



DeSoto County Schools

Request for Special Education Social Work Services

1. Student's Name _____ Gender _____
 Medicaid # (if known) _____ D.O.B. _____
 Grade _____ School _____
2. Parent's Name _____ Address _____
 () Parent/Guardian () Resident/Children's Home () Foster Parent
 Father's Phone _____ Mother's Phone _____
 Parent/Guardian E-Mail Address _____
3. Teacher(s) Requesting Services _____ Date _____
 E-Mail _____

REASON(S) FOR REQUESTING SPECIAL EDUCATION SOCIAL WORK SERVICES

ACADEMIC PERFORMANCE

- Inadequate Preparation for Classes
- Lack of Attention
- Lack of Effective Motivation
- Minimal Class Participation
- Not Working to Potential
- Significant Changes in School Performance
- Does Not Follow Directions

BEHAVIORAL PROBLEMS

- Annoying to Classmates
- Destruction of School Property
- Discourteous to Others
- Disorderly Conduct
- Disrespectful Behavior
- Lack of Cooperation
- Exhibits Withdrawn Behavior
- Physical Aggression to Self or Others
- Problems in Structured Settings
- Problems in Unstructured Settings
- Verbal Aggressiveness Towards Students
- Verbal Aggressiveness Towards Staff
- Disruptive Behavior

SCHOOL-HOME-FAMILY PROBLEMS

- Lack of Supervision
- Substance Abuse
- Runaway
- Pregnancy
- Possible Abuse:
(Neglect , Physical , Sexual)
- MAP Team Request (Will be reviewed to determine if it is an appropriate MAP team referral)
- Other (Please Describe Below)

Teacher's Description of Student Problem:

Actions Taken Prior to Request for Services:

Send this Request Form to **Jennifer Schilling** at the County Office Special Services Department.

(Phone: 429-5271 or Fax: 449-1429)

Date received and approved at county office: _____