

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.