

**BOX ELDER SCHOOL DISTRICT**

**Parent Request to Determine if Student Requires Disability Status**

Student Name \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Parent Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**Area(s) of suspected disability**

Please describe your specific concerns related to your child's educational performance:

My academic and or behavioral concerns will be addressed by the school team.

I understand the school team will implement research based interventions with data attached so we can determine the success of these interventions.

The school team will reconvene to consider further action regarding my child on or before:

(date) \_\_\_\_\_

**School Team Members Signatures:**

Principal \_\_\_\_\_

Parent \_\_\_\_\_

Psychologist: \_\_\_\_\_

Gen Ed Teacher: \_\_\_\_\_

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