**COVER PAGE**

**Student Assistance Team Referral Packet**

**Part I. Complete the following.**

|  |  |
| --- | --- |
| **Date** |  |
| **Student Name (Last, First)** |  |
| **Student ID #** |  |
| **Student Grade** |  |
| **School** |  |
| **Teacher** |  |
| **Name of Parent/Guardian** |  |
| **Parent/Guardian Contact Information** | Phone: |
| Email: |

**Part II. Designation for SAT referral**

A referral may only proceed to the SAT if any one or more of the following designations are met (please check applicable designation(s).

|  |  |  |
| --- | --- | --- |
| **Check** | **Description** | **Reference** |
|  | Suspected of having a disability | [OSEP Memo of 11/07](file:///C%3A%5CUsers%5CElizabeth%20J%20Marrufo%5CDesktop%5COneDrive%5CMLSS%20Documents%5COSEP%20Memo%20of%2011.07.pdf) |
|  | Student has been or is in danger of being retained | [NMSA 22-2C-6](https://nmonesource.com/nmos/nmsa/en/item/4368/index.do#!b/22-2C-6) |
|  | Student has been exited from Special Education | [NM TEAM Manual](file:///C%3A%5CUsers%5CElizabeth%20J%20Marrufo%5CDesktop%5COneDrive%5CNM-TEAM-Technical-Evaluation-and-Assessment-Manual.pdf) (pps. 41, 43) |
|  | Student has been restrained two or more times in a 30-day period minimum  | [NMAC 6.11.2.10](https://nmonesource.com/nmos/nmac/en/item/18063/index.do#!b/s6_11_2_10) |
|  | Parent Request | [OSEP Memo of 11/07](file:///C%3A%5CUsers%5CElizabeth%20J%20Marrufo%5CDesktop%5COneDrive%5CMLSS%20Documents%5COSEP%20Memo%20of%2011.07.pdf) |