

**Miami-Dade County Public Schools
School Support Team/Problem Solving Team (SST/PST)
Request for Assistance (RFA)**

Section A: Identifying Information

Student:	ID#:
DOB:	Grade: Retained:
Teacher(s):	Referral source:
Date RFA initiated:	Absences: Tardies:
Reason for Request (Check all that apply): <input type="checkbox"/> Academic <input type="checkbox"/> Behavior <input type="checkbox"/> Language <input type="checkbox"/> Other _____	

ENGLISH LANGUAGE LEARNER INFORMATION

ESOL Level:	Exit Date:	Race/Ethnicity:
First Language:	Year Entered USA:	
Date of most recent ELL Committee meeting:	Bilingual Assessment: N/Y; If yes: Date requested:	
If ELL, CELLA score:		

PARENT INFORMATION

Parent(s)/Guardian(s):
Contact Number/Information:
Parent/Guardian Notification of Rtl Process: Date Sent:
<input type="checkbox"/> Copy of notification for SST/PST meeting attached
<input type="checkbox"/> Copy of Rtl/SST/PST Student Tier I and Tier II Data Profile with notification dates

Section B: Areas of Concerns

Has the student received Response to Intervention (Rtl) assistance in past years?
 No: ___ Yes: ___ If yes, please describe : _____

What is the best time to observe the student in the area(s) of concern? _____
 When does the student receive Tier 2 (small group) intervention(s)? _____

(Check all that apply. Attach Rtl/SST/PST Student Tier I and Tier II Data Profile supporting each area of concern.)

Reading:

- Phonemic Awareness
- Phonics
- Vocabulary
- Comprehension
- Fluency
- Oral Language

Math:

- Calculation
- Problem Solving

Written Expression:

- Composition

Communication:

- Articulation
- Expressive Language
- Receptive Language
- Listening Comprehension

Behavior:

- Attention/Distractibility
- Activity Level
- Impulsivity
- Other _____

Emotional/Social

- Easily Frustrated
- Withdrawn
- Social Skills
- Other _____

TEACHER OBSERVATION

Name: _____ ID: _____ Date: _____

Teacher: _____ Class: _____

Section C: Areas of Strength

What is the best time to observe the student in the area(s) of strength? _____

(Check all that apply. Indicate area(s) of strength and attach evidence for each.)

Reading:

- Phonemic Awareness
- Phonics
- Vocabulary
- Comprehension
- Fluency
- Oral Language

Communication:

- Articulation
- Expressive Language
- Receptive Language
- Listening Comprehension

Math:

- Calculation
- Problem Solving

Written Expression:

- Composition

High Aptitude:

- Performing academically above expected levels

Section D: Teacher Observations

In comparison to other students in your class, how does this student compare:

I. Attention/Executive Functioning

- Easily distracted
- Does not complete tasks
- Has short attention span
- Impulsive
- Appears over-active for age
- Difficulty organizing environment
- Does not "think" before doing
- Gets out of seat at the wrong times
- Has trouble putting the brakes on her/his actions
- Acts upset by a change in plans
- Gets stuck on one topic or activity

- Overreacts to small problems
- Becomes upset too easily
- Has trouble getting started on class work
- Has trouble remembering things, even for a few minutes
- Needs help from adult to stay on task
- Does not bring home assignments/homework
- Has a messy desk
- Is unaware of own behavior when in a group setting

II. Externalizing

- Does not follow directions
- Argumentative
- Physically aggressive
- Lacks empathy
- Chronic lying
- Fidgety
- Calls out often

- Verbally abusive
- Bullies peers
- Grandiose
- Frequent truant/absent
- Easily Frustrated

III. Internalizing

- Withdrawn
- Anxious
- Fidgety
- Self injurious
- Ritual
- Changes in mood
- Tearfulness

- Easily overwhelmed
- Change in appetite
- Fear of school

Signature

Name: _____ ID: _____

Section E: Notes

Additional Comments/Notes: _____

Section F: Signatures

Date Submitted to SST/PST Coordinator/Administrator

Referral Source Signature

Date RFA Submitted for Review to School
Psychologist

SST/PST Coordinator/
Administrator Signature

Outcome of RFA Review: *(To be completed by School Psychologist)*

- RFA Incomplete: Reasons: _____

Date

School Psychologist Initials

- RFA Complete: Secure Parent/Guardian Consent for the Following:

For ALL cases:

- | | |
|---|----------------------|
| <input type="checkbox"/> Vision | Date Complete: _____ |
| <input type="checkbox"/> Hearing | Date Complete: _____ |
| <input type="checkbox"/> Student/Background Screening | Date Complete: _____ |
| <input type="checkbox"/> Observation | Date Complete: _____ |

Case by Case basis:

- | | |
|---|----------------------|
| <input type="checkbox"/> Social History | Date Complete: _____ |
| <input type="checkbox"/> SIB-R | Date Complete: _____ |
| <input type="checkbox"/> FAB | Date Complete: _____ |
| <input type="checkbox"/> Language | Date Complete: _____ |
| <input type="checkbox"/> Other _____ | Date Complete: _____ |

Date Accepted to Schedule SST/PST

School Psychologist Signature