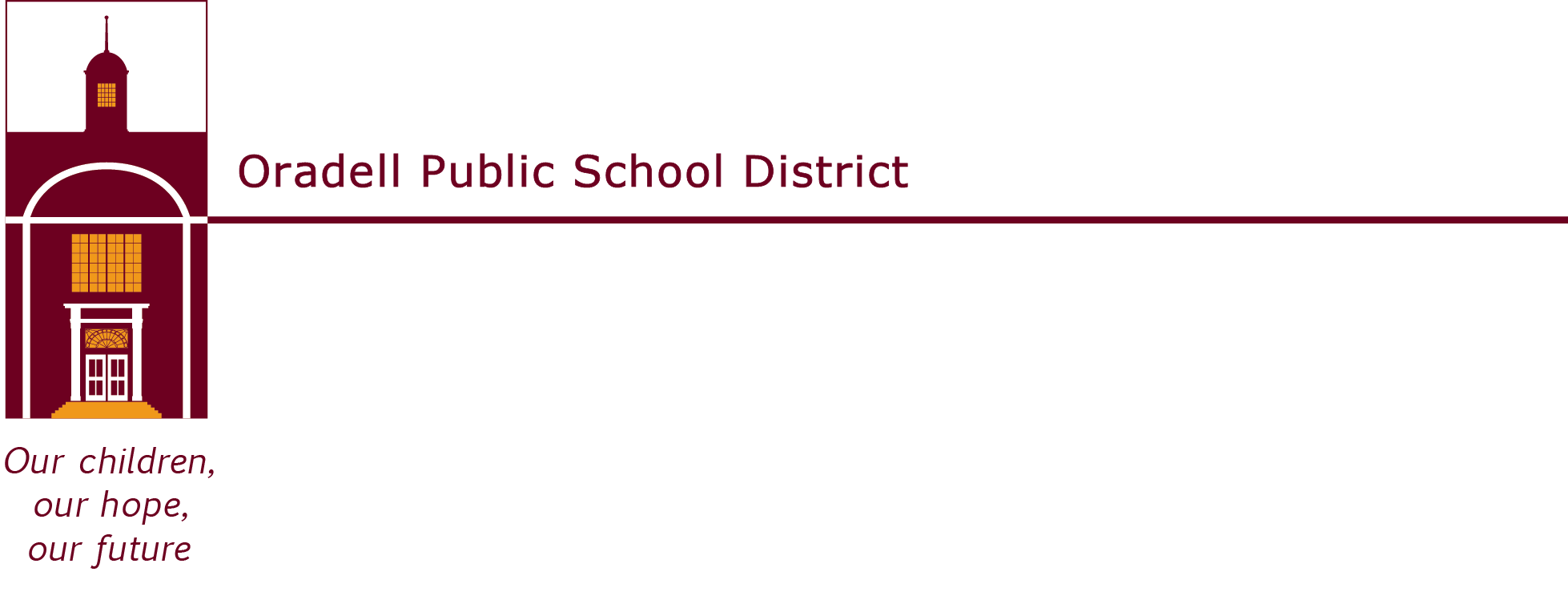
**Directions:** Please complete the following form and return to the Child Study Team Office.

The CST will forward your consultation request to the specialist.



**Specialist Consultation Request**

**Date of request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Available time to meet (i.e. Prep)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for consultation with specific concerns noted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**With whom would you like to meet?**

\_\_\_\_\_\_\_ Speech/Language Therapist Consultation

\_\_\_\_\_\_\_ Occupational Therapist Consultation

\_\_\_\_\_\_\_ Physical Therapist Consultation

\_\_\_\_\_\_\_ Behaviorist (Consult with Teacher )

\_\_\_\_\_\_\_ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you notified parents of concerns prior to submitting this request?

🔲Yes 🔲No If yes, date: \_\_\_\_\_

Has your assistant principal been notified of this consultation:

🔲Yes 🔲No If yes, date: \_\_\_\_\_

Referring Teacher’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval for consultation: David Roth’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

