

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 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 <i>behavior</i> 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.

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 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 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.

	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Hardly Ever</i>	<i>Never</i>
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					

