

SAN FRANCISCO UNIFIED SCHOOL DISTRICT
Thurgood Marshall Academic High School - Request for Assistance
SST/SAP (circle one) Initial Student Referral Form 1.0

TO BE COMPLETED BY TEACHER/REFEREE TEACHER _____ DATE _____

HO# _____ Student _____ Grade _____ Sex M F D.O.B _____
 Name/Relationship of primary caregiver _____ Phone: _____
 Ethnicity _____ Home Language _____ Student's primary language _____

STUDENT STRENGTHS: _____

REASON FOR REQUEST: _____

Please explain in detail what initial strategies (see below) have been utilized within the regular program to meet this student's needs. Be sure to include length of time for each.

(calls home, parent/student conference, change seat, referrals, positive rewards, incentives, etc....)

<u>STRATEGY</u>	<u>RESULT</u>	<u>DATE/TIME</u> (weeks/months)
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please attach any work samples/documentation relevant to the reason for request

RETURN THIS FORM TO THE DESIGNATED COUNSELOR PLEASE

TO BE COMPLETED BY COUNSELOR

PROFILE: SAT 9 (prev. 2 yrs) CURRENT SERVICES
 Yr. Read Lang Math GATE _____ RSP _____ SDC _____
 _____ _____ _____ _____ ELD _____ ESL _____ OTHER _____

Date of last Vision Screening _____ Passed? Y N Date of last Hearing Screening _____ Passed? Y N

SARB'd? Y N Grades Failed/Repeated _____

School History:

Probation _____ Social Worker _____ Therapist _____

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