

**Jefferson County Schools  
Parent Referral to Intervention Team**

Social Security Number: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

I am requesting that \_\_\_\_\_ be referred to the School Intervention Team for review of the educational program. The review is requested because (please include behaviors observed at home, academic strengths/weaknesses noted during homework completion, strategies attempted to correct the problem at home and in conjunction with the classroom teacher(s):

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Has the classroom teacher indicated concerns about your child's academic performance?

Yes

No

If YES, please explain:

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What classroom instructional strategies do you think would help your child?

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Has your child had any previous evaluations? If yes, does the school have a copy of that evaluation? Who did the evaluation?

Please describe any significant factors (developmental, medical or situational) you feel may impact your child's ability to benefit from current educational program:

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Signature: \_\_\_\_\_

Date Received by School: \_\_\_\_\_