INTERVENTION AND REFERRAL SERVICES

SAMPLE INITIAL REQUEST FOR ASSISTANCE FORM

Confidential

TO: Intervention and Referral Services Team

FROM: _____

DATE: _____

STUDENT: _____

Reasons for Request for Assistance (Must be for school-based issues, i.e., academics, behavior, school health):

_____
_____
_____
_____

Specific and Descriptive Observed Behaviors (Hearsay or subjective comments will not be accepted):

_____
_____
_____
_____

Please list all teachers and/or specialists who have contact with this student.

_____
_____
_____
_____

The "Prior Interventions" checklist, on the reverse side of this form, must also be completed for your request to be considered.

Place the completed forms in a sealed envelope and deliver to the I&RS team mailbox.

INTERVENTION AND REFERRAL SERVICES

SAMPLE INITIAL REQUEST FOR ASSISTANCE
PRIOR INTERVENTIONS CHECKLIST

Confidential

Staff Requesting Assistance: _____ Date: _____

Student: _____ Grade: _____

Please indicate the types of interventions you have tried prior to this request for assistance.

1. Spoke to student privately after class.
   a) Explained class rules and expectations. _____
   b) Explained my concerns. _____

2. Gave student help after class/school. _____

3. Changed student's seat. _____

4. Spoke with parent on the telephone. Phone number _____ _____

5. Gave student special work at his/her level. _____

6. Checked cumulative folder. _____

7. Held conference with parent in school. _____

8. Sent home notices regarding behavior/school work. _____

9. Arranged an independent study program for student. _____

10. Gave student extra attention. _____

11. Set up contingency management program with student. _____

12. Assigned student detention. _____

13. Referred student to guidance _____, substance awareness coordinator _____, administration _____, other (specify) _____.

14. Other (Please explain.) _____
    _____
    _____

Staff Member's Signature: _____ Date: _____

INTERVENTION AND REFERRAL SERVICES

SAMPLE CASE COORDINATOR CHECKLIST

Confidential

Date: _____
Student Name:_____
Parent Name: _____
Address: _____
City/State/Zip:_____

Grade/Team/Section: _____
Date of Birth: _____
Parents' Home Phone:_____
Parents' Work Phone: _____
Case Coordinator: _____

DATE SENT	DATE RECEIVED	DOCUMENT
_____	_____	Initial Request for Assistance, and
_____	_____	Prior Interventions Checklist
_____	_____	Request for Assistance Feedback
_____	_____	Staff Information Collection
		(list subject areas)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	Information Summary Form
_____	_____	Information Collection Reminder
		(to whom)
_____	_____	Staff Thank You Memo
_____	_____	Guidance Counselor Form
_____	_____	Discipline Form
_____	_____	Student Advisor Form
_____	_____	School Nurse/Health Form
_____	_____	Parent Letter
_____	_____	Parent Questionnaire
_____	_____	Parent Interview Form
_____	_____	Student Self-Assessment Sheet
_____	_____	Release of Information Form
_____	_____	Cumulative Folder Information:
_____	_____	Current Report Card
_____	_____	2 Years Prior Report Cards
_____	_____	Standardized Test Data
_____	_____	Attendance Information
_____	_____	Aftercare Parent Letter
_____	_____	Treatment Facility Letter

_____ _____ Other _____

DATE	**ACTION TAKEN**
_____	Followed-up with staff making the request (e.g., interview, observation)
_____	Summarized and quantified teacher information responses
_____	Reviewed referral with counselor
_____	Reviewed referral with substance awareness coordinator
_____	Reviewed referral with I&RS Team
_____	Reviewed alternatives and options
_____	Contacted/met with student
_____	Contacted/met with parent
_____	Obtained consent to release information
_____	I&RS Action Plan Initial Meeting
_____	I&RS Action Plan Follow-up Meeting
_____	Completed I&RS Action Plan Form
_____	Filed I&RS Action Plan Form
_____	Contacted/met with community agency/resource _____ _____
_____	Other _____

Summary of Action (Use the reverse side of the form, as necessary.):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

INTERVENTION AND REFERRAL SERVICES

SAMPLE FEEDBACK MEMO
FOR STAFF REQUEST FOR ASSISTANCE

Confidential

TO: _____

FROM: _____

DATE: _____

The status of your request for assistance of the Intervention and Referral Services Team for _____ is explained below:

The following indicates the status of the named student with the Intervention and Referral Services (I&RS) Team:

_____ The assigned case coordinator from the I&RS Team will contact you to further review the matter.

_____ The in-school assessment process has begun, including input from other staff.

_____ A home contract has been made. The I&RS Team is working with the student.

_____ Our preliminary assessment indicates no need for further action at this time.

_____ Other:

_____

_____

_____

We will make every attempt to keep you involved and informed within the laws governing confidentiality.
Thank you for your cooperation and concern.

