

APPENDIX E**SAMPLE FORMS**

The forms, inventories and correspondence contained in Appendix E are only *samples* of documents used by I&RS teams, and are *not* the “approved” or “required” forms, inventories and correspondence. I&RS teams should carefully review the content and format of the documents to determine their applicability to their schools. Teams are encouraged to select only the types of documents that apply to their team’s operations, and adapt the forms for school use, as appropriate. In all cases, forms used by I&RS teams should be “user friendly,” that is they should be easy for staff to understand and complete, while providing the team with the maximum possible amount of data and other objective information on the identified academic, behavior or health difficulties.

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.

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

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 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: _____

<u>DATE SENT</u>	<u>DATE RECEIVED</u>	<u>DOCUMENT</u>
_____	_____	Initial Request for Assistance, <u>and</u> Prior Interventions Checklist
_____	_____	Request for Assistance Feedback
_____	_____	Staff Information Collection (list subject areas)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	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 _____

INTERVENTION AND REFERRAL SERVICES
SAMPLE FEEDBACK MEMO
FOR STAFF REQUEST FOR ASSISTANCE

Confidential

TO: _____

FROM: _____

DATE: _____

The status of your request for assistance of the Intervention and Referral Services Team for _____ is explained below:

The following indicates the status of the named student with the Intervention and Referral Services (I&RS) Team:

_____ The assigned case coordinator from the I&RS Team will contact you to further review the matter.

_____ The in-school assessment process has begun, including input from other staff.

_____ A home contract has been made. The I&RS Team is working with the student.

_____ Our preliminary assessment indicates no need for further action at this time.

_____ Other:

We will make every attempt to keep you involved and informed within the laws governing confidentiality.
Thank you for your cooperation and concern.

INTERVENTION AND REFERRAL SERVICES**SAMPLE
ELEMENTARY TEACHER INFORMATION COLLECTION FORM***Confidential*

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

Directions: Please provide the information requested in the appropriate spaces below.
 Please also attach a copy of the student's current report card.

	<i>Current Academic Performance Levels/Grades</i>	<i>Student Strengths</i>	<i>Student Areas for Improvement</i>
Reading/Language Arts			
Math			
Language Arts			
Social Studies			
Science			
Expressive Arts			
Other: _____ _____	_____ _____	_____ _____	_____ _____

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

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 |

If you have checked any item under the Social Skills or Disruptive Behavior sections, please attach another piece of paper and provide a detailed explanation.

Physical Symptoms

- | | |
|---|--|
| <input type="checkbox"/> Underweight | <input type="checkbox"/> Frequent physical injuries |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Deteriorating hygiene |
| <input type="checkbox"/> Smells of tobacco, alcohol marijuana | <input type="checkbox"/> Dramatic change in style of clothes |
| <input type="checkbox"/> Wears clothes that challenge the dress code or are inappropriate | <input type="checkbox"/> Sleeping in class |
| <input type="checkbox"/> Appears tense, on edge | <input type="checkbox"/> Glassy, bloodshot eyes |
| <input type="checkbox"/> Slurred or impaired speech | <input type="checkbox"/> Frequent requests to see nurse |
| <input type="checkbox"/> Appears sleepy, lethargic | <input type="checkbox"/> Unsteady on feet |
| <input type="checkbox"/> Impaired vision | <input type="checkbox"/> Problems with muscle or hand-eye coordination |
| <input type="checkbox"/> Impaired hearing | |

Background Information (If known, please do not ask child or family.)

- | | |
|---|--|
| <input type="checkbox"/> Attendance problems | <input type="checkbox"/> Lives with someone other than parent |
| <input type="checkbox"/> Latchkey child | <input type="checkbox"/> Known medical problem |
| <input type="checkbox"/> Involvement with community agencies | <input type="checkbox"/> Takes medication |
| <input type="checkbox"/> Death in the immediate family | <input type="checkbox"/> Previously involved with counseling |
| <input type="checkbox"/> Chronic illness in immediate family | <input type="checkbox"/> Currently involved with counseling |
| <input type="checkbox"/> Divorce or separation | <input type="checkbox"/> Previously identified for assistance |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Discusses concerns regarding drug/alcohol use in the home |
| <input type="checkbox"/> Single parent household | <input type="checkbox"/> Family member incarcerated or adjudicated |
| <input type="checkbox"/> Previously identified for drug/alcohol use | |
| <input type="checkbox"/> Adjudicated for a juvenile offense | |

Related Services or Programs

a) School-based:

- Title I
- Reading Specialist
- Speech and Language Correctionist
- Gifted and Talented Program
- Substance Awareness Coordinator
- Guidance Counselor
- School Social Worker
- Child Study Team
- Other Specialists or Services

b) Community-based:

- List, if known
- _____
- _____
- _____
- _____

Positive Qualities

List 1-3 (or more) skills or other positive characteristics and strengths, both personal (e.g., talents, traits, interests, hobbies) and environmental supports (e.g., friends, family members, faith community) that you have observed or that apply for this student:

Skills _____

Positive Characteristics and Strengths _____

Environmental Supports _____

INTERVENTION AND REFERRAL SERVICES**SAMPLE
SECONDARY TEACHER INFORMATION COLLECTION FORM***Confidential*

Please return this form, in a sealed envelope, to the I&RS Team mailbox by _____.
(date)

TO: I&RS Team
 FROM: _____
 DATE: _____
 REFERENCE: _____

Classes in which the above-named student is enrolled: _____

Period(s) of the day you see the student: _____

Check each of the following items that are of concern to you or that you have noticed regarding the above-named student.

