

Prior to submission of this form: (1) Discuss with parent/guardian the Request for Assistance submission and (2) Attach pertinent classroom data.

# Keystone School District

Keystone Elementary School, 451 Huston Avenue, Knox, Pennsylvania 16232

TEL(814)797-1251

FAX(814)797-0205

## STUDENT SUPPORT SERVICES Request for Assistance

\*\*\*\*\*

DATE: \_\_\_\_\_  
STUDENT: \_\_\_\_\_  
GRADE: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_  
HR: \_\_\_\_\_  
HR TEACHER: \_\_\_\_\_  
COMPLETED BY: \_\_\_\_\_

<b>CURRENT INTERVENTION</b>	
<input type="checkbox"/>	Title I Math
<input type="checkbox"/>	Title I Reading
<input type="checkbox"/>	Reading Intervention
<input type="checkbox"/>	LS Area of Disability:
<input type="checkbox"/>	OT / PT
<input type="checkbox"/>	Speech: Articulation
<input type="checkbox"/>	Speech: Language

### PLEASE COMPLETE THE FOLLOWING:

1. Date parents have been contacted. Describe results and/or list attempts below.



2. Describe what you would like the student to be able to do that he/she does not presently do.

3. What classroom intervention techniques or services have been attempted? Describe results.

4. Please indicate the support areas you are requesting:

- |  |   |
|--|---|
| <input type="checkbox"/> Guidance            | <input type="checkbox"/> Student Support Services |
| <input type="checkbox"/> Articulation Screen | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Language Screen     |   |

5. Please attach Classroom Data (*Report cards, progress report, intervention data, Study Island report, etc.*).

\* Please return this document to the principal. \*

Date Received \_\_\_\_\_ Initial \_\_\_\_\_