

LADSE
REQUEST FOR ASSISTANCE FORM

IDENTIFYING INFORMATION		DATE _____
Student Name _____	Grade _____	DOB _____
District _____	Home School _____	
Disability(ies): _____		

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.

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) _____

▶ A baseline account of the behavior(s) _____

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

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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: _____

Please direct request for assistance to Paul O'Malley – pomalley@ladse.org or FAX: 708-354-0733