



EDUCATIONAL SERVICE UNIT No. 11

412 W. 14TH AVE. • P.O. Box 858
HOLDREGE, NE 68949-0858

TELEPHONE (308) 995-6585 • FAX (308) 995-6587
WWW.ESU11.ORG

REQUEST FOR STUDENT ASSISTANCE FORM

THE STUDENT ASSISTANCE TEAM (SAT) IS A GENERAL EDUCATION PROBLEM-SOLVING TEAM INTENDED TO UTILIZE DOCUMENTED INTERVENTION STRATEGIES TO ASSIST THE SCHOOL IN THE PROVISION OF GENERAL EDUCATION. (RULE 51 006.01C)

Student: _____	Age: _____	Gender: _____
Date of Birth: _____	Grade: _____	Teacher: _____
Parent/Guardian/Caseworker: _____		
Address: _____		City, State & Zip: _____
Home Phone: _____	Work Phone: _____	Translator Needed? Yes ___ No ___
Person Requesting Assistance: _____		Relationship to Student: _____
The Parent/Guardian must be informed that assistance is being requested.		
Date of notification: _____ Method: ___ Telephone ___ Letter ___ Parent/Teacher Conference		

The reason for referral has been observed:

- Since Birth
- During the past 3 months
- During the past 6 months
- Since entering an educational setting
- The student just moved from another district and problems were immediately apparent

Background Information

What is the student's dominant language?

___ English ___ Spanish ___ Other (specify): _____

Has a Special Education evaluation been completed?

___ No
___ Yes

▪ Category: _____ Date: _____

▪ Related Services: _____

ACADEMIC HISTORY

Attendance

___ Regular

___ Irregular (please explain) _____

Has the student been retained?

___ No

___ Yes > Grade: _____

Kindergarten Assessment:

Number Recognized

Uppercase Letters _____

Lowercase Letters _____

Letter sounds _____

Sight words _____



Other Standard Assessment Data:

	Grade Level											
	Score											
NeSA	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
Reading												
Math												
Science												
Writing												

	Grade Level											
	Score											
MAPS or Formal Assessments	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
Reading												
Writing												
Speaking												
Listening												
Composite												



Other Norm Referenced Assessment	Grade Level											
	Score											
Name of Assessment	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th



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The Student's grades:

- Have increased each year
- Dropped suddenly
- Have stayed about the same each year
- Have decreased each year
- Data not available/Other Circumstances

STRENGTHS

Print off most recent DIBELS/ACMS web report and any RTI data.

ACADEMIC CONCERNS (CHECK ALL THAT APPLY)

<u>Basic Reading Skills</u>	
<input type="checkbox"/> Limited sight word vocabulary	<input type="checkbox"/> Vowel sounds
<input type="checkbox"/> Consonant sounds	<input type="checkbox"/> Diphthongs
<input type="checkbox"/> Omission of letter sounds in words	<input type="checkbox"/> Addition of letter sounds in words
<input type="checkbox"/> Inability to identify letters of the alphabet	<input type="checkbox"/> Reversals
<input type="checkbox"/> Silent letters	<input type="checkbox"/> Word attack/decoding skills
<input type="checkbox"/> Other: _____	

<u>Reading Comprehension</u>	
<input type="checkbox"/> Limited vocabulary	<input type="checkbox"/> Inability to grasp implied meaning
<input type="checkbox"/> Inability to use context clues	<input type="checkbox"/> Poor recall of main ideas
<input type="checkbox"/> Other: _____	

<u>Math Reasoning</u>	
<input type="checkbox"/> Solving problems involving time	<input type="checkbox"/> Solving measurement problems
<input type="checkbox"/> Solving percentage problems	<input type="checkbox"/> Solving word problems with more than one math function
<input type="checkbox"/> Money values	<input type="checkbox"/> Concept of fractional parts
<input type="checkbox"/> Other: _____	



