

Monongalia County Schools

Student Assistance Team Assignment Form

Student's Name:	School:
Teacher:	Grade:
Date of Birth:	Current Date:

To:

<input type="checkbox"/> Attendance Director	<input type="checkbox"/> School Counselor	<input type="checkbox"/> Principal
<input type="checkbox"/> School Nurse	<input type="checkbox"/> Assistant Principal	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Speech/Language Therapist <input type="checkbox"/> Intervention Team	<input type="checkbox"/> Homebound Instructor <input type="checkbox"/> Homebound Director	<input type="checkbox"/> Behavior Specialist <input type="checkbox"/> LEP or ESL Specialist
<input type="checkbox"/> Regular Education Teacher Specify:	<input type="checkbox"/> Special Education Teacher Specify:	<input type="checkbox"/> Other: Specify:

From (Response needs to be returned to this person): _____

The Student Assistance Team has met or plans to meet on the above designated student. We are requesting your input/expertise/assistance in helping to meet this student's needs.

Our concern, question or assignment is:
Your results and/or findings (May be attached.):
Your recommendations are (May be attached):

Your response is needed by _____ **(Date)** **Response Date:** _____

Response was completed by: _____ **(Name)**