



**Parental Request for Intervention Services**



**Student Name:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Building:** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_

**1. Primary Area of Concern (list specific class(es) or behaviors):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**2. What does your child tell you the issues are from your list in #1?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**3. What have you tried to help him / her with the concern(s)?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Have you:**

Discussed student concern with the teacher(s) Yes No

If yes, by: phone call conference email

Discussed student concern with the building administrator Yes No

If yes, by: phone call conference email

Requested a conference with the teacher(s) and building administration Yes No

If yes, what date: \_\_\_\_\_

**I hereby give permission to the Troy Area School District to begin the evaluation process through the Child Study Team (CST) with my child. I understand that my child will receive interventions through individual / small group instruction to determine his or her academic ability before testing for a learning disability.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_