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Math Calculation

- | | |
|--|--|
| <input type="checkbox"/> Number recognition | <input type="checkbox"/> Subtraction facts |
| <input type="checkbox"/> Addition facts | <input type="checkbox"/> Fractions |
| <input type="checkbox"/> Multiplication facts | <input type="checkbox"/> Division facts |
| <input type="checkbox"/> Regrouping in addition/carrying | <input type="checkbox"/> Regrouping in subtraction/borrowing |
| <input type="checkbox"/> Decimals | <input type="checkbox"/> Other: _____ |

Oral Expression

- | | |
|---|---|
| <input type="checkbox"/> Picture vocabulary | <input type="checkbox"/> Antonyms |
| <input type="checkbox"/> Synonyms | <input type="checkbox"/> Syntax |
| <input type="checkbox"/> Analogies | <input type="checkbox"/> Sentence structure |
| <input type="checkbox"/> Other: _____ | |

Written Expression

- | | |
|---|---|
| <input type="checkbox"/> Upper/lower case letters | <input type="checkbox"/> Incorrect pencil grasp |
| <input type="checkbox"/> Word usage-tense/plurals | <input type="checkbox"/> Punctuation/capitalization |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Reversals |
| <input type="checkbox"/> Abbreviations | <input type="checkbox"/> Legibility |
| <input type="checkbox"/> Other: _____ | |

Listening Comprehension

- | | |
|---|--|
| <input type="checkbox"/> Auditory memory | <input type="checkbox"/> Receptive vocabulary |
| <input type="checkbox"/> Understanding directions | <input type="checkbox"/> Auditory attention span |
| <input type="checkbox"/> Needs questions/answers repeated | |
| <input type="checkbox"/> Other: _____ | |

Motor Coordination

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Fine motor | <input type="checkbox"/> Gross motor |
| <input type="checkbox"/> Explain: _____ | |

Other Areas of Concern: _____



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BEHAVIORAL CONCERNS

- | | |
|--|---|
| <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Does not complete assignments |
| <input type="checkbox"/> Does not hand in homework | <input type="checkbox"/> Does not participate in class activities |
| <input type="checkbox"/> Physically aggressive | <input type="checkbox"/> Makes noises |
| <input type="checkbox"/> Talks out | <input type="checkbox"/> Verbally aggressive |
| <input type="checkbox"/> Persistent mood of unhappiness or sadness | <input type="checkbox"/> Poor peer relations |
| <input type="checkbox"/> Teasing | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Lying | <input type="checkbox"/> Tantrums |
| <input type="checkbox"/> Bullies other children | <input type="checkbox"/> Falls asleep |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Won't follow directions |
| <input type="checkbox"/> Cheating | |
| <input type="checkbox"/> Other: | |

Please Explain: _____

Describe alternative programs attempted with the student (i.e. counselor, study buddy, behavior plan, ISS, etc. & please attach the Intervention Implemented Form): _____



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Speech/Language/Hearing Concerns (Check all that apply)

Articulation

- Substitutes one sound for another - - (wabbit for rabbit)
- Omits a sound - - (han for hand)
- Distorts a sound

Language (please provide work examples)

- Word structure, word forms
- Word order, combining words to form sentences
- Word meaning
- Social language
- Letter/sound awareness
- Grammar
- Vocabulary
- Sequencing
- Verbal expression
- Listening comprehension
- Reading comprehension
- Written expression

Voice

- Pitch is too: _____ High _____ Low
- Quality of voice is: _____ Harsh _____ Breathy _____ Nasal
- Pitch is monotone

Fluency

- Repetitions - - ("What t-t-t-time is it?")
- Prolongations - - ("Llllllet me do it.")
- Interjections - - ("Um, um, um I have an idea.")
- Other/Describe: _____

Hearing

- Doesn't respond when spoken to
- Previous hearing problems

Please explain: _____

Describe the interventions performed in the classroom (Ex: teacher spoke to student about speech error and showed student how to properly make speech sound & please attach the Intervention Implemented Form).