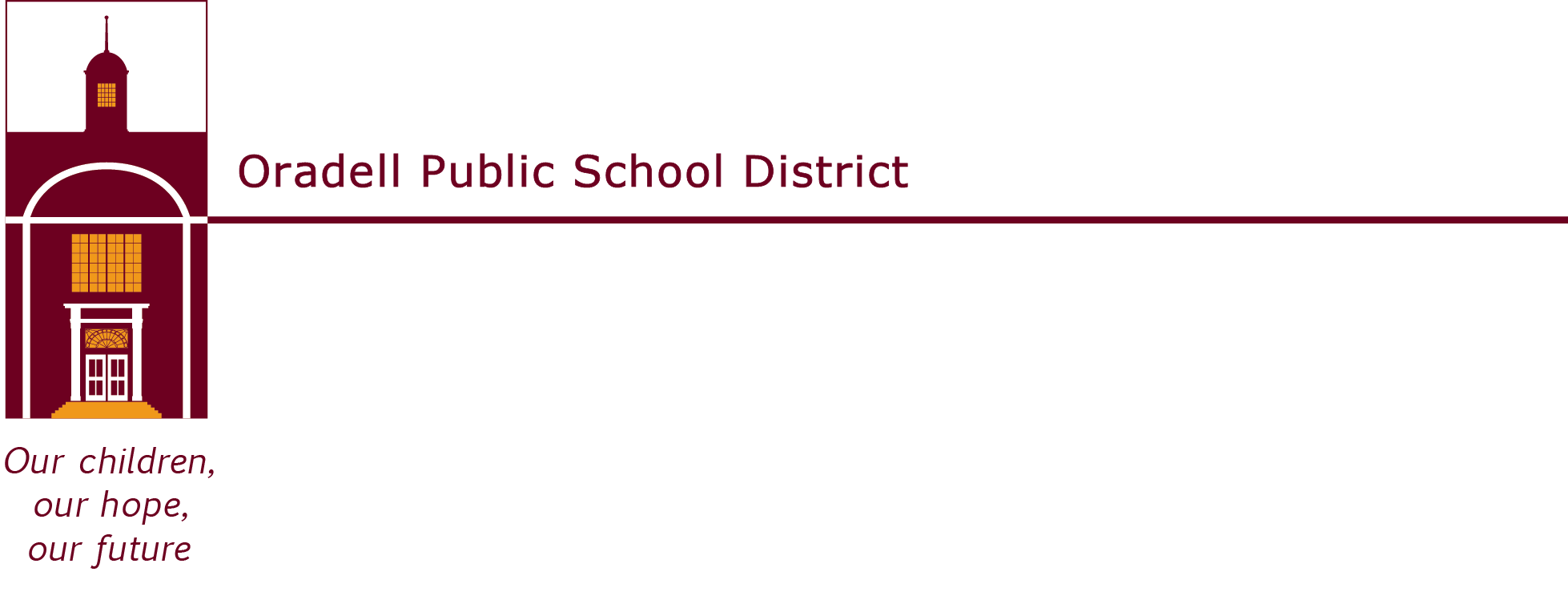
**\*NOTE: Parent signature is required for the consultation being requested to occur.**

**Previous Strategies and Interventions Used - Page 1**

| **Classroom Based**  **Strategy** | **Currently Used (yes/no)** | **Effectiveness**  **(High, Moderate, Low)** | **Notes:** |
| --- | --- | --- | --- |
| Contact with parent/guardian |  |  |  |
| changing seat - preferential seating (describe in column 4) |  |  |  |
| Reduce assignment length or number of problems |  |  |  |
| Instructions repeated, reworded, or given in multiple ways (written, verbal, etc…) |  |  |  |
| Give instructions 1 step at a time |  |  |  |
| Student restates directions prior to starting task |  |  |  |
| Additional wait time |  |  |  |
| Alternative ways to complete work (ex. computer) |  |  |  |
| Manipulatives and hands on activities |  |  |  |
| Break task down/chunk |  |  |  |
| Check ins with student |  |  |  |
| Positive praise/reinforcement |  |  |  |
| Word banks |  |  |  |
| Timers |  |  |  |

**Previous Strategies and Interventions Used - Page 2**

| **Classroom Based**  **Strategy** | **Currently Used (yes/no)** | **Effectiveness**  **(High, Moderate, Low)** | **Notes:** |
| --- | --- | --- | --- |
| Extra time |  |  |  |
| strategic pairing with peer |  |  |  |
| Word banks and models |  |  |  |
| Modified level of text |  |  |  |
| Graphic organizers |  |  |  |
| Sensory aids/fidgets |  |  |  |
| Adaptive seating equipment |  |  |  |
| Movement breaks |  |  |  |
| Use of calm area |  |  |  |
| Personalized plan |  |  |  |
| Reduce/remove distracting stimuli |  |  |  |
| Provide examples as model for student use |  |  |  |
| Before or after-school help |  |  |  |
| Use of class job or errands |  |  |  |
| Modified/adaptive writing tools |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent or Guardian;

Your child’s teacher has requested a consultation with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. A consultation will include the classroom teacher and the specialist meeting to discuss the teacher’s concerns. Up to two classroom observations will occur following their discussion.

Results of this consultation will be shared with you in writing and any suggestions or additional intervention recommendations will be shared with you at that time. In order to proceed, the school needs your signature. Please check whether you are in agreement with our staff providing a consultation for your child and then sign and date this form below. Once the form is completed, please return the form to the school.

I give permission for the OPS staff to complete a consultation for my child.

🔲Yes or 🔲No

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consultation Summary Form

Form completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of teacher and specialist meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Areas of concern reviewed by specialist and teacher:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Date(s) of observation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Summary of observation(s) - (note strengths and weaknesses):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Specialist recommendations and interventions/supports (if applicable):

\*Attach any data (worksheets, charts, documents) to this form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Next steps:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Specialist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*A copy of this page will be provided to the parent/guardian, to the classroom teacher, and to the assistant principal. The specialist will maintain possession of the original copy.**