



Student Support Services

Educational Planning Team Recommendation Form

Student Name: _____ Today's Date: _____
Student #: _____ School: _____ Grade: _____
Date of Birth: _____ Sex: _____ Race: _____ Primary Language at Home _____
Parent/Guardian Name: _____
Parent/Guardian Address: _____
Parent/Guardian Home Phone: _____ Work Phone: _____

Reason for Referral: Date: _____ Data Entry Date: _____

- Reason Code(s): [] Learning [] Behavior [] Truancy
[] Health [] Emotional [] Consider for 504 Eligibility

Statement of Student's Current Level of Performance or Area of Need:

Team Recommendations:

- [] Academic Intervention [] Behavior Intervention [] Curriculum Change
[] Counseling Intervention [] Teacher Change [] Classroom Accommodation
[] Dropout Prevention [] Other: _____

Description of Intervention/Instructional Support:

- [] I have received a copy of parent information for students receiving intensive interventions.
[] Parent not in attendance. Parent information for students receiving intensive interventions sent home on _____

Participants:

Parent/Guardian: _____ Name/Title: _____
Name/Title: _____ Name/Title: _____
Name/Title: _____ Name/Title: _____