Class Attendance:

_____ Frequent requests to leave class to see:	_____ Frequent tardiness
_____ advisor	_____ Frequent absences
_____ nurse	_____ Class cuts
_____ other _____	

Academic Performance:

_____ Drop in grades, lower achievement	_____ Present grade (approximately)
_____ Failure to complete in-class assignments	_____ Decrease in class participation
_____ Failure to complete homework assignments	_____ Short attention span, easily
_____ Cheating	distracted

Disruptive Behavior:

_____ Attention-getting behavior, extreme negatives	_____ Violating rules
_____ Fighting and/or sudden outbursts of anger and/or verbal abuse toward others	_____ Blaming, denying
	_____ Obscene language, gestures
	_____ Hyperactivity, nervousness

Physical Symptoms:

_____ Sleeping in class	_____ Unsteady on feet
_____ Unexplained, frequent physical injuries	_____ Slurred speech
_____ Deteriorating personal appearance	_____ Frequent cold-like symptoms
_____ Frequent complaints of nausea or vomiting	_____ Glassy, bloodshot eyes
_____ Smelling of alcohol or marijuana	

Atypical Behavior:

- | | |
|--|---|
| <input type="checkbox"/> Change in friends, change in behavior | <input type="checkbox"/> Erratic behavior |
| <input type="checkbox"/> Sudden popularity | <input type="checkbox"/> Constant adult contact |
| <input type="checkbox"/> Older or significantly younger social group | <input type="checkbox"/> Disoriented |
| <input type="checkbox"/> Sexual behavior in public | <input type="checkbox"/> Unrealistic goals |
| <input type="checkbox"/> Talks freely about substance abuse | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Withdrawn, difficulty in relating to others | <input type="checkbox"/> Defensive |
| <input type="checkbox"/> Inappropriate responses | <input type="checkbox"/> Unexplained crying |

Home/Social/Family Problems:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Family problems | <input type="checkbox"/> Runaway |
| <input type="checkbox"/> Peer problems | <input type="checkbox"/> Job problems |
| <input type="checkbox"/> Family alcohol/drug problems | |

Policy/Discipline Code Violations:

- | | |
|---|--|
| <input type="checkbox"/> Involvement in thefts and assaults | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Possession of drugs/alcohol | <input type="checkbox"/> Carrying a weapon |
| <input type="checkbox"/> Possession of drug paraphernalia
(e.g., roach clips, bong, rolling paper) | <input type="checkbox"/> Selling Drugs |

Extra Curricular Activities

- | | |
|--|---|
| <input type="checkbox"/> Missed athletic practice without
substantial/acceptable reason | <input type="checkbox"/> Missed club/group meeting
without substantial/
acceptable reason |
| <input type="checkbox"/> Loss of eligibility | |
| <input type="checkbox"/> Dropped out of activity (name of activity): _____ | |

Please feel free to offer comments (positive or corrective) that you think will be helpful in addressing this student's needs. Remember, only comments that are *school-based, school-focused* and *specific, descriptive, objective/factual and observable* are acceptable.

Skills _____

Positive Characteristics, Strengths, Interests _____

Environmental Supports _____

Thank you for your cooperation, caring and concern!

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 INFORMATION COLLECTION REMINDER MEMO***Confidential*

TO: _____

FROM: _____,
I&RS Team Member

DATE: _____

SUBJECT: _____

A few days ago, the I&RS Team sent you the I&RS program's information collection form on the above-named student. It is essential that we have an accurate and complete profile of this student to develop an appropriate intervention and referral services action plan. We would appreciate your cooperation in returning the form now.

Please see _____ if this is a problem.

Attached is another form in the event that the one previously supplied to you is not available. If you need an additional form or have questions or concerns, immediately contact the I&RS Team member identified above.

Thank you for your cooperation.

Attachment
c:

INTERVENTION AND REFERRAL SERVICES

SAMPLE STAFF THANK YOU MEMO

Confidential

TO: _____
FROM: _____, I&RS Team Member
DATE: _____
SUBJECT: Thank You for Reporting Information on _____
(student's name)

Thank you for your cooperation in returning the information collection form for the above-named student. Your input will be added to information gathered on the student from a variety of sources. A determination on remedial action will be made soon. Respecting the laws governing confidentiality, we will make every attempt to keep you informed.