INTERVENTION AND REFERRAL SERVICES

SAMPLE
PRIMARY TEACHER INFORMATION COLLECTION FORM

Confidential

Student Name: _____ Date: _____
Date of Birth: _____ Teacher Name: _____
Grade Level: _____ Reason for Request for Assistance: _____
Days Absent to Date: _____ _____
_____
_____

Directions: Please provide the information requested in the appropriate spaces below. Please also attach a copy of the student's current report card.

	Current Academic Performance Levels/Grades	***Student Strengths***	***Student Areas for Improvement***
Reading/Language Arts			
Math			
Language Arts			
Social Studies			
Science			
Expressive Arts			
Other: _____ _____	_____ _____	_____ _____	_____ _____

Directions: Please place a check before each *behavior or action* listed below that you have *observed*. Remember, only behaviors or actions you have *observed* should be noted.

Classroom Performance

- ❑ Failure in one or more subject areas (identify) _____
- ❑ Drop in grades, lower achievement
- ❑ Needs directions given individually
- ❑ Does not ask for help when needed
- ❑ Prefers to work alone
- ❑ Does not complete homework
- ❑ Does not complete in-class assignments
- ❑ Homework is disorganized or incomplete
- ❑ Other _____
- ❑ Short attention span, easily distracted
- ❑ Poor short-term memory, e.g., can't remember one day to the next
- ❑ Finds it hard to study
- ❑ Gives up easily
- ❑ Lacks desire to do well in school
- ❑ Has demonstrated ability, but does not apply self

Social Skills

- ❑ Tends to stay to self, withdrawn
- ❑ Lack of peer relationships
- ❑ Appears lonely
- ❑ Slow in making friends
- ❑ Disturbs other students
- ❑ Negative leader
- ❑ Unyielding or stubborn on positions
- ❑ Argues with teacher
- ❑ Hits and/or pushes other students
- ❑ Threatens other students
- ❑ Teases other students
- ❑ Angered by constructive criticism
- ❑ Demonstrates lack of self-confidence
- ❑ Disrespects or defies authority
- ❑ Regularly seeks to be center of attention
- ❑ Frequent ridicule from classmates
- ❑ Appears unhappy/sad
- ❑ Lacks control in unstructured situations
- ❑ Change in friends
- ❑ Sexual behavior in public
- ❑ Difficulty in relating to others
- ❑ Talks freely about drugs/alcohol
- ❑ Other social *behavior* of concern:

_____

_____

_____

Disruptive Behavior

- ❑ Defiance, violation of rules
- ❑ Blaming, denying, not accepting responsibility
- ❑ Fighting
- ❑ Cheating
- ❑ Sudden outbursts of anger, verbally abusive to others
- ❑ Lack of impulse control
- ❑ Obscene language, gestures
- ❑ Noisy, boisterous at inappropriate times
- ❑ Crying for no apparent reason
- ❑ Highly active, agitated
- ❑ Erratic behavior
- ❑ Mood swings
- ❑ General changes in behavior patterns

If you have checked any item under the Social Skills or Disruptive Behavior sections, please attach another piece of paper and provide a detailed explanation.

Physical Symptoms

- ❑ Underweight
- ❑ Overweight
- ❑ Smells of tobacco, alcohol marijuana
- ❑ Wears clothes that challenge the dress code or are inappropriate
- ❑ Appears tense, on edge
- ❑ Slurred or impaired speech
- ❑ Appears sleepy, lethargic
- ❑ Impaired vision
- ❑ Impaired hearing
- ❑ Frequent physical injuries
- ❑ Deteriorating hygiene
- ❑ Dramatic change in style of clothes
- ❑ Sleeping in class
- ❑ Glassy, bloodshot eyes
- ❑ Frequent requests to see nurse
- ❑ Unsteady on feet
- ❑ Problems with muscle or hand-eye coordination

Background Information (If known, please do not ask child or family.)

- ❑ Attendance problems
- ❑ Latchkey child
- ❑ Involvement with community agencies
- ❑ Death in the immediate family
- ❑ Chronic illness in immediate family
- ❑ Divorce or separation
- ❑ Unemployment
- ❑ Single parent household
- ❑ Previously identified for drug/alcohol use
- ❑ Adjudicated for a juvenile offense
- ❑ Lives with someone other than parent
- ❑ Known medical problem
- ❑ Takes medication
- ❑ Previously involved with counseling
- ❑ Currently involved with counseling
- ❑ Previously identified for assistance
- ❑ Discusses concerns regarding drug/alcohol use in the home
- ❑ Family member incarcerated or adjudicated

Related Services or Programs

a) School-based:

- ❑ Title I
- ❑ Reading Specialist
- ❑ Speech and Language Correctionist
- ❑ Gifted and Talented Program
- ❑ Substance Awareness Coordinator
- ❑ Guidance Counselor
- ❑ School Social Worker
- ❑ Child Study Team
- ❑ Other Specialists or Services

