vision R (##/###) _____ L (##/###) _____ Screening Date: _____

Other vision evaluations: _____

Has the student's hearing been screened? Yes No Screening Date: _____

Hearing test: Pass Fail

Has the student ever had a Special Education evaluation? Yes No Date _____

Category _____ Related Services _____

ACADEMIC HISTORY

Attendance

Regular Irregular If irregular, explain: _____

Has the student been retained? Yes No Grade: _____

Assessment

Attached additional documentation for each of the following:

NESA-R Date(s) _____

NESA-W Date(s) _____

NESA-M Date(s) _____

ELDA Date(s) _____

NRT Name/Date _____

Dibles Data _____

Other _____

Name/Dates _____

Name/Dates _____

Name/Dates _____

Name/Dates _____

Additional Assessments 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):

ACADEMIC CONCERNS (if applicable)

Basic Reading

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

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

Motor Coordination

Fine motor
Gross motor
Explain:

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

Speech/Language/Hearing Concerns (if applicable)

Articulation

Substitutes one sound for another (e.g.,
wabbit for *rabbit*)
Omits a sound (e.g., han for hand)
Distorts a sound

Language (Please provide Oral and/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 and relationships
Social language
Grammar
Vocabulary
Sequencing
Verbal expression
Listening comprehension
Reading comprehension
Written expression

Hearing

Doesn't respond when spoken to
Previous hearing problems (explain):

Voice

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

Fluency

Repetitions ("What t-t-t-t-ime is it?")
Prolongations ("LLLLLLet me do it.")
Interjections ("Umm, ummm, I have an idea.")
Other/Describe:
