

**WALNUT AVENUE ELEMENTARY SCHOOL**  
**PARENT/GUARDIAN REQUEST FOR ASSISTANCE**

<b>Parent's Name:</b>	<b>Phone Number:</b>
<b>Student Lives With:</b>	<b>Teacher's Name:</b>
<b>Health Concerns:</b>	<b>What Motivates Your Child:</b>

<b><i>Student's Strengths: (check below)</i></b>		<b><i>Social/Behavioral Concerns: (check below)</i></b>	
<input type="checkbox"/>	Academic Skills	<input type="checkbox"/>	Hard Worker
<input type="checkbox"/>	Artistic	<input type="checkbox"/>	Good Listener
<input type="checkbox"/>	Compassionate	<input type="checkbox"/>	Likes School
<input type="checkbox"/>	Courteous	<input type="checkbox"/>	Patient
<input type="checkbox"/>	Confident	<input type="checkbox"/>	Positive Attitude
<input type="checkbox"/>	Cooperative	<input type="checkbox"/>	Sense of Humor
<input type="checkbox"/>		<input type="checkbox"/>	Behavior interfering with friendships
<input type="checkbox"/>		<input type="checkbox"/>	Behavior interfering with learning
<input type="checkbox"/>		<input type="checkbox"/>	Behaviors at home
<input type="checkbox"/>		<input type="checkbox"/>	Refuses to follow directions
<input type="checkbox"/>		<input type="checkbox"/>	Special family circumstances (death, divorce, illness, etc.)

<b><i>Internalizing Behaviors: (check below)</i></b>		<b><i>Academic Concerns: (check below)</i></b>	
<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	Teased or bullied
<input type="checkbox"/>	Exhibits sadness	<input type="checkbox"/>	Appears anxious
<input type="checkbox"/>	Depressed	<input type="checkbox"/>	Self-injury
<input type="checkbox"/>	Very shy or timid	<input type="checkbox"/>	Few friends
<input type="checkbox"/>		<input type="checkbox"/>	Reading
<input type="checkbox"/>		<input type="checkbox"/>	Writing
<input type="checkbox"/>		<input type="checkbox"/>	Math
<input type="checkbox"/>		<input type="checkbox"/>	Homework

<p>Clearly explain the problem your child is experiencing.  (ex. What do you see or hear your child doing?)</p>	
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