

STAR Team Request for Assistance

Student's Name: _____ Grade: _____ DOB: _____ Today's Date _____

Homeroom teacher: _____ Referred by: _____

Parent(s): _____ Phone: _____

Have parents been contacted re: this concern? What was the response? _____

Have you spoken w/ previous classroom teachers? What was the response? _____

Area(s) of Concern: (Please check appropriate area and add comments as appropriate)

___ Academic

___ Reading _____

___ Math _____

___ Language Arts _____

___ Spelling _____

___ Behavior at School _____

___ Social Skills _____

___ Mental Health _____

___ Medical Diagnosis or Concern _____

___ Health/Physical _____

___ Fine/Gross Motor _____

Student's Strength:

What would you like to see happen?

Interventions tried: (at least two)

Review of cumulative file review:

STAR team determination:

___ Student appears to need no further intervention at this time.

___ Monitor and follow-up with STAR team requested by _____

___ Student needs suggest that an intervention plan is warranted.

___ Student will be referred to _____ for _____

___ More information is needed to make determination of student's needs.

