Souderton Area School District
A community where character counts

Parent Request for Assistance (RFA)

Complete this form if you have concerns about your child.

Please e-mail the completed form to your child's school counselor.

Student Information

Student Name: _____ Grade: _____

School: _____

Parent/Guardian Name: _____

Phone: _____

E-mail: _____

What concerns do you have about your child? (Check all that apply)

- ☐ Academic performance
- ☐ Attendance
- ☐ Behavior at school
- ☐ Emotional or mental health concerns
- ☐ Peer relationships/social concerns
- ☐ Substance use concerns
- ☐ Family or home-related concerns impacting school
- ☐ Bullying or safety concerns
- ☐ Physical health concerns
- ☐ Other: _____

How long has this concern been present?

- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ More than 3 months

Have you discussed this concern with a school staff member? ☐ Yes ☐ No

If yes, who? _____

What support are you seeking?

☐ Information and guidance
☐ Academic support
☐ Social-emotional support
☐ Counseling resources
☐ Substance use support
☐ Attendance support
☐ Unsure, I would like someone to contact me

Parent/Guardian Signature: _____Date: _____

Internal Use Only (School Staff)

Referral Destination:

☐ MTSS Team
☐ SAP Team
☐ School Counselor
☐ Home and School Visitor
☐ Administration
☐ Other: _____

Staff Initials: _____ ____Date: _____