

LADSE  
REQUEST FOR ASSISTANCE FORM

<b>IDENTIFYING INFORMATION</b>		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.

\_\_\_\_\_  
\_\_\_\_\_

<b>IEP IDENTIFIED DISABILITY (CHECK ALL THAT APPLY)</b>			
<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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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▶ 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 – Amanda Meyer - [ameyer@ladse.org](mailto:ameyer@ladse.org)
  - Communication development program coordinator - Colleen Brown – [cbrown@ladse.org](mailto:cbrown@ladse.org)
  - Emotional behavior disorders program coordinator - Paul O’Malley – [pomalley@ladse.org](mailto:pomalley@ladse.org)
  - District autism support services - Colleen Brown - [cbrown@ladse.org](mailto:cbrown@ladse.org)