

Problem-Solving Team Request (Tier 2)

Student Name: _____ Grade/Section: _____ Academic Attendance Behavior
 (Please indicate area of referral)

Teacher of Record: _____ Today's Date: _____

Area of Concern: (Please select the *Area of Concern*)

READING: Area of Concern	MATHEMATICS: Area of Concern
<input type="checkbox"/> Phonics <input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Fluency <input type="checkbox"/> Comprehension <input type="checkbox"/> Vocabulary	<input type="checkbox"/> Fact Fluency <input type="checkbox"/> Computational Fluency <input type="checkbox"/> Application: Concepts & Procedures <input type="checkbox"/> Word Problem Solving <input type="checkbox"/> Algebraic Concepts <input type="checkbox"/> Vocabulary Development

Student Strengths (Please select all strengths the student displays)

<input type="checkbox"/> Positive attitude	<input type="checkbox"/> High expectations for self	<input type="checkbox"/> Transitions easily
<input type="checkbox"/> Hard worker	<input type="checkbox"/> Organized	<input type="checkbox"/> Takes pride in appearance
<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Good sense of humor	<input type="checkbox"/> Athletic
<input type="checkbox"/> Works well in groups	<input type="checkbox"/> Cooperates	<input type="checkbox"/> Musically talented
<input type="checkbox"/> Works well independently	<input type="checkbox"/> Responsible	<input type="checkbox"/> Artistically inclined
<input type="checkbox"/> Respectful of authority	<input type="checkbox"/> Creative	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Motivated	<input type="checkbox"/> Has leadership qualities	_____

Current Academic Information (Reading level, DRA, Gates, classroom grades, etc.)

Reading Level	Current Reading Grade	Math Level	Current Math Grade	Other: _____	Other: _____	Other: _____

Parental Contact and Participation: (Contact dates, strategies suggested, calls, letter & conferences)

Attempt	Date of Contact	Method of Contact	Result of Contact	Who Made Contact
1 st				
2 nd				
3 rd				
4 th				
5 th				

Statement of Concern: (Statement of Concern & reasoning for Problem-Solving Team Request)

What differentiation strategies have you already tried?

Differentiation Strategies	Frequency	Duration