_____

_____

b) Community-based:

- ❑ List, if known
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____

Positive Qualities

List 1-3 (or more) skills or other positive characteristics and strengths, both personal (e.g., talents, traits, interests, hobbies) and environmental supports (e.g., friends, family members, faith community) that you have observed or that apply for this student:

Skills _____

_____

_____

Positive Characteristics and Strengths _____

_____

_____

Environmental Supports _____

_____

_____

INTERVENTION AND REFERRAL SERVICES

SAMPLE TEACHER INFORMATION COLLECTION FORM

Confidential

Please return this form, in a sealed envelope, to the I&RS Team mailbox by _____.
(date)

TO: I&RS Team
FROM: _____
DATE: _____
REFERENCE: _____

Classes in which the above-named student is enrolled: _____
_____

Period(s) of the day you see the student: _____

Check each of the following items that are of concern to you or that you have noticed regarding the above-named student.

Class Attendance:

_____Frequent requests to leave class to see:
_____ advisor
_____ nurse
_____ other _____

_____ Frequent tardiness
_____ Frequent absences
_____ Class cuts

Academic Performance:

_____ Drop in grades, lower achievement
_____ Failure to complete in-class assignments
_____ Failure to complete homework assignments
_____ Cheating

_____ Present grade (approximately)
_____ Decrease in class participation
_____ Short attention span, easily distracted

Disruptive Behavior:

_____ Attention-getting behavior, extreme negatives
_____ Fighting and/or sudden outbursts of anger and/or verbal abuse toward others

_____ Violating rules
_____ Blaming, denying
_____ Obscene language, gestures
_____ Hyperactivity, nervousness

Physical Symptoms:

_____ Sleeping in class
_____ Unexplained, frequent physical injuries
_____ Deteriorating personal appearance
_____ Frequent complaints of nausea or vomiting
_____ Smelling of alcohol or marijuana

_____ Unsteady on feet
_____ Slurred speech
_____ Frequent cold-like symptoms
_____ Glassy, bloodshot eyes

Atypical Behavior:

_____ Change in friends, change in behavior
_____ Sudden popularity
_____ Older or significantly younger social group
_____ Sexual behavior in public
_____ Talks freely about substance abuse
_____ Withdrawn, difficulty in relating to others
_____ Inappropriate responses
_____ Erratic behavior
_____ Constant adult contact
_____ Disoriented
_____ Unrealistic goals
_____ Depression
_____ Defensive
_____ Unexplained crying

Home/Social/Family Problems:

_____ Family problems
_____ Peer problems
_____ Family alcohol/drug problems
_____ Runaway
_____ Job problems

Policy/Discipline Code Violations:

_____ Involvement in thefts and assaults
_____ Possession of drugs/alcohol
_____ Possession of drug paraphernalia (e.g., roach clips, bongs, rolling paper)
_____ Vandalism
_____ Carrying a weapon
_____ Selling Drugs

Extra Curricular Activities

_____ Missed athletic practice without substantial/acceptable reason
_____ Loss of eligibility
_____ Missed club/group meeting without substantial/ acceptable reason
_____ Dropped out of activity (name of activity): _____

Please feel free to offer comments (positive or corrective) that you think will be helpful in addressing this student's needs. Remember, only comments that are *school-based, school-focused* and *specific, descriptive, objective/factual and observable* are acceptable.

Skills _____
_____
_____

Positive Characteristics, Strengths, Interests _____
_____
_____

Environmental Supports _____
_____
_____

Thank you for your cooperation, caring and concern!

INTERVENTION AND REFERRAL SERVICES

SAMPLE INFORMATION SUMMARY FORM

Confidential

Student: _____ Date: _____

Case Coordinator: _____

STUDENT'S ROSTER:							
CLASSROOM PERFORMANCE							
Failure in one or more subject areas							
Drop in grades, lower achievement							
Needs directions given individually							
Does not ask for help when needed							
Prefers to work alone							
Does not complete homework							
Does not complete in-class assignments							
Homework is disorganized or incomplete							
Short attention span, easily distracted							
Poor short-term memory, e.g., can't remember one day to the next							
Finds it hard to study							
Gives up easily							
Lacks desire to do well in school							
Has demonstrated ability, but does not apply self							
SOCIAL SKILLS							
Tends to stay to self, withdrawn							
Lack of peer relationships							
Appears lonely							
Slow in making friends							
Disturbs other students							
Negative leader							
Unyielding or stubborn on positions							
Argues with teacher							
Hits and/or pushes other students							
Threatens other students							
Teases other students							
Angered by constructive criticism							
Demonstrates lack of self-confidence							
Disrespects or defies authority							
Regularly seeks to be center of attention							

