

**OHIO COUNTY SCHOOLS
STUDENT SUPPORT TEAM
PARENT REFERRAL**

Student Name: _____ DOB: _____ Grade: _____

School: _____ Teacher: _____

Parents/Guardians: _____ Phone: _____

Address: _____

I am requesting that _____ be referred to the intervention team for review of his/her educational progress. The review is requested because [include behaviors observed at home, academic strengths/weaknesses noted during homework completion, strategies attempted to correct the problem at home and in conjunction with the classroom teacher(s)]: _____

Has the classroom teacher indicated concerns about your child's academic performance or behavior? Yes No
If yes, please list teacher name and concerns:

What instructional strategies do you think would help your child? _____

Please describe any significant factors (developmental, medical or situational) you feel may impact your child's ability to benefit from the current educational program:

Has your child had any previous evaluation by a school system or private provider? Yes No If yes, by whom and when: _____

Does the school have a copy of the evaluation? Yes No

Parent/Guardian Signature: _____

Date Received by School: _____

Note: The Student Support Team will review your concerns about your child and make suggestions, if appropriate. Every effort is made to meet the student's needs in the least restrict environment. 24