



**Bridges Preparatory School**  
**Parent Request/Referral for Assistance**

**Return to Laura Merrick, MTSS Director and School Psychologist**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

What are your concerns? What specific question(s) do you want answered?

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What type of assistance are you requesting?

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How long have you been concerned about these problems? \_\_\_\_\_

How have you tried to address these problems?

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How do these problems impact their involvement at school? How do they substantially limit their academic progress?

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Does the child have any significant medical issues? \_\_\_\_\_

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Has the child had any private evaluations (psychological, speech, occupational therapy, etc.)? \_\_\_\_\_

If yes, explain. \_\_\_\_\_

**Please attach all relevant records and reports that you want to share with the school.**

Person completing this form: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_