**Plymouth High School**

Request for Student Intervention

Team (SIT) Meeting

Name of Student: Grade:

Name of Parent(s) or Guardian:

Address: Phone: Email:

Individual Requesting BCT:

How have you interacted with the parent(s) and how have they responded:

What are the student’s strengths:

Describe your concern(s) with this student:

What interventions have you used:

What are the results to the interventions:

**Please identify the professionals / parents / individuals you are requesting to attend:**

Parent(s) –

Classroom teachers –

Individual’s student has good rapport with –

Other Community Professionals –

**Student Intervention Team**:

Associated Principal – Andy Novak

School Psychologist – Tina Helmer

School Counselor – Sam Scharinger

Teacher(s) – Melissa Juneau