Step 2 of 5: Request for Support Services, Page 1 of 2

Student	Completed by Date _	
Teacher(s) and/or parents requesting:	SECTION 2 To be completed by Class Teacher. Indicate your observations of challenges. 1 = no problem, 5 = significant difficulty	
SECTION 1	challenges. 1 = no problem, 5 = significant diffic	1 2 3 4 5
Teacher or parent to describe goals/challenges to be addressed:	Reading	00000
	Writing	00000
	Spelling	00000
	Math	00000
	Hearing	00000
	Speech	00000
	Form drawing	00000
	Memory	00000
Program request – check all that may apply:	Will forces - i.e. easily discouraged	00000
	Reverses letters/numbers	00000
Developmental - Extra Lesson	Moves paper or torso to side	00000
Therapeutic Eurythmy	Writes bottom-up	00000
Reading/Writing Support	Sequencing & Rhythm	00000
Math Support	Other classroom:	00000
Exemption from Standard Curriculum Requirements (see Step 5, page 2)	Physical Limitations or Handicap	00000
	Fine Motor/Eye-Hand	00000
Do you feel this student's challenges are primarily (check one or number in order):	Laterality - i.e. switches hand use	00000
	Touch Sense - e.g. collisions or avoidance	00000
Organic/medical/constitutional	Life Sense - e.g. often tired or can't hold though	ts 0000
Emotional/psychological	Movement Sense/Gross Motor - e.g. clumsiness	00000
Developmental	Balance Sense - e.g. trouble sitting still	00000
Needs more repetition for skills	Disruptive Behavior, Anxious or Nervous	00000
Has this student been evaluated by an outside source, e.g. psychologist or district?	Socialization	00000
	Body Awareness/Geography	00000
	Orientation in Time	00000
Yes No	Orientation in Space	00000
If Yes, attach copy of all reports	Other:	00000

SECTION 3 What has been done at school and home to address the student needs described on the front side? Please provide a brief history of this challenge. Any other notes about this?

Please attach copies of Mid-Year and/or Year End Reports reflecting the student need.