

STUDENT STUDY TEAM REFERRAL FORM

(To be used by ES/Parent to refer their student to the Student Study Team)

Mail to: IEM Student Study Team, 8770 Cuyamaca Street Suite 4~Santee, Ca 9207 1 or

Fax to: (619) 562-7329

School: _____ Date: _____

Person Completing Form (circle one): Parent Guardian ES Other: _____

ES #: _____ ES Name: _____

Student #: _____ Student name: _____

Date of Birth: _____ Age: _____ Grade: _____ Sex: M / F

Parent #: _____ Parents Name: _____

Parents Address: _____

Parents Phone: _____ Email: _____

Purpose Of Referral (Check all that apply)

Curriculum help

Health issues

Learning difficulties

Social/emotional problems

Appropriateness of school placement

Other: _____

School History (Please list schools attended and note dates. Please make note if child has ever been retained, suspended or expelled while in school. Indicate other school experiences where student worked at home.)

Has the child ever been enrolled in a special education program? _____

If yes, explain:

STUDENT STUDY TEAM REFERRAL FORM PAGE 2 OF 2

Student Strengths:

Student Concerns:

What methods have been attempted to solve the concern and what resulted?

Additional Information:

By signing below I am requesting a meeting with the Student Study Team for the indicated student.

ES Signature

Date

Parent Signature

Date