

Received By: \_\_\_\_\_

SAT Scheduled Meeting Date: \_\_\_\_\_

West Haven Public Schools  
**Request for Student Assistance Cover Sheet**

All requirements outlined on this form must be submitted prior to scheduled meeting

**General Information**

<b>Student Name:</b>		<b>Grade:</b>	
<b>Referred By:</b>		<b>Date Submitted:</b>	

**Reason for Assistance Request**

<b>Circle all that apply:</b>	Academic Performance	Behavior	Speech	Attendance	Health
<b>If Academic:</b>	Reading	Mathematics	Written Expression		

**Required Documentation**

Please print the following:

Document	Location	Highlighted Areas	Completed
General Demographics	PowerSchool	DOB, Parent Contact Information and Medical Alert	
Enrollment: Transfer Info	PowerSchool	Previous Schools Attended and Retentions	
Quick Lookup	PowerSchool	Cumulative Grades for Year and Attendance/Tardies	
Area of Concern: Grades	PowerSchool	Detailed Grades for Academic Referral Area	
Log Entries	PowerSchool	Discipline and Parental Contact Attempts	
AIP	Pearson Inform	Performance Data and Documented Interventions	

\*Some documents are not accessible by teachers and need to be retrieved by an individual with school wide access

**Health/Medical**

<b>Vision:</b>		<b>Hearing</b>	
<b>Other:</b>			

**Additional Comments/Notes**