

Student Academic Needs Form

Directions: Fill out this form to the best of your ability and submit it to the principal for review.

Student Name: _____ School Year: _____ Date: _____

Academic concerns as observed by the teacher:

Data to show academic concerns (attach data):

Accommodations already made for the student (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Changed seating | <input type="checkbox"/> Adjusted pacing |
| <input type="checkbox"/> Adjusted current curriculum | <input type="checkbox"/> Tried different curriculum: _____ |
| <input type="checkbox"/> Added small group tutoring | <input type="checkbox"/> Added one-on-one time in class |
| <input type="checkbox"/> Added time with a different teacher | <input type="checkbox"/> Added technology-based activities |
| <input type="checkbox"/> Identified the student's learning style | <input type="checkbox"/> Added music-based activities |
| <input type="checkbox"/> Added hands-on activities | <input type="checkbox"/> Added movement-based activities |
| <input type="checkbox"/> Added art-based activities | <input type="checkbox"/> Incorporated student's interests into learning |

Other:

Date you contacted the parent regarding these academic concerns: _____

Time contacted: _____

Method (circle): Phone call In-Person (do not email or message regarding concerns)

What would you like the principal to do next? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Schedule a parent meeting | <input type="checkbox"/> Write up an SLP |
| <input type="checkbox"/> Suggest additional testing to the parent | <input type="checkbox"/> Add the student to Dianne Craft program (Jes) |
| <input type="checkbox"/> Obtain a device for the student to type | <input type="checkbox"/> Install additional apps that may be helpful |
| <input type="checkbox"/> Obtain a voice recorder for the student to record ideas before writing | |
| <input type="checkbox"/> Check the student's IEP or 504 for additional info | <input type="checkbox"/> Watch you (teacher) teach to give better advice |
| <input type="checkbox"/> Find professional development for you (teacher) to take | |

Other:

Tutoring-specific notes

How often does the student need tutoring? _____ times per week for _____ min per session

What days/times is best for the student to receive tutoring? _____

What specials does the student have? _____

Tutor suggestions: _____

I have seen and understand the Academic Needs Form

Teacher Signature: _____

Admin signature: _____

Parent Signature: _____

Next follow-up date (4 weeks from initial meeting): _____

Type of follow-up (circle one): Email / MSW / Phone call from Teacher / Phone call from Admin / In-person

Follow Up Notes Meeting date: _____