

**KNOX COUNTY SCHOOLS**  
**Curriculum and Instruction**  
**Student Support/Assistance Team**  
**PARENT REFERRAL TO S-TEAM**  
**(To be attached to S-Team Data Sheet)**

Social Security No. \_\_\_\_\_

Student \_\_\_\_\_ BD: \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

Parent \_\_\_\_\_

Father \_\_\_\_\_ (work)

Address \_\_\_\_\_ Phone \_\_\_\_\_ Mother \_\_\_\_\_ (work)

I am requesting that \_\_\_\_\_ be referred to the School Support Team\* for review of the **educational program**. The review is requested because [please include behaviors observed at home, academic strengths/weaknesses noted during homework completion, strategies attempted to correct the problem at home and in conjunction with the classroom teacher(s)]:

(Student)

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Has the classroom teacher indicated concerns about your child's academic performance? Yes  No  If yes, please list:

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What classroom instructional strategies do you think would help your child? \_\_\_\_\_

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Has your child had any previous evaluations through any school system or private provider? \_\_\_\_\_ If yes, does the school have a copy of that evaluation? \_\_\_\_\_ Who did the evaluation? \_\_\_\_\_

Please describe any significant factors (developmental, medical or situational) you feel may impact this student's ability to benefit from the current educational program:

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Signature \_\_\_\_\_  
(Parent or Legal Guardian)

**Date Received by School:** \_\_\_\_\_

\*Note: The Student Support/Assistance Team will review your concerns about your child and make suggestions, if appropriate. Every effort is made to meet the student's needs in the least restrictive environment.