STUDENT'S ROSTER:							
Frequent ridicule from classmates							
Appears unhappy/sad							
Lacks control in unstructured situations							
Change in friends							
Sexual behavior in public							
Difficulty in relating to others							
Talks freely about drugs/alcohol							
Other social *behavior* of concern							
DISRUPTIVE BEHAVIOR							
Defiance, violation of rules							
Blaming, denying, not accepting responsibility							
Fighting							
Cheating							
Sudden outbursts of anger, verbally abusive to others							
Lack of impulse control							
Obscene language, gestures							
Noisy, boisterous at inappropriate times							
Crying for no apparent reason							
Highly active, agitated							
Erratic behavior							
General changes in behavior patterns							
PHYSICAL SYMPTOMS							
Underweight							
Overweight							
Smells of tobacco, alcohol marijuana							
Wears clothes that challenge the dress code or are inappropriate							
Appears tense, on edge							
Slurred or impaired speech							
Appears sleepy, lethargic							
Impaired vision							
Impaired hearing							
Frequent physical injuries							
Deteriorating hygiene							
Dramatic change in style of clothes							
Sleeping in class							
Glassy, bloodshot eyes							
Dramatic change in style of clothes							
Unsteady on feet							
Problems with muscle or hand-eye coordination							

STUDENT'S ROSTER:							
BACKGROUND INFORMATION							
Attendance problems							
Latchkey child							
Involvement with community agencies							
Death in the immediate family							
Chronic illness in immediate family							
Divorce or separation							
Unemployment							
Divorce or separation							
Previously identified for drug/alcohol use							
Adjudicated for a juvenile offense							
Lives with someone other than parent							
Known medical problem							
Takes medication							
Previously involved with counseling							
Currently involved with counseling							
Previously identified for assistance							
Discusses concerns regarding drug/alcohol use in the home							
Family member incarcerated or adjudicated							
RELATED SCHOOL-BASED SERVICES OR PROGRAMS							
Title I							
Reading Specialist							
Speech and Language Correctionist							
Substance Awareness Coordinator							
Guidance Counselor							
School Social Worker							
Child Study Team							
Other specialists or services: _____ _____ _____ _____ _____							

Related Community-based Services and Programs:

_____

_____

_____

_____

_____

Positive Characteristics, both personal (e.g., skills, talents, traits, interests, hobbies) and environmental (e.g., friends, family members, faith community):

PERSONAL

Skills _____

_____

Talents _____

_____

Traits _____

_____

Interests _____

_____

Hobbies/ Activities _____

_____

Other _____

ENVIRONMENTAL

Friends _____

Family _____

Faith Community _____

Other _____

Use the spaces below to make comments and observations based upon the summary review of data. Comments must be school-based, school-focused and be specific, descriptive, objective/factual and observable.

_____

_____

_____

_____

_____

_____

_____

SAMPLE INFORMATION COLLECTION REMINDER MEMO

Confidential

TO: _____

FROM: _____,
I&RS Team Member

DATE: _____

SUBJECT: _____

A few days ago, the I&RS Team sent you the I&RS program's information collection form on the above-named student. It is essential that we have an accurate and complete profile of this student to develop an appropriate intervention and referral services action plan. We would appreciate your cooperation in returning the form now.

Please see _____ if this is a problem.

Attached is another form in the event that the one previously supplied to you is not available. If you need an additional form or have questions or concerns, immediately contact the I&RS Team member identified above.

Thank you for your cooperation.

Attachment
c:

INTERVENTION AND REFERRAL SERVICES

SAMPLE STAFF THANK YOU MEMO

Confidential

TO: _____
FROM: _____, I&RS Team Member
DATE: _____
SUBJECT: Thank You for Reporting Information on _____
(student's name)

Thank you for your cooperation in returning the information collection form for the above-named student. Your input will be added to information gathered on the student from a variety of sources. A determination on remedial action will be made soon. Respecting the laws governing confidentiality, we will make every attempt to keep you informed.

The cooperation and support of the entire school community is vitally important for the success of the I&RS Team in helping staff, parents and students in need of assistance.

Thank you for your cooperation.

c:

INTERVENTION AND REFERRAL SERVICES

SAMPLE GUIDANCE COUNSELOR FORM

Confidential

TO: _____
FROM: (Case Coordinator Name), I&RS Team
DATE: _____
REFERENCE: _____
GRADE: _____

The I&RS Team is gathering information on the above-named student. Your input is essential in developing a complete and accurate profile of this student. If there is information you prefer not to commit to writing or if you have any questions, please immediately contact me or another member of the team.

Confidential Information:

❑ Yes ❑ No Has a psychological evaluation been conducted on this student? If yes, please describe: _____

❑ Yes ❑ No In addition to your role, are you aware of any kind of counseling or therapy (current or past) that has been provided to the student? If yes, please describe: _____

❑ Yes ❑ No Has any type of educational testing been conducted on this student? If yes, please describe: _____
_____
_____

Parent Contacts:
Please provide information on the number, purposes and outcomes of parent contacts regarding this student.

