

# Request for SUCCESS Problem Solving Assistance

Canton Union School District #66

Today's Date \_\_\_\_\_

## Identifying Information

Student's legal name \_\_\_\_\_ DOB \_\_\_\_\_

SIS number \_\_\_\_\_ Ethnicity \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ Teacher/School \_\_\_\_\_

Student Address \_\_\_\_\_

Home phone \_\_\_\_\_ Foster Child \_\_\_yes \_\_\_no

Resides with \_\_\_\_\_ Relationship \_\_\_\_\_

Mother/Guardian name \_\_\_\_\_ Work phone \_\_\_\_\_

Father/Guardian name \_\_\_\_\_ Work phone \_\_\_\_\_

Student's language \_\_\_English \_\_\_Other Parent's language \_\_\_\_\_

## Medical Information

List any medical diagnosis \_\_\_\_\_

Current medications/dosage \_\_\_\_\_

Describe current health problems \_\_\_\_\_

Vision screening date \_\_\_\_\_ Results \_\_\_\_\_ Glasses \_\_\_yes \_\_\_no

Hearing screening date \_\_\_\_\_ Results \_\_\_\_\_ Hearing devices \_\_\_yes \_\_\_no

Total days absent this year \_\_\_\_\_ Total days tardy \_\_\_\_\_ **PLEASE ATTACH ATTENDANCE REPORT**

## Current Services

\_\_\_\_\_ Speech/Language \_\_\_\_\_ Occupational Therapy \_\_\_\_\_ Physical Therapy

\_\_\_\_\_ Social Work Services \_\_\_\_\_ Special Education - Program \_\_\_\_\_

\_\_\_\_\_ Extended Day - # days attending per week \_\_\_\_\_

\_\_\_\_\_ Other (outside agencies) \_\_\_\_\_

## School Enrollment Information

List student's previous schools/dates of attendance \_\_\_\_\_

Provide attendance information if this was a concern in previous schools.

Retained \_\_\_yes \_\_\_no Year of retention \_\_\_\_\_

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**Student Strengths**

Academic \_\_\_\_\_

Social \_\_\_\_\_

Interests \_\_\_\_\_

**Summary Statement of Intervention Used in Classroom**

Skill addressed: \_\_\_\_\_ Duration: \_\_\_\_\_

Intervention(s) used: \_\_\_\_\_

Intensity/total # of sessions: \_\_\_\_\_

**Current Achievement Levels**

List current grades in percentages:

Language Arts \_\_\_\_\_ Spelling \_\_\_\_\_ Math \_\_\_\_\_ Science \_\_\_\_\_ Social Studies \_\_\_\_\_

Accelerated Reading current benchmark data: GE \_\_\_\_\_ IRL \_\_\_\_\_ ZPD \_\_\_\_\_

**Parent Contacts**

List dates of parent contacts and communication mode (email, phone, in person) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent perception \_\_\_\_\_

\_\_\_\_\_

**Outside Factors**

Describe outside factors or environmental issues that may be pertinent to the student's progress

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED ATTACHMENTS:**

\_\_\_\_\_ Intervention logs (classroom teacher and/or title teacher)

\_\_\_\_\_ Recent benchmark data

\_\_\_\_\_ Attendance report

**Signatures**

\_\_\_\_\_  
Referring Teacher

Date

\_\_\_\_\_  
Principal Approval

Date

\_\_\_\_\_