



INDIVIDUAL STUDENT PROBLEM SOLVING REQUEST

Student's Name: _____
 School/Grade: _____ DOB: _____
 Parent/Guardian Name(s): _____
 Address: _____ Phone Number: _____

What are the students' strengths?

Vision Screening _____ P/F (date) Hearing Screening _____ P/F (date)

Is child currently on any medications? Y/N If yes, please list what and dosage:

Is attendance an issue? Y/N If yes, what percent of the school year has the child been absent or tardy? Please attach attendance report. Absent _____% Tardy _____%

Please attach a copy of the last ISAT report and/or Classroom Assessment reports with this request

Have any rating scales been completed on this child? Y__ N__ If yes, please attach results

Please list any services the child is currently receiving or has received in the past (Reading Recovery, Title I, Counseling, etc.)

<u>Service</u>	<u>When</u>
_____	_____
_____	_____
_____	_____

Reason for Referral (Check the Primary Concern):

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Academic | | |
| <input type="checkbox"/> Early Literacy Skills | <input type="checkbox"/> Early Numeracy Skills | <input type="checkbox"/> Spelling |
| <input type="checkbox"/> Reading Fluency | <input type="checkbox"/> Math Applications | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Reading Accuracy | <input type="checkbox"/> Math Computation | |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> Emotional | <input type="checkbox"/> Medical |

Please describe the specific concerns regarding this referral. List any academic, social, emotional or medical factors that negatively impact the student's performance.

Please list your baseline data for the area of concern (example: Mary is reading 32 words correctly at the 4th grade level; Tommy is getting out of his seat on average of 10 times in 30 minutes).

What is your goal for this student?

What are the student's current grades? What is the classroom average in each subject area?

Subject Area	Reading	Language Arts/English	Spelling	Math	Science	Social Studies
Student						
Rest of Class						

What information have you obtained about your concerns through parent and student interviews?

Parent:

Student:

Please list any research based interventions that have been tried already and the results of them:

Intervention	Result

What days and times during the week before the problem solving meeting can someone come to observe the student in the area of difficulty?

Date

Teacher Signature

Date

Principal's Signature