

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 St, Suite 4, Santee, CA 92071 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 #: P _____ Parent/Guardian Name: _____

Parent/Guardian Address: _____

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 Strengths:

Student Concerns:

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

Additional Information:

By signing below I am verifying that I am requesting a meeting with the Student Study Team for the indicated student. The assigned ES(s) and parent/guardian have exhausted regular school resources, this student's needs interfere with their school performance *and* their needs cannot be met through already attempted modifications (listed above) within the home-school setting.

ES Signature	Date	Parent/Guardian Signature	Date
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