

**SANDOWN NORTH ELEMENTARY TARGET TEAM  
REQUEST FOR ASSISTANCE FORM**

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Nominating Staff: \_\_\_\_\_ Date of request: \_\_\_\_\_

Staff working with student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Primary Concern:**

Academic \_\_\_\_\_ Behavioral \_\_\_\_\_ Medical \_\_\_\_\_

**Specific concerns prompting this nomination:**

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In what setting/situations does the problem occur **most** often?

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In what setting/situations does the problem occur **least** often?

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**What do you think the function of the behavior is?**

<input type="checkbox"/> Obtain Peer Attention	<input type="checkbox"/> Obtain Adult Attention	<input type="checkbox"/> Avoid Task
<input type="checkbox"/> Avoid Peer Attention	<input type="checkbox"/> Avoid Adult Attention	<input type="checkbox"/> Other _____
<input type="checkbox"/> Self-Regulation		

**Complete the Information Below**

Running Records _____, _____% DIBELS NEXT _____ Composite Score
NWEA Reading _____ RIT NWEA Language _____ RIT NWEA Math _____ RIT
Whole-to-Part WI _____ LC _____ SRC _____
Reading Street <input type="checkbox"/> Strategic <input type="checkbox"/> On-level <input type="checkbox"/> Advanced
Writing <input type="checkbox"/> Beginning <input type="checkbox"/> Developing <input type="checkbox"/> Secure
Everyday Math <input type="checkbox"/> Beginning <input type="checkbox"/> Developing <input type="checkbox"/> Secure
Social Skills <input type="checkbox"/> No Concern <input type="checkbox"/> Concern Attach the classroom behavior report

**List the Actions You have Taken to Address Concerns:**

Date	Action	Discussion Points

**What strategies have you used to respond to the problem? (Check all that apply)**

**Behavioral/Academic:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> changed seating                 | <input type="checkbox"/> conference with student | <input type="checkbox"/> provided breaks |
| <input type="checkbox"/> gave visual cues                | <input type="checkbox"/> work with parents       | <input type="checkbox"/> notify parents  |
| <input type="checkbox"/> consistently acknowledge effort | <input type="checkbox"/> other                   |  |

**Academic:**

- |   |                                       |                                   |
|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> extra assistance                                     | <input type="checkbox"/> peer support | <input type="checkbox"/> re-teach |
| <input type="checkbox"/> modified/changed assignments to match student skills | <input type="checkbox"/> other        |                                   |

**Behavioral:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> reward program for expected behavior for (____class ____individual) |  |   |
| <input type="checkbox"/> teach expected behaviors  | <input type="checkbox"/> ignore behavior                     | <input type="checkbox"/> loss of privileges |
| <input type="checkbox"/> model/practice expected behavior                                    | <input type="checkbox"/> remind student of expected behavior |   |
| <input type="checkbox"/> reminder slips  | <input type="checkbox"/> think about it sheets               | <input type="checkbox"/> office referrals   |
| <input type="checkbox"/> guidance consultation   | <input type="checkbox"/> other                               |   |

**Support programs that have been provided:**

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> RTI             | <input type="checkbox"/> OT         | <input type="checkbox"/> Title I             |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> PT         | <input type="checkbox"/> CONNECT             |
| <input type="checkbox"/> Counseling      | <input type="checkbox"/> Enrichment | <input type="checkbox"/> Grade repeated_____ |
| <input type="checkbox"/> Nurse           |                                     |  |

**What are the student's strengths, talents or specific interests?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Best times for someone to observe the student**

Monday \_\_\_\_\_ - \_\_\_\_\_, Tuesday \_\_\_\_\_ - \_\_\_\_\_, Wednesday \_\_\_\_\_ - \_\_\_\_\_, Thursday \_\_\_\_\_ - \_\_\_\_\_, Friday \_\_\_\_\_ - \_\_\_\_\_,

**Please attach the following if available:**

- Student's daily schedule     most current report card  
 Attendance record         Other \_\_\_\_\_

August 14, 2012