

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):

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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*):

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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: _____

12) Outcomes of I&RS Action Plan:

Strengths	Areas of Improvement
_____	_____
_____	_____
_____	_____
_____	_____

15) Recommended Action:

_____ No Further Action
 _____ Modify Original I&RS Action Plan**
 _____ Other Referral (specify) _____

_____ Continue Original I&RS Action Plan
 _____ Refer to Child Study Team

(**If checked, complete steps 1-13, as appropriate.)