

Carmel Middle School
Student Study Team Request

Please fill out completely.

Name of Student _____ Grade _____ Age _____

Referring Staff Member _____ Date _____

May we use your name when talking to this student? Yes No

Student Information:

Primary Language _____

Strengths _____

Services student is currently receiving:

Speech/Language _____

Counseling _____

Bilingual _____

Special Education _____

Please describe in as much detail as you can the behaviors that concern you:

Have you discussed your concerns with the student?

With their parents/guardians?

Additional comments:

*Please complete the reverse side of this form and return to counselor. This form will not be placed in the student's cum file.

Classroom Observation

Student observed: _____

Observer: _____ Date: _____

Where was the student seated? _____

Was the student able to sit in a group?

Was the student able to work alone?

Did the student concentrate on the task at hand?

Was the student able to follow directions?

(If both were observed, was there a noticeable difference in ability to follow written and oral directions?)

Were there any particular students who seem to interest/antagonize this student?

Comments: _____
