

Keystone School District

Keystone Elementary School, 451 Huston Avenue, Knox, Pennsylvania 16232

TEL(814)797-1251
FAX(814)797-0205

STUDENT SUPPORT SERVICES Request for Assistance

DATE: _____
STUDENT: _____
GRADE: _____
BIRTHDATE: _____
HR: _____
TEACHER: _____

CURRENT INTERVENTION	
<input type="checkbox"/>	Title I Math
<input type="checkbox"/>	Title I Reading
<input type="checkbox"/>	Reading Intervention
<input type="checkbox"/>	LS Area of Disability:
<input type="checkbox"/>	OT / PT
<input type="checkbox"/>	Speech: Articulation
<input type="checkbox"/>	Speech: Language

PLEASE COMPLETE THE FOLLOWING:

1. Date parents have been contacted. Describe results and/or list attempts below.
2. Describe what you would like the student to be able to do that he/she does not presently do.
3. What classroom intervention techniques or services have been attempted? Describe results.
4. Please indicate the support areas you are requesting:

<input type="checkbox"/> Guidance	<input type="checkbox"/> Student Support Services
<input type="checkbox"/> Articulation Screen	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Language Screen	
5. Please attach SME Individual Student Report.



* Please return this document to the principal. *

Date Received _____ Initial _____