

**SCHOOL-AGE  
REQUEST FOR ASSISTANCE**

**Identifying Data**

Name: _____	Father: _____
Date of Birth: _____	Address (if different than student): _____
Address: _____	_____
Phone: _____	Home Phone (if different than student): _____
Legal Guardian: _____	Work Phone: _____
Address (if different than student): _____	Mother: _____
_____	Address (if different than student): _____
Phone (if different than student): _____	Home Phone (if different than student): _____
Parents' Native Language (if not English): _____	Work Phone: _____
Student's Native Language (if not English): _____	
Student ID Number: _____	
Building of Current Attendance: _____	
Grade: _____ Present Teacher(s) _____	

If the student or parent need assistive technology, environmental adaptation, or other such accommodations in order to attend meetings or understand the content of written and/or verbal information, please specify/explain:

**Reason for Request for Assistance:**

**Educational History**

Number of school districts attended: \_\_\_\_\_ Years at present school: \_\_\_\_\_

Attendance:  Regular  Irregular (explain) \_\_\_\_\_

Is this student age-appropriate for grade level?  Yes  No

If **No**, check all that apply

- Retained (specify grade) \_\_\_\_\_
- Started School Late
- Held out of school by parent
- Unknown

Indicate any current or past supplemental programs/services (Title 1, Preschool, Reading Recovery, etc.)

Attach copies of district test results (Proficiency, Competency-Based Education, etc.).

## Background Information

### A. Health Data

Do you suspect problems with  Vision  Hearing  
Does the student  Wear Glasses  Use hearing aid(s)  
Does the student take medication  Yes  No

If **Yes**, specify type and purpose:

Does the student have any health/developmental/ physical problems of which you are aware?  Yes  No

If **Yes**, explain:

### B. Environmental Factors

Describe any specific home factors that might affect the student's performance in school:

## Areas of Educational Concern

**Skill Areas:** For each of the following, check areas of concern and describe the student's current levels of educational functioning in those areas as determined by current classroom-based assessments and observations. Attach additional pages as needed.

### A. Academic

Reading  Written Language  Other (specify): \_\_\_\_\_  
 Content Areas  Math

1. What specific skills does the student have in the above-checked areas?

2. What specific skills does the student **not** have in the above-checked areas?

3. What instructional approach has/is being used?

4. How much instruction does the student receive (daily/weekly) and in what setting?

5. What has been done to address the problem?

6. How does the performance in the above-checked areas affect the student's performance in other areas of the curriculum and/or behavior?

## B. Communication

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Articulation           | <input type="checkbox"/> Social Language (Pragmatics)                              | <input type="checkbox"/> Voice                  |
| <input type="checkbox"/> Fluency                | <input type="checkbox"/> Verbal Expression   | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Language Comprehension | <input type="checkbox"/> Limited English Proficiency<br>(English Language Limited) |   |

Describe difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior?

## C. Motor

- |   |  |
|---|--|
| <input type="checkbox"/> Fine Motor Coordination  | <input type="checkbox"/> Visual Motor Coordination |
| <input type="checkbox"/> Gross Motor Coordination | <input type="checkbox"/> Other (specify) _____     |

Describe difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior?

#### D. Behavior

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Attention Span        | <input type="checkbox"/> Activity Level     | <input type="checkbox"/> Acting Out          |
| <input type="checkbox"/> Withdrawal            | <input type="checkbox"/> Peer Relationships | <input type="checkbox"/> Adult Relationships |
| <input type="checkbox"/> Other (specify) _____ |   |  |

Describe difficulties as indicated above, including the frequency, severity, and under what conditions/settings the behavior occurs:

How do the behavioral conditions affect performance in the curriculum?

#### E. Related Areas

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Self-Help Skills   | <input type="checkbox"/> Study Skills    | <input type="checkbox"/> Organizational Skills |
| <input type="checkbox"/> Test-Taking Skills | <input type="checkbox"/> Other (specify) |  |

Describe difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior?

#### F. Strengths and Interests

Describe the student's strengths and interests:

#### G. Parental Involvement

Date(s) parent(s) was contacted regarding the concern(s):

How has the parent been involved in addressing the current concern?

## H. Other

Is there any other pertinent information not previously described?

\_\_\_\_\_  
Signature of Person Initiating the Request  
for Assistance

\_\_\_\_\_  
Position or Relationship to Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Receiving the Request  
for Assistance

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

Initial Meeting Date: \_\_\_\_\_

\_\_\_\_\_  
Date

Outcome of Meeting:

Follow-up Meeting Date: \_\_\_\_\_

Outcome of Meeting:

Follow-up Meeting Date: \_\_\_\_\_

Outcome of Meeting:

I am requesting a meeting to determine if this student may be suspected of having a disability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The team, which includes the parents, will review all available information and complete Form CI-211.

**NOTE:** A referral for Multifactorial Evaluation (MFE) consists of the following completed forms:

- 1) Form CI-204, School-Age Request for Assistance;
- 2) Form CI-207\*, Documentation of Interventions, if appropriate; and
- 3) Form CI-211, Determination of Suspected Disability.

\* Denotes optional procedure/form