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

<table>
<thead>
<tr>
<th>Staff Requesting Assistance:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student:</td>
<td>Grade:</td>
</tr>
</tbody>
</table>

*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.


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.


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

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

Date: __________________  Grade/Team/Section: __________________
Student Name: __________________  Date of Birth: __________________
Parent Name: __________________  Parents’ Home Phone: __________________
Address: __________________  Parents’ Work Phone: __________________
City/State/Zip: __________________  Case Coordinator: __________________
<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Followed-up with staff making the request (e.g., interview, observation)</td>
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<tr>
<td></td>
<td>Summarized and quantified teacher information responses</td>
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<tr>
<td></td>
<td>Reviewed referral with counselor</td>
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<td></td>
<td>Reviewed referral with substance awareness coordinator</td>
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<td></td>
<td>Reviewed referral with I&amp;RS Team</td>
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<tr>
<td></td>
<td>Reviewed alternatives and options</td>
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<td></td>
<td>Contacted/met with student</td>
</tr>
<tr>
<td></td>
<td>Contacted/met with parent</td>
</tr>
<tr>
<td></td>
<td>Obtained consent to release information</td>
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<tr>
<td></td>
<td>I&amp;RS Action Plan Initial Meeting</td>
</tr>
<tr>
<td></td>
<td>I&amp;RS Action Plan Follow-up Meeting</td>
</tr>
<tr>
<td></td>
<td>Completed I&amp;RS Action Plan Form</td>
</tr>
<tr>
<td></td>
<td>Filed I&amp;RS Action Plan Form</td>
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<tr>
<td></td>
<td>Contacted/met with community agency/resource</td>
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<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

**Summary of Action** (Use the reverse side of the form, as necessary.):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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.

<table>
<thead>
<tr>
<th>Current Academic Performance Levels/Grades</th>
<th>Student Strengths</th>
<th>Student Areas for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading/Language Arts</td>
<td></td>
<td></td>
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<tr>
<td>Math</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language Arts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expressive Arts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Failure in one or more subject areas (identify) __________
- 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
- Other ___________________________

- 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
- 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 behavior 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
- Mood swings
- 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

- 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
- Frequent requests to see nurse
- Unsteady on feet
- Problems with muscle or hand-eye coordination
Sample Elementary Teacher Information Collection Form

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

☐ Attendance problems
☐ Latchkey child
☐ Involvement with community agencies
☐ Death in the immediate family
☐ Chronic illness in immediate family
☐ Divorce or separation
☐ Unemployment
☐ Single parent household
☐ 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 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
       ______ Fighting and/or sudden outbursts of anger and/or verbal abuse toward others
       _____ Violating rules
       _____ 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:
_____ Change in friends, change in behavior
_____ Sudden popularity
_____ Older or significantly younger social group
_____ Sexual behavior in public
_____ Talks freely about substance abuse
_____ Withdrawn, difficulty in relating to others
_____ Inappropriate responses
_____ Erratic behavior
_____ Constant adult contact
_____ Disoriented
_____ Unrealistic goals
_____ Depression
_____ Defensive
_____ Unexplained crying

Home/Social/Family Problems:
_____ Family problems
_____ Peer problems
_____ Family alcohol/drug problems
_____ Runaway
_____ Job problems

Policy/Discipline Code Violations:
_____ Involvement in thefts and assaults
_____ Possession of drugs/alcohol
_____ Possession of drug paraphernalia
(especially roach clips, bongs, rolling paper)
_____ Vandalism
_____ Carrying a weapon
_____ Selling Drugs

Extra Curricular Activities
_____ Missed athletic practice without substantial/acceptable reason
_____ Missed club/group meeting without substantial/acceptable reason
_____ Loss of eligibility
_____ 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!
### SAMPLE INFORMATION SUMMARY FORM

**Confidential**

<table>
<thead>
<tr>
<th>Student: ______________________________</th>
<th>Date: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Coordinator: ____________________</td>
<td></td>
</tr>
</tbody>
</table>

### 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 behavior 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.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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:
TO: _________________________________________
FROM: _________________________________________, I&RS Team Member
DATE:  _________________________________________
SUBJECT: Thank You for Reporting Information on __________________________

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 ATTENDANCE FORM**  

*Confidential*

TO: ___________________________________________________________

FROM: Intervention and Referral Services Team

REFERENCE: ___________________________________________________________

DATE: ___________________________________________________________

Please provide attendance data on the student named above for the time period of  
_____________ _____, _________ to _____________ _____, _________.

The attendance information either may be supplied on this form or in the standard format used by your office. Whichever format is used, please be sure to provide actual dates of absences; indicate whether the absences were excused or unexcused; and where possible, please cite explanations given for absences.

<table>
<thead>
<tr>
<th>DATE OF ABSENCE</th>
<th>EXCUSED</th>
<th>UNEXCUSED</th>
<th>EXPLANATION FOR ABSENCE</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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.)

