

**Knox County Schools
Curriculum and Instruction
PARENT REFERRAL TO S-TEAM**

Student Name: _____

DOB: _____

Student ID Number: _____

School: _____

Grade: _____

Teacher: _____

Parent Name: _____

Phone: _____

Address: _____

1. I am requesting that my child be referred to the School Support Team (S-Team) based on the concern in the following areas:

Academic (please explain): _____

Attendance (please explain): _____

Behavioral (please explain): _____

Social/Emotional (please explain): _____

Other (please explain): _____

2. Has the classroom teacher indicated concerns about child's performance?

Yes No

If yes, please explain _____

3. What classroom strategies do you think would help your child? _____

4. Has your child had any previous evaluations through any school system or private provider?

Yes No

Does the school have a copy of the evaluation? Yes No
Who completed the evaluation? _____

Please describe any significant factors (developmental, medical, situational, etc.) you feel may impact your child's ability to make progress in the current educational program: _____

Parent/Legal Guardian Signature _____

Date: _____

Date Received by School: _____

*The school will be in contact to schedule an S-Team meeting to discuss your concerns.