The cooperation and support of the entire school community is vitally important for the success of the I&RS Team in helping staff, parents and students in need of assistance.

Thank you for your cooperation.

c:

INTERVENTION AND REFERRAL SERVICES
SAMPLE SCHOOL 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 OR GUARDIAN LETTER***Confidential*

NOTE: A personal interview with the student's parent or guardian is always the preferred method of contact. A personal conversation provides the opportunity for the I&RS team to achieve the following objectives: 1) Provide support to the parent, 2) Obtain important data, and 3) Develop a personal relationship. The Sample Parent Questionnaire and Sample Parent Interview provides suggested questions to be explored during the interaction. If personal notification is not possible, the district might consider corresponding on school letterhead, accompanied by the Parent Questionnaire.

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,

Edith Educator, School Representative

Enclosure

c:

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					

INTERVENTION AND REFERRAL SERVICES
SAMPLE GENERAL RELEASE OF INFORMATION
CONSENT FORM

Confidential

I, _____,
(student or parent/guardian name)

authorize _____
(name of individual/school disclosing information)

to disclose to _____
*(name or title of individual/organization
to whom the information is to be disclosed)*

the following specific information from my record: _____

_____.

This consent to disclose information may be revoked by me at any time, except to the extent that action has already been taken in reliance thereupon.

This consent, unless expressly revoked earlier, expires upon *(specify the date, event and/or condition upon which consent expires)*:

Date: _____
Event: _____
Condition: _____

Student Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____

Legal Representative Signature: _____ Date: _____

Specify Relationship of Legal Representative _____

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):

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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*):

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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: _____

14) 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.)

INTERVENTION AND REFERRAL SERVICES
SAMPLE I&RS ACTION PLAN FORM #2

Confidential

... Worksheet ...

Date: _____ Parent Notification Date: _____
 Person Requesting Assistance: _____ Problem Description:* _____
 I&RS Team Members: _____

 _____ Goal Statement: _____

INTERVENTION FEASIBILITY AND EFFECTIVENESS SCALE

Directions: Please rate the feasibility, effectiveness and efficiency of each intervention being considered according to the following rating scale criteria (each item should be rated on a scale of 1 to 5, where a score of 5 represents the most favorable rating). After rating each proposed intervention on each criterion, a total score for each intervention is obtained by summing the rating given on each item. Each intervention should then be priority-ranked according to its total score. Team ratings and rankings should be a product of team consensus. In most cases, the intervention ranked first by the team is used by the individual(s) responsible for implementing the I&RS action plan to address the identified problem. Use the following rating scale:

- Potential Impact:** The potential impact of this intervention is (1 = *Low*, 5 = *High*).
- Successful Use:** The use of this type of intervention has been successful (1 = *Seldom*, 5 = *Often*), or in the case of a new intervention, the chance for success is (1 = *Low*, 5 = *High*).
- Adaptive Skills:** There is a high degree of comfort in the ability and skills of implementers to apply this intervention (1 = *Strongly Disagree*, 5 = *Strongly Agree*).
- Time Needed:** The estimated time needed to implement this intervention to be effective is (1 = *Very Unreasonable*, 5 = *Very Reasonable*).
- Additional Resources:** The number and types of additional resources needed to implement this intervention are (1 = *Very Unrealistic*, 5 = *Very Realistic*).

Intervention Alternative	Potential Impact	Successful Use	Adaptive Skills	Time Needed	Additional Resources	Total Score	Rank
1) _____	_____	_____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____	_____	_____	_____
7) _____	_____	_____	_____	_____	_____	_____	_____
8) _____	_____	_____	_____	_____	_____	_____	_____
9) _____	_____	_____	_____	_____	_____	_____	_____
10) _____	_____	_____	_____	_____	_____	_____	_____
11) _____	_____	_____	_____	_____	_____	_____	_____
12) _____	_____	_____	_____	_____	_____	_____	_____
13) _____	_____	_____	_____	_____	_____	_____	_____
14) _____	_____	_____	_____	_____	_____	_____	_____
15) _____	_____	_____	_____	_____	_____	_____	_____

* Please attach all appropriate documentation used to verify the problem description and all evidence of prior interventions used to solve the problem.

... *Action Plan* ...

Implementation Strategies/Activities	Person(s) Responsible	Completion Time Frame
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monitoring Strategies	Person(s) Responsible	Completion Time Frame
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Outcome Evaluation Strategies	Person(s) Responsible	Completion Time Frame
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Evaluation of Intervention Feasibility and Effectiveness	Person(s) Responsible	Completion Time Frame
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Follow-up and Redesign Plan	Person(s) Responsible	Completion Time Frame
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Source: Idol, L. & West, J.F. (1993). *Effective Instruction of Difficult-To-Teach Students*. Adapted by permission.

INTERVENTION AND REFERRAL SERVICES
SAMPLE I&RS ACTION PLAN FORM #3

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.