_____
_____
_____
_____
_____

Guidance Information:
Please give any additional information that you think would be helpful in the team's assessment of the student, including skills, positive characteristics and environmental supports. (Use the back of the form if necessary.)

_____
_____
_____
_____
_____
_____
_____
_____

INTERVENTION AND REFERRAL SERVICES

SAMPLE ATTENDANCE FORM

Confidential

TO: _____
FROM: Intervention and Referral Services Team
REFERENCE: _____
DATE: _____

Please provide attendance data on the student named above for the time period of _____ _____, _____ to _____ _____, _____.

The attendance information either may be supplied on this form or in the standard format used by your office. Whichever format is used, please be sure to provide actual dates of absences; indicate whether the absences were excused or unexcused; and where possible, please cite explanations given for absences.

DATE OF ABSENCE	***EXCUSED***	***UNEXCUSED***	***EXPLANATION FOR ABSENCE***

INTERVENTION AND REFERRAL SERVICES

SAMPLE DISCIPLINE FORM

Confidential

TO: _____
FROM: Intervention and Referral Services Team
REFERENCE: _____
DATE: _____

Please provide the information requested below for the above-named student and return the form to the I&RS Team by _____

The number of referrals to date: _____

The number of times parents have
been contacted regarding the student's behavior: _____

The number of days for each detention that has been assigned to the student and the reason(s) for each:

_____ _____
_____ _____
_____ _____
_____ _____

The number of days for each suspension that has been assigned to the student and the reason(s) for each:

_____ _____
_____ _____
_____ _____
_____ _____

Has the student ever been detained in the office, assigned a restricted lunch, kept in for recess/open periods, etc.? Please comment.

_____
_____
_____
_____

Please provide any other comments or important information regarding disciplinary issues and consequences, as well as skills, positive characteristics and environmental supports:

_____
_____
_____
_____

INTERVENTION AND REFERRAL SERVICES

SAMPLE STUDENT ADVISOR FORM

Confidential

TO: _____
FROM: I&RS Team
DATE: _____
REFERENCE: _____
GRADE: _____
TEACHER: _____

The I&RS Team is in the process of gathering comprehensive information on the above-named student. Your input will help the team develop an accurate profile of the student, as well as a positive course of action.

Please return this form to _____, by _____.

Academic Information:

Class rank: _____ GPA: _____

Confidential Information:

❑ Yes ❑ No Is there a copy of a psychological evaluation?

❑ Yes ❑ No In addition to your role, are you aware of any kind of counseling or therapy provided to the student, either currently or in the past?

Guidance Information:

Please provide any additional information you think will be helpful in the team's assessment of this student, including skills, positive characteristics and environmental supports. (Use the back of the form if necessary.)

_____
_____
_____
_____
_____
_____
_____
_____

INTERVENTION AND REFERRAL SERVICES

SAMPLE SCHOOL NURSE/SCHOOL HEALTH FORM

Confidential

TO: _____
FROM: I&RS Team
REFERENCE: _____
DATE: _____

Please complete and return this form to the I&RS Team by: _____

Health History

Is the student currently taking any medication? If yes, please identify. _____
_____

Are you aware of any prior use of medication by the student? If yes, identify each medication and condition treated. _____
_____

Are you aware of any medical or other condition that could interfere with the student's ability to perform in school? If yes, please describe the condition and its implications.
_____
_____

Health Assessment

Date of birth: _____
Height: _____ Weight: _____
Vision: _____ Hearing: _____
Skin: _____ Posture: _____
Comments: _____

Socialization

Observable behaviors: _____
Behavioral changes: _____
Comments: _____

Physical Appearance (e.g., personal hygiene, fatigue, odor of smoke, attire)
_____
_____
_____
_____

Visits to Nurse

Frequency/Number: _____
Reasons: _____

Physical Education Excuses

Number: _____
Reasons: _____
Comments: _____

Student Strengths

Skills _____
_____
_____

Positive Characteristics _____
_____
_____

Environmental Supports _____
_____
_____

Other _____

Other Pertinent Information

_____
_____
_____
_____
_____
_____
_____

INTERVENTION AND REFERRAL SERVICES

SAMPLE PARENT OR GUARDIAN LETTER

Confidential

***NOTE**: A personal interview with the student's parent or guardian is always the preferred method of contact. A personal conversation provides the opportunity for the I&RS team to achieve the following objectives: 1) Provide support to the parent, 2) Obtain important data, and 3) Develop a personal relationship. The Sample Parent Questionnaire and Sample Parent Interview provides suggested questions to be explored during the interaction. If personal notification is not possible, the district might consider corresponding on school letterhead, accompanied by the Parent Questionnaire.*

Mr. and Mrs. Parent
Home Lane
Nuclear-Extended Family, NJ 00000 Date

Dear Mr. and Mrs. Parent:

We have a new opportunity to provide assistance to your *(daughter/son)*, *(student's full name)*, through the school's Intervention and Referral Services Team. Working in cooperation with families, such as yours, enables the team to better understand how to provide appropriate help to all of our students. Your knowledge and information regarding *(student's first name)* is most valuable to us in determining the best way to proceed to support you and your child.

