ORLEANS PARISH SCHOOL BOARD
EXCEPTIONAL CHILDREN'S SERVICES
REQUEST FOR SBLC/SATeam CONSIDERATION

Date:_____ Requester: _____

Title/Position: _____ Gender M F Race of Requester _____

Student's Name: _____ DOB: _____ Gender M F

School: _____ Grade/Program: _____ Race of Student (*see below*) Free or Reduced Lunch Y N

Circle ALL that are appropriate: Black White Hispanic Asian Am Indian/Native Alaskan Native Hawaiian/ Pacific Islander

1. Did the parent initiate the request? ❑ Yes ❑ No
2. If no, has the parent been contacted about the request? ❑ Yes ❑ No
3. Is the parent in agreement with the request? ❑ Yes ❑ No
4. Has student ever repeated the grade more than once? If yes, which grade(s) _____ . ❑ Yes ❑ No
5. Has student been suspended during this school year? If yes, how many times _____ . ❑ Yes ❑ No
6. Does the student have a Section 504 /IDEA evaluation? ❑ Yes ❑ No

Reason for Request: _____

Evidence Based Interventions - Attach Supporting Data: _____

Summary of Findings of the SBLC/SATeam: _____

SBLC/SATeam DECISION:

Date: _____

❑ 1 Conduct /Continue Intervention - RtI, Reconsider on (date): _____
❑ 2 Request Social Work Services
❑ 3 504 Evaluation
❑ 4 Student Study Educational Plan
❑ 5 Refer to SESS for Support Services
❑ 6 Refer to SESS for Evaluation
❑ 7 No assistance needed ❑ Educational Rights given to parent _____ Parent initials
❑ 8 Other: _____

SBLC/SATeam COMMITTEE'S SIGNATURES & TITLE

_____

_____

_____

_____

_____

_____ _____

Principal's Signature Date

White – Cumulative Folder Yellow – ECS Pink – Parent Goldenrod – SAT File