TITLE 1 / ACADEMIC INTERVENTION SERVICES (AIS)

PARENT REFERRAL FORM

1. Student Information

- **Student Name: _____**
- **Grade: _____ Teacher: _____**
- **School Name: _____**
- **Date of Birth: /_____**

2. Parent / Guardian Information

- **Parent/Guardian Name(s): _____**
- **Phone Number: _____**
- **Email Address: _____**
- **Preferred Contact Method:** [ ] Phone [ ] Email [ ] Text

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3. Area(s) of Concern *(Check all that apply)*

- [ ] **Reading / Literacy** *(e.g., phonics, reading comprehension, fluency, vocabulary)*
- [ ] **Mathematics** *(e.g., basic math facts, word problems, math concepts)*
- [ ] **Homework / Classwork Completion**
- [ ] **Academic Growth / Falling Behind Grade Level**

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4. Specific Description of Concerns *Please describe the specific academic challenges your child is experiencing at home or in school:*

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5. Interventions / Strategies Tried at Home *Please check or list any strategies you have tried to support your child:*

- [ ] Daily home reading / read-aloud time
- [ ] Math flashcards / practice apps
- [ ] Homework help / tutoring outside school
- [ ] Communication with the classroom teacher

- [ ] Other: _____

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6. Parent Signature & Consent

I am requesting that the Title 1 / Academic Intervention Team review my child's academic progress to evaluate eligibility for supplemental Title 1 support services.

Parent/Guardian Signature: _____ Date: //_____

For Office / Title 1 Coordinator Use Only

- **Date Received: //_____**
- **Current Assessment Scores:**
  - MAP Reading: _____ | MAP Math: _____
  - State Assessment Level: _____
- **Action Taken:**
  - [ ] Approved for Title 1 Services (Subject: _____)
  - [ ] Referred to Student Support Team (SST) / RTI Team
  - [ ] Contacted Parent to Discuss Strategy / Results
- **Title 1 Coordinator Signature: _____ Date: //_____**