We invite you to either call *(school representative for this case,)* at *(school representative's phone number)* to discuss the matter, contact us to schedule a school visit, or notify us of the best way to reach you. You can reach us between the hours of _____ a.m. and _____ p.m.

You can also help us by completing the attached Parent Questionnaire and returning it in the enclosed envelope as soon as possible. The information you provide will help us to determine a positive course of action, and will be strictly held in confidence.

Together, we can be more effective in helping your child achieve (*his/her*) potential. Thank you for joining with us in this effort. We look forward to hearing from you.

Sincerely,

Edith Educator, School Representative
Enclosure
c:

INTERVENTION AND REFERRAL SERVICES

SAMPLE PARENT QUESTIONNAIRE

Confidential

Student's Name: _____

Parent's Name: _____

Date: _____

1) What do you see as your child's strengths?

2) What makes you proud of your child?

3) What does your child do that causes you the most concern?

4) What has been the most successful way to deal with your child's behavior?

5) How can the school assist you with the concerns you have for your child or the concerns that have been identified by the school?

6) In the past school year, has your child been seen by a doctor for anything other than a common illness? If so, what caused you to take your child to the doctor?

7) Has your child been seen by a health professional for any physical or emotional problem that interfered with your child's success in school?

8) What other information about your child or your family situation would be helpful for the school to know?

Please use the following rating scale to answer the questions below:

Always (4) ***Most of the Time (3)*** ***Hardly Ever (2)*** ***Never (1)***

_____ 1) Finishes what she/he begins.
_____ 2) Does the things I ask her/him to do.
_____ 3) Appears content.
_____ 4) Gets along with her/his friends.
_____ 5) Takes good care of her/his things.
_____ 6) Helps at home.
_____ 7) Makes me proud.
_____ 8) Obeys.
_____ 9) Shares.
_____ 10) Cries easily.
_____ 11) Talks back.
_____ 12) Hits.
_____ 13) Lies
_____ 14) Appears afraid.
_____ 15) Must be reminded to do things.
_____ 16) Gets hurt often.
_____ 17) Feels sick often.
_____ 18) Fights.
_____ 19) Ruins things.
_____ 20) Teases others frequently.
_____ 21) Threatens others.
_____ 22) Has trouble remembering things.
_____ 23) Accepts criticism.
_____ 24) I trust my child
_____ 25) I know what to expect from my child.

Please return the completed questionnaire in the enclosed envelope
to the following address:

Scholastic School
Academic Avenue
High Standards, NJ 00000

INTERVENTION AND REFERRAL SERVICES

SAMPLE PARENT INTERVIEW

Confidential

STUDENT'S NAME: _____
PARENT'S NAME: _____
DATE: _____

1) Who are the people living in the home with the child? (NOTE: If the family is not a "traditional," nuclear family, follow-up on details.)

_____
_____

2) What, if any, important changes have occurred in the family structure?

_____
_____

3) How did your child react to the changes in family structure?

_____
_____

4) What, if any, serious illness or injury has your child had? Please identify and explain.

_____
_____

5) Is your child on medication? If so, please identify and explain the reason.

_____
_____

6) Have you noticed any significant changes in your child's behavior?

_____
_____

7) Have you noticed any changes in your child's eating habits?

_____
_____

8) Have there been any changes in your child's sleeping habits?

_____
_____

9) Has your child experienced a bed-wetting problem?

_____
_____

10) Has there been any change in your child's physical appearance?

_____
_____

11) How does your son/daughter spend his/her time?

_____

_____

12) Does your child share his/her thoughts regularly and openly share his/her thoughts with you?

_____

_____

13) Does your child share his/her thoughts and feelings with anyone else? If yes, who?

_____

_____

14) Who initiates conversation between you and your child?

_____

_____

15) Does your child seem sad, moody or angry?

_____

_____

16) Have you ever had reason to suspect that your child has ever experimented with alcohol or other drugs? Please explain.

_____

_____

17) Has your child ever talked about suicide? Please explain.

_____

_____

18) Have any of your son's/daughter's friends or any family members attempted or committed suicide?

_____

_____

19) Has your child intentionally inflicted injury upon himself or others? Please clarify.

_____

_____

20) Has your child given away any of his/her important possessions lately?

_____

_____

21) Have you noticed any changes in your child's room?

_____

_____

22) In the past few months, have you noticed any money, alcohol, prescription or over-the-counter medications missing?

_____

_____

23) Has any member of your family (including grandparents, uncles, aunts, etc.) ever had a problem with alcohol or other drugs?

_____

_____

24) Who assumes primary responsibility for discipline in your family?

