
Parent/Guardian AL Inquiry Form for MMSD Advanced Learner Identification

Student Name (please print) _____ Grade _____

Teacher/subject _____ School _____

Parent/Guardian name (please print) _____

E-mail/Daytime phone _____ Date _____

Pursuant with state guidelines, MMSD has adopted a systematic process to match students with appropriate interventions based on set criteria. If you believe that your child needs advanced intervention in the classroom, the first step in the process is to speak with your child's teacher. If you and/or your child's teacher feel that your child needs additional AL supports in one or more domain, please fill out this form and submit to enetterstrom@madison.k12.wi.us with **AL Inquiry Form** as the subject line. The form will then be submitted to your child's school by the Advanced Learning Office, and an Advanced Learning Specialist will contact you within two weeks.

The purpose of this form is to gather information regarding your child to initiate a discussion between you, school staff and AL personnel. The process for a match with appropriate interventions includes multiple steps that involve information gathering and possible additional assessments or interviews. You can also attach copies of information that you think will be helpful in considering options that are in the best interest of your child.

I grant my permission for my child to be assessed for Advanced Learning needs:

Parent Signature _____ Date _____

Questions	Evidence
What questions do you have that bring you to submit this pre-referral form?	
What unique talents and abilities does your child possess?	
What are your child's individual needs as a learner in school?	
Does your child have a passion that is pursued outside of school?	
What discussions have you had with your child's teacher in the past year?	
What other information would you like us to have about your child's abilities and/or learning needs?	

Date received: _____ Copies to: ALS Principal Teacher