

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: \_\_\_\_\_