



Rim of the World Unified School District

Honor - Valor - Service - Pride

UNIFIED SCHOOL DISTRICT

SST Meeting Parent Request: I request that my child have a Student Study Team Meeting

Student Name:	School:	Grade:	
Age:	DOB:	Date of Request:	
Parent/Guardian Name(s):			
Reason for Request: <input type="checkbox"/> Academic <input type="checkbox"/> Behavior		Class/Subject Assistance Needed:	
Attendance/Days Present: Absent:	<input type="checkbox"/> Special Education <input type="checkbox"/> 504	English Learner <input type="checkbox"/> Yes <input type="checkbox"/> No	ELPAC Score

Please answer these questions as they may be helpful to the SST Team.

What are some of your child's strengths?

What does your child do when not in school?

Please describe your child's behavior at home.

What activities does the family do together?

Have any family members had learning problems?

Have there been any important changes within the family during the last 3 years?



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Do you feel your child is experiencing problems in school?

When were you first aware of this problem?

What do you think is causing the problem?

What time does your child go to bed at night?

Does your child usually eat breakfast?

What methods of discipline are used with your child at home?

Has your child mentioned any problems with school? If so, how does he/she feel about the problem?

Health History

Were there any problems before, during, or immediately after birth?

Please describe any serious illnesses, accidents, or hospitalizations.

Does your child appear to have any physical health problems, including allergies?

Is your child receiving service(s) from another agency?



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Is your child currently taking medications? If so, please list.

Are there any known side effects from the medication?