________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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:

<table>
<thead>
<tr>
<th>Always (4)</th>
<th>Most of the Time (3)</th>
<th>Hardly Ever (2)</th>
<th>Never (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________ 1) Finishes what she/he begins.</td>
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<tr>
<td>_________ 2) Does the things I ask her/him to do.</td>
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<tr>
<td>_________ 3) Appears content.</td>
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<tr>
<td>_________ 4) Gets along with her/his friends.</td>
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<tr>
<td>_________ 5) Takes good care of her/his things.</td>
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<td>_________ 6) Helps at home.</td>
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<td>_________ 7) Makes me proud.</td>
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<td>_________ 8) Obeys.</td>
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<tr>
<td>_________ 9) Shares.</td>
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<tr>
<td>_________ 10) Cries easily.</td>
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<td>_________ 11) Talks back.</td>
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<tr>
<td>_________ 12) Hits.</td>
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<tr>
<td>_________ 13) Lies</td>
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<tr>
<td>_________ 14) Appears afraid.</td>
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<tr>
<td>_________ 15) Must be reminded to do things.</td>
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<tr>
<td>_________ 16) Gets hurt often.</td>
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<td>_________ 17) Feels sick often.</td>
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<tr>
<td>_________ 18) Fights.</td>
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<tr>
<td>_________ 19) Ruins things.</td>
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<tr>
<td>_________ 20) Teases others frequently.</td>
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<td>_________ 21) Threatens others.</td>
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<td>_________ 22) Has trouble remembering things.</td>
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<tr>
<td>_________ 23) Accepts criticism.</td>
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<tr>
<td>_________ 24) I trust my child</td>
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<tr>
<td>_________ 25) I know what to expect from my child.</td>
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</tbody>
</table>

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?
________________________________________________________________________
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.

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Hardly Ever</th>
<th>Never</th>
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<tbody>
<tr>
<td>Volunteer in class</td>
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<td>Demonstrate appropriate hall behavior</td>
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<tr>
<td>Arrive to class on time</td>
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<tr>
<td>Do what I’m told</td>
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<tr>
<td>Behave for substitute teachers</td>
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<tr>
<td>Talk in class</td>
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<td>Write on desks</td>
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<td>Lean back in chairs</td>
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<tr>
<td>Chew gum in class</td>
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<td>Throw objects in class</td>
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<td>Hit or fight with other students</td>
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<tr>
<td>Have all materials for class</td>
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<td>Help teacher when asked</td>
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<td>Respectful toward others</td>
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<td>Pay attention in class</td>
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<td>Clean up desk area</td>
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<td>Accept extra duties in class</td>
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<tr>
<td>Use lavatory time properly</td>
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<td>Turn in found objects to teacher or office</td>
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<tr>
<td>Obey the bus driver/crossing guard</td>
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<td>Copy work from others</td>
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<tr>
<td>Use abusive language</td>
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<tr>
<td>Destroy property</td>
<td></td>
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<tr>
<td>Take responsibility for my actions</td>
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<tr>
<td>Seek help when needed</td>
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<tr>
<td>Break school rules</td>
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</table>
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______________________________
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):*

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

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):*

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

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):*

________________________________________________________________________
________________________________________________________________________
### Implementation, Monitoring and Support Plan*

<table>
<thead>
<tr>
<th>Specific Tasks</th>
<th>Resources</th>
<th>Responsible Persons</th>
<th>Completion Date</th>
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</thead>
<tbody>
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* 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.

### Follow-up and Evaluation Plan

<table>
<thead>
<tr>
<th>Specific Tasks</th>
<th>Resources</th>
<th>Responsible Persons</th>
<th>Completion Date</th>
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### Assessment of Team Effectiveness and Team Improvement Plan:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

### FOLLOW-UP MEETING

<table>
<thead>
<tr>
<th>Date:</th>
<th>Next Meeting Date:</th>
<th>Record Keeper’s Name:</th>
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<tbody>
<tr>
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<tr>
<td>Attendance:</td>
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### Outcomes of I&RS Action Plan:

<table>
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<tr>
<th>Strengths</th>
<th>Areas of Improvement</th>
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### Recommended Action:

- [ ] No Further Action
- [X] Modify Original I&RS Action Plan**
- [ ] Continue Original I&RS Action Plan
- [ ] Refer to Child Study Team
- [ ] Other Referral (specify) (**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).

<table>
<thead>
<tr>
<th>Intervention Alternative</th>
<th>Potential Impact</th>
<th>Successful Use</th>
<th>Adaptive Skills</th>
<th>Time Needed</th>
<th>Additional Resources</th>
<th>Total Score</th>
<th>Rank</th>
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<tbody>
<tr>
<td>1)</td>
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* Please attach all appropriate documentation used to verify the problem description and all evidence of prior interventions used to solve the problem.
### Action Plan

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<tr>
<th>Implementation Strategies/Activities</th>
<th>Person(s) Responsible</th>
<th>Completion Time Frame</th>
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<th>Person(s) Responsible</th>
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<th>Person(s) Responsible</th>
<th>Completion Time Frame</th>
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<th>Follow-up and Redesign Plan</th>
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**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:**


<table>
<thead>
<tr>
<th>Alternative Interventions/Solutions</th>
<th>How Feasible and Effective</th>
<th>Rank</th>
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* 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.
Sample I&RS Action Plan Form #3

<table>
<thead>
<tr>
<th>Implementation Steps*</th>
<th>Person(s) Responsible</th>
<th>Time Frame</th>
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* Includes any recommendations for accessing school resources or community-based health or social services.

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<thead>
<tr>
<th>How Will the Plan be Monitored?</th>
<th>Persons Responsible</th>
<th>Time Frame</th>
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<th>How Will Student Progress be Evaluated?</th>
<th>Time Frame</th>
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<tr>
<th>Team Evaluation of Intervention Effectiveness</th>
<th>Date and Time of I&amp;RS Follow-up Meeting**</th>
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** Should occur within 2-4 weeks of the beginning of the I&RS Action Plan.