



Request for Removal of Student Support and Progress Team Referral(s) from MiSiS

This form is to be used when an SSPT Referral has been created by mistake and the principal is requesting to have the record removed from MiSiS.

SCHOOL: _____ **LOCATION CODE:** _____ **DATE:** _____

Student Name (Last Name, First Name)		10 Digit/District ID#	
Indicate the specific date the SSPT referral was created.			
State the specific reason why this record needs to be deleted			

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Indicate the specific date the SSPT referral was created.			
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Indicate the specific date the SSPT referral was created.			
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Contact's Printed Name

Email Address

Date

Principal's Printed Name

Email Address

Date

Approver's Printed Name

Approver's Signature

Date

Email the completed form(s) to the local district Intervention Coordinator for your respective school site. If in LD Central, email completed form to Dr. Whitman at rdw5302@lausd.net. To email your LD Intervention Coordinator, see contact list at <http://achieve.lausd.net/sspt>.

** If additional lines are needed, copy this form and number the pages prior to emailing.*

Page ___ of ___