Print Form

RESOURCE ASSISTANCE INFORMATION FORM
KAISERSLAUTERN SCHOOL DISTRICT

STUDENT'S NAME_____ GRADE: _____

Dear Sponsor

If the above-named student participated in any of the following special programs within the past year, please indicate by placing a check next to those program(s). Thank you.

___ Special Education
___ Physical Handicap/Limitation
___ Behavioral Management
___ Speech Therapy
___ Other (Please Specify):

___ Talented and Gifted (TAG)
___ English as a Second Language (ESL)
___ Advancement via Individual Determination (AVID)

NOTE: If you checked any of the above programs, please make an appointment with the school counselor prior to your child beginning classes.

Review of Records

___There is no indication that the student requires special services at this time.
___There may be a special need. The teacher will be notified to begin pre-referral actions.
___The records review indicates the need for special services in the area of _____.
___The records review indicates the need for a CSC review.

_____ _____
Date Signature of Counselor