Request for Assistance

Student ___________________________ Date of Request ___________________________
Student ID# ________________________ Contact Person ___________________________
School/Grade ______________________ Contact Information _______________________
Placement __________________________ Annual IEP Date __________________________
Eligible for Columbia Regional Orthopedic Services? _____ yes _____ no

Questions for the IEP Team

1. What is the task the STUDENT needs to accomplish?

2. In what ENVIRONMENTS does the student participate in this task? List the best location, day, & time to observe the student participating in this task.

3. What is the student’s present level of performance on this TASK?

4. Does the student have IEP goals and objectives related to this task? ___ yes ___ no

5. What TOOLS (technology and strategies) have you tried with the student? Do you have ideas that you would like to try?

6. What specific question does the team have regarding this request?

Note: Please contact us before completing due process forms regarding assessment