_____

_____

25) How do you discipline your child?

_____

_____

What works best? _____

_____

What do you find doesn't work? _____

_____

26) What do you see as your child's strengths?

_____

_____

27) What makes you proud of him/her?

_____

_____

28) What does your child do that causes you the most concern?

_____

_____

29) Has your child been seen by a health professional for any physical or emotional problems that interfered with his/her success in school?

_____

_____

30) Is there anything you can think of that is going on that might be affecting your child?

_____

_____

31) Is there anything else you would like to share?

_____

_____

INTERVENTION AND REFERRAL SERVICES

SAMPLE STUDENT SELF-ASSESSMENT SHEET

Confidential

Student Name: _____ Date: _____

Check the column that most NEARLY applies to how you view yourself. There are no right or wrong choices, so check what you REALLY do.

	Always	***Usually***	***Sometimes***	***Hardly Ever***	***Never***
Volunteer in class					
Demonstrate appropriate hall behavior					
Arrive to class on time					
Do what I'm told					
Behave for substitute teachers					
Talk in class					
Write on desks					
Lean back in chairs					
Chew gum in class					
Throw objects in class					
Hit or fight with other students					
Have all materials for class					
Help teacher when asked					
Respectful toward others					
Pay attention in class					
Clean up desk area					
Accept extra duties in class					
Use lavatory time properly					
Turn in found objects to teacher or office					
Obey the bus driver/crossing guard					
Copy work from others					
Use abusive language					
Destroy property					
Take responsibility for my actions					
Seek help when needed					
Break school rules					

INTERVENTION AND REFERRAL SERVICES

SAMPLE GENERAL RELEASE OF INFORMATION CONSENT FORM

Confidential

I, _____,
(*student or parent/guardian name*)

authorize _____
(*name of individual/school disclosing information*)

to disclose to _____
(*name or title of individual/organization to whom the information is to be disclosed*)

the following specific information from my record: _____
_____
_____
_____.

This consent to disclose information may be revoked by me at any time, except to the extent that action has already been taken in reliance thereupon.

This consent, unless expressly revoked earlier, expires upon (*specify the date, event and/or condition upon which consent expires*):

Date: _____
Event: _____
Condition: _____

Student Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____

Legal Representative Signature: _____ Date: _____

Specify Relationship of Legal Representative_____

INTERVENTION AND REFERRAL SERVICES

SAMPLE I&RS ACTION PLAN FORM #1

Confidential

Person Requesting Assistance: _____ Meeting Date: _____
Recorder Keeper's Name: _____ Parent Notification Date: _____
Attendance: _____ Case Coordinator: _____
_____ _____
_____ _____

1) Reason(s) for Request for Assistance (presenting educational problem[s]):

_____
_____
_____

2) Problem Description

a) Behaviors of Concern (*Specific, Observable, Descriptive, Objective, Factual*):

_____ _____
_____ _____
_____ _____

b) Background Information:

_____ _____
_____ _____
_____ _____

c) General Nature of Problem: Competence _____ Compliance _____

3) Selected Problem(s) (*problems that can and must be changed*):

_____
_____
_____

4) Student Strengths

a) Personal:

_____ _____
_____ _____
_____ _____

b) Environmental:

_____ _____
_____ _____
_____ _____

5) Behavioral Objective (*short-term, achievable, measurable*):

_____
_____
_____

6) Prior Interventions

a) Outcomes/Effects of Past Efforts:

_____
_____
_____

b) Reasons for Past Successes:

_____
_____
_____

c) Reasons for Past Failures:

_____
_____
_____

d) Benefits to the student and others involved with the student for not changing:

_____
_____
_____

7) Alternative Solutions (*brainstorming*):

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

8) Evaluation of Alternative Solutions (*consider positive and negative consequences, strengths and concerns, benefits to the student and family, benefits to the person requesting assistance, success orientation, available resources*):

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

9) Selected Solution(s) (*consider whether it is in a new form, maintains the student's dignity, develops the student's internal locus of control over the problem, implementers are capable of implementing it, empowers or provides relief for the person requesting assistance*):

_____
_____
_____
_____

10) Implementation, Monitoring and Support Plan*

Specific Tasks	Resources	Responsible Persons	Completion Date

** Should include, at a minimum, information on the type, frequency, duration and intensity of interventions, assistance to implementers and required individual and family support services.*

11) Follow-up and Evaluation Plan **12) Follow-up Meeting Date: _____**

Specific Tasks	Resources	Responsible Persons	Completion Date

13) Assessment of Team Effectiveness and Team Improvement Plan:

_____
_____
_____

FOLLOW-UP MEETING

Date: _____ Next Meeting Date: _____ Record Keeper's Name: _____
Attendance: _____ _____
_____ _____
_____ _____

14) Outcomes of I&RS Action Plan:

Strengths	Areas of Improvement

15) Recommended Action:

