

LADSE
REQUEST FOR ASSISTANCE FORM

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

Contact Person: _____

Contact Phone/email: _____

Has the district director approved this request? Yes No

Has parent been informed of this request? Yes: No

Current Classroom Setting: _____

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

Why are you requesting assistance for this student?

- | | | |
|-----------------------|--------------------------|---|
| Instructional support | Social/emotional support | Social/Play skills |
| Gross motor | Fine motor | Adaptive behavior Sensory Processing |
- Please specify/other:

What is your desired outcome of this request?

- | | | |
|--------------------------------|------------------------------|----------------------------|
| Strategies for support to team | Interventions/direct service | Consider placement options |
|--------------------------------|------------------------------|----------------------------|
- Please specify/other:**

Best Team Meeting Dates:

Send request to Ellie Ambuehl for routing to appropriate consultant: eambuehl@ladse.org or 708-354-0733 (FAX)