



Parent/Student Request for Assistance

To Tier 2 PBIS Team

Student Name: _____ Grade: _____

Date: _____

(circle one) IEP Yes No 504 Plan Yes No

Teacher: _____

1) I am a (circle one): **Family Member** Student Other

Name: _____

Relationship to Student: _____

2) Type of Concern:

____ Academic only

____ Behavior only

____ Both Academic and Behavior

3) Briefly describe the reason for the request:

For school use only:

Date parent/student was notified of request (response should occur within 5-7 days: / /