



NEW ORLEANS PUBLIC SCHOOLS
EXCEPTIONAL CHILDREN'S SERVICES
REQUEST FOR SATeam CONSIDERATION

Date of Request: Requester: Title/Position:

Student's Name: DOB: Gender: M F

School: Grade: Meeting Type: Initial Follow-Up

- Circle ALL appropriate categories: Black White Hispanic Asian Am Indian/Native Alaskan Native Hawaiian/ Pacific Islander
1. Did the parent initiate the request?
2. If no, has the parent been contacted about the request?
3. Is the parent in agreement with the request?
4. Has student ever repeated the grade more than once? If yes, which grade(s)
5. Has student been suspended during this school year? If yes, how many times
6. Does the student have a Section 504 /IDEA evaluation?

Reason for Request Academic Behavior Medical Communication
Description of Data Used to Refer: Universal screening data, grades, behavior reports, standardized test scores, etc.):
Evidence-based Interventions Tier I Tier II and Tier III (Attach Data):

For initial referrals, attach completed Referral Packet (Form 3) and submit to the SAT Chairperson. Form 3a will be completed after parent permission.

Summary of Findings of the SATeam:
Summarize and Attach Data Reviewed for Decision:

SATeam DECISION
Date of SATeam Meeting:
1 Conduct /Continue Intervention – RtI (Tier2 Tier 3)
2 Request Social Work Services or refer to YOC
3 Section 504 Evaluation
4 Refer to SESS for Support Services
5 Refer to SESS for Evaluation/Reevaluation
6 Reconvene SAT Team on (please enter the date):
7 No assistance needed
8 Other:
Educational Rights given to parent (Please have parent initial )

SATeam: PRINT NAME, SIGNATURES, TITLE, & DATE

Principal's Signature Date
Pink – Parent Gold – SAT File 6/18