_____No Further Action _____ Continue Original I&RS Action Plan
_____ Modify Original I&RS Action Plan** _____ Refer to Child Study Team
_____ Other Referral (specify)_____ *(**If checked, complete steps 1-13, as appropriate.)*

INTERVENTION AND REFERRAL SERVICES

SAMPLE I&RS ACTION PLAN FORM #2

Confidential

… Worksheet …

Date: _____
Person Requesting Assistance: _____
I&RS Team Members: _____
_____
_____
_____

Parent Notification Date: _____
Problem Description:* _____
_____
_____
Goal Statement: _____
_____

INTERVENTION FEASIBILITY AND EFFECTIVENESS SCALE

Directions: Please rate the feasibility, effectiveness and efficiency of each intervention being considered according to the following rating scale criteria (each item should be rated on a scale of 1 to 5, where a score of 5 represents the most favorable rating). After rating each proposed intervention on each criterion, a total score for each intervention is obtaining by summing the rating given on each item. Each intervention should then be priority-ranked according to its total score. Team ratings and rankings should be a product of team consensus. In most cases, the intervention ranked first by the team is used by the individual(s) responsible for implementing the I&RS action plan to address the identified problem. Use the following rating scale:

Potential Impact: The potential impact of this intervention is (1 = *Low*, 5 = *High*).
Successful Use: The use of this type of intervention has been successful (1 = *Seldom*, 5 = *Often*), or in the case of a new intervention, the chance for success is (1 = *Low*, 5 = *High*).
Adaptive Skills: There is a high degree of comfort in the ability and skills of implementers to apply this intervention (1 = *Strongly Disagree*, 5 = *Strongly Agree*).
Time Needed: The estimated time needed to implement this intervention to be effective is (1 = *Very Unreasonable*, 5 = *Very Reasonable*).
Additional Resources: The number and types of additional resources needed to implement this intervention are (1 = *Very Unrealistic*, 5 = *Very Realistic*).

Intervention Alternative	Potential Impact	Successful Use	Adaptive Skills	Time Needed	Additional Resources	Total Score	Rank
1) _____	_____	_____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____	_____	_____	_____
7) _____	_____	_____	_____	_____	_____	_____	_____
8) _____	_____	_____	_____	_____	_____	_____	_____
9) _____	_____	_____	_____	_____	_____	_____	_____
10) _____	_____	_____	_____	_____	_____	_____	_____
11) _____	_____	_____	_____	_____	_____	_____	_____
12) _____	_____	_____	_____	_____	_____	_____	_____
13) _____	_____	_____	_____	_____	_____	_____	_____
14) _____	_____	_____	_____	_____	_____	_____	_____
15) _____	_____	_____	_____	_____	_____	_____	_____

* Please attach all appropriate documentation used to verify the problem description and all evidence of prior interventions used to solve the problem.

… ***Action Plan*** …

Implementation Strategies/Activities	Person(s) Responsible	Completion Time Frame

Monitoring Strategies	Person(s) Responsible	Completion Time Frame

Outcome Evaluation Strategies	Person(s) Responsible	Completion Time Frame

Evaluation of Intervention Feasibility and Effectiveness	Person(s) Responsible	Completion Time Frame

Follow-up and Redesign Plan	Person(s) Responsible	Completion Time Frame

Source: Idol, L. & West, J.F. (1993). *Effective Instruction of Difficult-To-Teach Students*. Adapted by permission.

INTERVENTION AND REFERRAL SERVICES

SAMPLE I&RS ACTION PLAN FORM #3

Confidential

Date: _____ Parent Notification Date: _____

Person Requesting Assistance: _____

I&RS Team Members: _____ _____ _____

_____ _____ _____

Problem Description:*

Prior Interventions Used to Solve the Problem:**

_____

_____

_____

Goal Statement:_____

_____

	Alternative Interventions/Solutions	*How Feasible and Effective*	*Rank*
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____
4.	_____	_____	_____
	_____	_____	_____
5.	_____	_____	_____
	_____	_____	_____
6.	_____	_____	_____
	_____	_____	_____

* Please attach all appropriate documentation used to validate the problem description and any supportive evidence of prior interventions used to solve the problem.

** In most cases, the intervention ranked first by the team (with concurrence of individuals responsible for implementation) will be used to address the identified problem.

Implementation Steps*	Person(s) Responsible	Time Frame

** Includes any recommendations for accessing school resources or community-based health or social services.*

How Will the Plan be Monitored?	Persons Responsible	Time Frame

How Will Student Progress be Evaluated?

Team Evaluation of Intervention Effectiveness	Date and Time of I&RS Follow-up Meeting**

*** Should occur within 2-4 weeks of the beginning of the I&RS Action Plan.*

Source: West, Idol and Cannon (1989). *Collaboration in the Schools: Communication, Interactions and Problem Solving*. Adapted by permission.