



BUFFALO PUBLIC SCHOOLS
REQUEST FOR ASSISTANCE

SUBMIT TO: SST CHAIR / SITE FACILITATOR

SUBMITTED BY: _____ **DATE:** _____

Student Name: _____ **SIS#:** _____

Gender: _____ *M* _____ *F* **Grade:** _____ **IEP** (circle one) Yes No

1) Referring Adult

Name: _____ **Relationship to Student:** _____

- | | | |
|---------------------|--------------------|-------------------|
| _____ Administrator | _____ Teacher/team | _____ Staff |
| _____ Family Member | _____ Student | _____ Other _____ |

2) Reason for Referral: (select all that apply)

- | | |
|------------------|------------------------|
| _____ Academic | _____ Social/Emotional |
| _____ Behavior | _____ Basic Needs |
| _____ Attendance | _____ Other _____ |

Comments _____

3) Student's Strengths _____

4) History of Interventions & Supports (if known)

- | | | | |
|---|--------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> CICO | <input type="checkbox"/> SAIG | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Academic Support | <input type="checkbox"/> Basic Needs | <input type="checkbox"/> Other _____ | |
-

Referred to: _____ **BPS** (In-School Support Services) _____ **Site Facilitator** (External Support Services)

Referral Date: _____ **Outcome:** _____