

**HARDEN MIDDLE SCHOOL**

**INTERVENTION REQUEST FOR ASSISTANCE PARENT/GUARDIAN FORM**

**Confidential**

TO: Intervention Team

FROM (Parent/Guardian): \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT: \_\_\_\_\_

Reasons for Request for Assistance (Must be for school-based issues, i.e., academics, behavior, school health):

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Specific and Descriptive Observed Behaviors:

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Please list all teachers and/or specialists who have contact with your student.

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## Confidential

- 1) What do you see as your child's strengths?
- 2) What makes you proud of your child?
- 3) What does your child do that causes you the most concern?
- 4) What has been the most successful way to deal with your child's behavior?
- 5) How can the school assist you with the concerns you have for your child or the concerns that have been identified by the school?
- 6) In the past school year, has your child been seen by a doctor for anything other than a common illness? If so, what caused you to take your child to the doctor?
- 7) Has your child been seen by a health professional for any physical or emotional problem that interfered with your child's success in school?
- 8) What other information about your child or your family situation would be helpful for the school to know?

Please use the following rating scale to answer the questions below:

**Always (4) Most of the Time (3) Hardly Ever (2) Never (1)**

- \_\_\_\_\_ 1) Finishes what she/he begins.
- \_\_\_\_\_ 2) Does the things I ask her/him to do.
- \_\_\_\_\_ 3) Appears content.
- \_\_\_\_\_ 4) Gets along with her/his friends.

- \_\_\_\_\_ 5) Takes good care of her/his things.
- \_\_\_\_\_ 6) Helps at home.
- \_\_\_\_\_ 7) Makes me proud.
- \_\_\_\_\_ 8) Obeys.
- \_\_\_\_\_ 9) Shares.
- \_\_\_\_\_ 10) Cries easily.
- \_\_\_\_\_ 11) Talks back.
- \_\_\_\_\_ 12) Hits.
- \_\_\_\_\_ 13) Lies
- \_\_\_\_\_ 14) Appears afraid.
- \_\_\_\_\_ 15) Must be reminded to do things.
- \_\_\_\_\_ 16) Gets hurt often.
- \_\_\_\_\_ 17) Feels sick often.
- \_\_\_\_\_ 18) Fights.
- \_\_\_\_\_ 19) Ruins things.
- \_\_\_\_\_ 20) Teases others frequently.
- \_\_\_\_\_ 21) Threatens others.
- \_\_\_\_\_ 22) Has trouble remembering things.
- \_\_\_\_\_ 23) Accepts criticism.
- \_\_\_\_\_ 24) I trust my child
- \_\_\_\_\_ 25) I know what to expect from my child.

**Place the completed form in a sealed envelope and deliver to the Intervention Team mailbox at Harden Middle School.**