

Intervention and Referral Services

Each school building has established an Intervention and Referral Service plan designed to assist students who are experiencing learning, behavior and/or health difficulties. The plan involves a coordinated effort on behalf of teachers, parents, counselors, administrators and any other pertinent party to identify and assess student needs. The information collected is then used to implement an action plan consisting of appropriate services in order to help students succeed academically, socially and physiologically.

***SUMMARY OF TEAM PROCESS
FOR INTERVENTION AND REFERRAL
SERVICES***

REQUEST FOR ASSISTANCE

TEAM LEADER: COUNSELOR

***---Reviews Request---
---Schedules Initial Problem Solving Meeting
& the First Follow-up Meeting---***

***CONTACT PARENTS/GUARDIAN TO INFORM OF WHAT IS
BEING DONE & SET UP MEETING***

EMAIL TEACHERS REQUESTING FEEDBACK

***COUNSELOR OVERSEES INFORMATION
COLLECTION***

CONVENE PRE-SCHEDULED MEETING

PROBLEM SOLVE

DEVELOP AND IMPLEMENT ACTION PLAN

FOLLOW-UP MEETING IF NECESSARY

Barnegat High School
Office of Student Personnel Services



INTERVENTION AND REFERRAL SERVICES
INITIAL REQUEST FOR ASSISTANCE

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.

Return the completed form to the appropriate Guidance Counselor

By submitting this form, you will be a full partner with the I & RS team for the resolution of the identified concerns.

Barnegat High School
INTERVENTION AND REFERRAL SERVICES
Confidential

Mr. and Mrs. Parent
Home Lane
Nuclear-Extended Family, NJ 00000
Date

Dear Mr. and Mrs. Parent:

We have a new opportunity to provide assistance to your (*daughter/son*), (*student.s full name*), through the school.s Intervention and Referral Services Team. Working in cooperation with families, such as yours, enables the team to better understand how to provide appropriate help to all of our students. Your knowledge and information regarding (*student.s first name*) is most valuable to us in determining the best way to proceed to support you and your child.

We invite you to either call (*school representative for this case,*) at (*school representative.s phone number*) to discuss the matter, contact us to schedule a school visit, or notify us of the best way to reach you. You can reach us between the hours of _____ a.m. and _____ p.m.

You can also help us by completing the attached Parent Questionnaire and returning it in the enclosed envelope as soon as possible. The information you provide will help us to determine a positive course of action, and will be strictly held in confidence.

Together, we can be more effective in helping your child achieve (*his/her*) potential.

Thank you for joining with us in this effort. We look forward to hearing from you.

Sincerely,
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Edith Educator, School Representative
Enclosure

INTERVENTION AND REFERRAL SERVICES

TEACHER INFORMATION COLLECTION

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Student Name: _____ Date: _____
Date of Birth: _____ Teacher Name: _____
Grade Level: _____ Reason for Request for Assistance: _____
Days Absent to Date: _____

Directions: Please place a check before each *behavior or action* listed below that you have *observed*. Remember, only behaviors or actions you have *observed* should be noted.

Classroom Performance

- | | |
|--|---|
| <input type="checkbox"/> Failure in one or more subject areas (identify) _____ | <input type="checkbox"/> Short attention span, easily distracted |
| <input type="checkbox"/> Drop in grades, lower achievement | <input type="checkbox"/> Poor short-term memory, e.g., can't remember one day to the next |
| <input type="checkbox"/> Needs directions given individually | <input type="checkbox"/> Finds it hard to study |
| <input type="checkbox"/> Does not ask for help when needed | <input type="checkbox"/> Gives up easily |
| <input type="checkbox"/> Prefers to work alone | <input type="checkbox"/> Lacks desire to do well in school |
| <input type="checkbox"/> Does not complete homework | <input type="checkbox"/> Has demonstrated ability, but does not apply self |
| <input type="checkbox"/> Does not complete in-class assignments | |
| <input type="checkbox"/> Homework is disorganized or incomplete | |
| <input type="checkbox"/> Other _____ | |

Social Skills

- | | |
|---|--|
| <input type="checkbox"/> Tends to stay to self, withdrawn | <input type="checkbox"/> Disrespects or defies authority |
| <input type="checkbox"/> Lack of peer relationships | <input type="checkbox"/> Regularly seeks to be center of attention |
| <input type="checkbox"/> Appears lonely | <input type="checkbox"/> Frequent ridicule from classmates |
| <input type="checkbox"/> Slow in making friends | <input type="checkbox"/> Appears unhappy/sad |
| <input type="checkbox"/> Disturbs other students | <input type="checkbox"/> Lacks control in unstructured situations |
| <input type="checkbox"/> Negative leader | <input type="checkbox"/> Change in friends |
| <input type="checkbox"/> Unyielding or stubborn on positions | <input type="checkbox"/> Sexual behavior in public |
| <input type="checkbox"/> Argues with teacher | <input type="checkbox"/> Difficulty in relating to others |
| <input type="checkbox"/> Hits and/or pushes other students | <input type="checkbox"/> Talks freely about drugs/alcohol |
| <input type="checkbox"/> Threatens other students | <input type="checkbox"/> Other social <i>behavior</i> of concern:

_____ |
| <input type="checkbox"/> Teases other students | |
| <input type="checkbox"/> Angered by constructive criticism | |
| <input type="checkbox"/> Demonstrates lack of self-confidence | |

Disruptive Behavior

- | | |
|--|---|
| <input type="checkbox"/> Defiance, violation of rules | <input type="checkbox"/> Obscene language, gestures |
| <input type="checkbox"/> Blaming, denying, not accepting responsibility | <input type="checkbox"/> Noisy, boisterous at inappropriate times |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Crying for no apparent reason |
| <input type="checkbox"/> Cheating | <input type="checkbox"/> Highly active, agitated |
| <input type="checkbox"/> Sudden outbursts of anger, verbally abusive to others | <input type="checkbox"/> Erratic behavior |
| <input type="checkbox"/> Lack of impulse control | <input type="checkbox"/> Mood swings |
| | <input type="checkbox"/> General changes in behavior patterns |

INTERVENTION AND REFERRAL SERVICES

I&RS ACTION PLAN

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.

Barnegat High School
INTERVENTION AND REFERRAL SERVICES
CASE COORDINATOR CHECKLIST
Confidential

Date: _____ Grade/Team/Section: _____
 Student Name: _____ Date of Birth: _____
 Parent Name: _____ Parents. Home Phone: _____
 Address: _____ Parents. Work Phone: _____
 City/State/Zip: _____ Case Coordinator: _____

DATE SENT	DATE RECEIVED	DOCUMENT
_____	_____	Initial Request for Assistance, and Prior Interventions Checklist
_____	_____	Request for Assistance Feedback
_____	_____	Staff Information Collection (list subject are as)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	Information Summary Form
_____	_____	Information Collection Reminder (to whom)
_____	_____	Staff Thank You Memo
_____	_____	Guidance Counselor Form
_____	_____	Discipline Form
_____	_____	Student Advisor Form
_____	_____	School Nurse/Health Form
_____	_____	Parent Letter
_____	_____	Parent Questionnaire
_____	_____	Parent Interview Form
_____	_____	Student Self-Assessment Sheet
_____	_____	Release of Information Form
_____	_____	Cumulative Folder Information:
_____	_____	Current Report Card
_____	_____	2 Years Prior Report Cards
_____	_____	Standardized Test Data
_____	_____	Attendance Information
_____	_____	Aftercare Parent Letter
_____	_____	Treatment Facility Letter
_____	_____	Other _____

