

Request for Academic Assistance

Please complete and return to Holly Adcox, Director of Student Supports mailbox. This information will be reviewed by members of the MTSS Team and you will be contacted for follow-up.

Date: _____ Student: _____

Referring Staff: _____ Grade: _____

Best time to contact you for follow-up: _____

Are you looking for new ideas/strategies to address your concerns? Yes / No

Qualified for Title Services Yes/No

Indicate Academic Area(s) of Concern:

- | | | |
|---|--|---|
| <input type="checkbox"/> Math Computation | <input type="checkbox"/> Work Accuracy/quality | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Math Concepts/Application | <input type="checkbox"/> Following oral instructions | <input type="checkbox"/> Written Expression |
| <input type="checkbox"/> Following written instructions | <input type="checkbox"/> Listening comprehension | <input type="checkbox"/> Spelling |
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Shut down | <input type="checkbox"/> Anxiety |

Other: _____

Describe primary concern:

Baseline Data: Submit Supporting evidence/data relevant to your concern (e.g., screening results, work samples, classroom assessments, etc).

Reading Data					
DIBELS Benchmark Measure	RIT	%	Most Recent Score	Current Benchmark Goal	End of the Year Benchmark Goal
MAP					
Reading					
Language usage					
CPAA					
I Reading					
DRA					
Progress Monitoring	Scores		Result		
Measure:			Meeting/Exceeding		

Math Data				
MAP Measure	Most Recent Score	Percentile Rank	Current Benchmark Goal	End of the Year Benchmark Goal
CPAA				
I Reading				
Progress	Result			

Monitoring	
Measure:	Meeting/Exceeding

Classroom Assessments	Subject:
Last 3 Test Scores:	Class range of test scores:
Student's Test Avg:	Classwide Avg.:
Student's Current Grade:	Accommodations and/or Modifications used? Y / N (see attached list)

Indicate Preliminary Problem-Solving Steps You Have Taken:

Action	Date(s)):	Result/Outcome:		
		1.	Reviewed CA-60	Passed Vision screening? Y / N
		S.I.T. Folder on file? Y / N (If Yes, specify in next step)	Retained? Y / N	Acceptable Attendance? Y / N (10+ per yr)
		Other Important Info:		
2.	Implemented prior Intervention Plan on file	Academic plan targeting _____	Progress? Y / N	Follow-up Needed? Y / N
		Behavior plan targeting _____	Progress? Y / N	Follow-up Needed? Y / N
3.	Consulted with other school staff	Describe attempted solution:		
4.	Contacted Parent	Describe attempted solution:		