

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, voice, fluency)
- ___ Language (vocabulary, retelling stories, wh- questions, following directions)
- ___ Medical
- ___ Other, specify _____

OR

Referral of student is made based upon Mississippi State Board Policy IEL. 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 MCT2

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)	