

CENTRAL UNION HIGH SCHOOL
INITIAL REQUEST FOR STUDENT SUCCESS TEAM

Student: _____ ID: _____

Age: _____ Birthdate: _____ Sex: _____ Grade: _____

Parent: _____

Address: _____

Home Phone: _____ Work Phone: _____

Student eligible for: Sp. Ed. _____ 504 _____ Migrant _____ Foster _____

Describe your specific concerns regarding this student.

Requested by _____
Name Position Date

Department to which this request is directed _____

USE OF THIS FORM

This form is to be filled out when a teacher or administrator is concerned about some aspect of a child's performance. It is not an official referral. It is requested that consideration be given to the possible need for referral.

In the space headed "Describe your specific concerns....," please DO state what it is about the child that concerns you, e.g. does not talk clearly, always tired, cannot read, never sits still, always fighting, never in school, cannot write, etc.

Simply Describe Behavior

DO NOT: diagnose and label, e.g. LH, PH, etc. Do not even presume that placement in some special class is needed.

When this form is submitted to the Assistant Principal of Curriculum, there will be a review of the child's needs by appropriate school Student Study Team personnel. You (the one who makes out the request) will be asked to participate in the Student Study Team, which may or may not lead to a formal referral for a complete evaluation.

STUDENT STUDY TEAM SUMMARY

Student Name _____ Date _____

If student is identified as LEP, statements from one or more of the following are to be provided below: Language Tutor, Bilingual Teacher, Bilingual Resource Specialist (central). Include oral language proficiency information, performance in primary language, and progress in bilingual program.

Language Assessment Results LEP _____ FEP _____ EO _____

Performance in primary language (include assessment results):

Academic _____

Non-academic _____

Progress in primary language development:

Academic _____

Non-academic _____

Describe bilingual services provided (including dates of service):

Signature _____ Position _____ Date _____

Signature _____ Position _____ Date _____

Signature _____ Position _____ Date _____