



HOPE for Hyndman Charter School

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Hyndman, PA 15545
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814-842-3918



REQUEST FOR ASSISTANCE

Student's Name _____ Date of Referral _____

Age _____ Grade _____

Referred by _____

Please circle all that apply: Academic Social/Emotional Behavioral Issues

Reason for request for assistance: (Please be specific and state in observable terms)

1. What specifically is the student doing or not doing that concerns you?

2. What skills and or abilities does this child struggle with? **Fill in Blanks or Answers as necessary**

Failure on one or more subjects Yes ___ No ___	Does not understand the math concepts Yes ___ No ___
Needs individual direction to	Which math facts?
Short attention span whenever	Cannot recognize the letter/sounds Yes ___ No ___
Does not complete work/homework because	Which letters/sounds?

Other: (Looks like/Sounds like)

3. When was the concern first observed?

4. What is the frequency? How often does it occur?

5. What is the duration? How long does it last?

6. What would you like the student to DO and or ACCOMPLISH that he/she does not presently do?

7. Interventions that were Implemented:

Sent notes home regarding behavior/school work

Yes____ No____

A teacher worked with student one-on-one

Yes____ No____ How often?____

A teacher worked with student in small group

Yes____ No____ How often?____

A teacher worked with student before/after school

Yes____ No____ How often?____

Does the student attend after school?

Yes____ No____ Not Known ____

Had another teacher observe student

Date:____ Result:____

Peer tutoring/Buddy work

Yes____ No____

Had student answer questions verbally instead of writing

Yes____ No____

Relocated student seat

Yes____ No____ How many times?____

Spoke to student privately about concern:

Yes____ No____ Date:____

Tried ticket reward system (positive reinforcement)

Yes____ No____

*Introduced the **concept/skill in small steps***

Yes____ No____

Model/demonstrated procedures repeatedly

Yes____ No____

Provided many opportunities for practice

Yes____ No____

Talked with Personal Development Mentor

Yes____ No____ Date:____

Attach documentation showing concern with notes/comments

Other:_____

8.
List student's strengths and exceptions to the behavior:

9.
What do you think is holding him/her back?

10.
Have you contacted a parent?

Yes____ No____

If so when, _____

Results of
conversation:_____