

**TAYLOR COUNTY SCHOOLS
SAT REFERRAL PARENT FORM**

STUDENT NAME: _____ **DATE:** _____

SCHOOL: _____ **GRADE:** _____

TEACHER: _____ **DATE OF BIRTH:** _____

REASON FOR REFERRAL: **Poor Academics** **Behavior** **Communication**
 Strong Academics **Other:** _____

DESCRIBE THE CONCERN:

Have you contacted your child's teacher about this concern? Yes No

If so, how and when? _____

SO FAR, WHAT HAS BEEN TRIED TO ADDRESS THE CONCERN?

PLEASE STATE ANY MEDICAL INFORMATION THAT MAY BE IMPORTANT (e.g., history of seizures, tubes in ears, severe allergies, previous medical or psychiatric treatment, head injury, surgeries, etc.)

SIGN: _____ **DATE:** _____