

LADSE
REQUEST FOR ASSISTANCE FORM

IDENTIFYING INFORMATION		DATE _____
Student Name _____	Grade _____	DOB _____
District _____	Home School _____	

Name of Administrator _____

Contact Person & Phone No. _____

List team members supporting student. Include psychologist and other related service staff.

<i>Team member/Role</i>	<i>Team member/Role</i>	<i>Team member/Role</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Classroom Setting _____

List LADSE personnel who have had any contact with student during the current school year.

IEP IDENTIFIED DISABILITY (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Cognitive Disability
<input type="checkbox"/> Autism	<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Emotional Disturbance
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Other Medical Diagnosis	<input type="checkbox"/> Orthopedic Impairment: Type _____	

List student strengths, interests, areas in school in which he/she performs well.

Provide current level of performance (observable & measurable). Attach data sheets & graphs.

Why are you requesting assistance for this student? Provide:

▶ A measurable definition of the problem(s) _____

LADSE
REQUEST FOR ASSISTANCE FORM

▶ A baseline account of the behavior(s) _____

▶ A hypothesis or consensus on what is contributing, maintaining, or perpetuating the problem behavior(s) _____

Provide a description of the types of interventions/adaptations utilized and describe the outcomes of the intervention. (attach charts & graphs if necessary),

Who was responsible for implementing the intervention(s) and how long was the intervention?

What is your desired outcome of this request?

Best Team Meeting Dates: _____

This request for assistance should be directed to...

- Multi-needs program coordinator - Daniella Santoro - dsantoro@ladse.org
- Communication development program coordinator - Colleen Brown – cbrown@ladse.org
- Emotional behavior disorders program coordinator - Paul O’Malley – pomalley@ladse.org
- District autism support services - Colleen Brown - cbrown@ladse.org