

## REQUEST TO THE SCHOOL TEACHER SUPPORT TEAM

Student Name: \_\_\_\_\_  
Last First MI

Person Requesting Referral: \_\_\_\_\_  
Name Position/Relationship to student

**Date of Referral:** \_\_\_\_\_

TO: Teacher Support Team Chair

I request that the above named student be reviewed by the TST to assist in providing interventions in an effort to improve his/her overall academic performance.

I have observed problems that interfere with his/her educational progress in the following area(s):

\_\_\_\_\_ Academic performance, low or failing grades

\_\_\_\_\_ Behavior and/or discipline

\_\_\_\_\_ Speech, articulation

\_\_\_\_\_ Language

\_\_\_\_\_ Medical

\_\_\_\_\_ Other, specify \_\_\_\_\_

**OR**

Referral of student is made based upon Mississippi State Board Policy IEI. These referrals must be made within the first twenty (20) days of a school year if the child failed the preceding year. Please indicate below:

\_\_\_\_\_ Grades 1-3: Student has failed one grade.

\_\_\_\_\_ Grades 4-12: Student has failed two grades.

\_\_\_\_\_ Student failed either of the preceding two grades and has been suspended or expelled for more than twenty (20) days in the current school year.

\_\_\_\_\_ Student scores Minimal on any part of Grade 3 or Grade 7 MCT

TST Chair to initial and date receipt of referral	
Referring teacher to initial receipt of the Student Data Form	
Date for student to be brought to the TST (must be within two (2) weeks)	