

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: _____

	<i>Alternative Interventions/Solutions</i>	<i>How Feasible and Effective</i>	<i>Rank</i>
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.