

## Request for School Psychological Services and Support

**Name:**

**Date:**

**Name of student of concern (if applicable):**

**Person making this request:**

*Please complete the information up to the dotted line and return to the school psychologist.*

**My concerns primarily address the following issues. Check all that apply**

• Inadequate academic progress	• Mental Health and Wellness
• Comprehension and/or language concerns	• Social/interpersonal interactions
• Attendance	• Behavior concerns
• Failing Grades or Incomplete Assignments	• School or student safety**
• IEP Progress	• Attention concerns
• Other:	• Disengagement from school/class/peers

\*\*NOTE: These need to be assessed immediately. Please discuss with the School Principal if School Psychologist is not immediately available.

**Briefly describe the problem/issue:**

**Type of Request:**

- **Assess the Issue:** I would like the SP to investigate the problem and help me determine the appropriate course of action or needs.
- **Consultation:** I would like to talk with the SP about the problem and get some suggestions for ways that I could intervene.
- **Collaboration:** I would like the SP to work together with a team of people to respond.
- **Intervention:** I would like the SP to provide direct intervention support to address the problem.

**Preferred method of communication/follow up?**

- Email. Email Address? \_\_\_\_\_
- Phone Call. Number? \_\_\_\_\_
- Face to Face Meeting: Possible Dates & Times to Meet? \_\_\_\_\_

Follow Up Date: \_\_\_\_\_

*Mark the domains of the Practice Model that reflect the services provided:*

Follow Up Notes: What are your goals for the student?

What services are you going to provide (frequency, intensity, duration)?