

Intervention and Referral Services
Franklin Township School
Grades K-5

Dear Franklin Township Staff Member:

The Intervention and Referral Services Committee (I&RS) has worked diligently to put together a complete packet of forms and information that will assist you should the need arise for student referral.

Our Mission Statement

The Student Intervention and Referral Services (I&RS) of Franklin Township School provide student support services to assist faculty and families in addressing academic, behavioral, and health problems, enabling the student to function more effectively in the classroom.

Our Procedures

When a student shows signs of needing assistance the following must occur:

- ✓ FULLY COMPLETE the *I&RS Request for Assistance* forms
- ✓ Return the forms to the School Supervisor in a timely manner.
- ✓ He/She will set the meeting date and time and inform the referring teacher/parent.
- ✓ At the first meeting, strategies will be discussed and an action plan will be developed & distributed.
- ✓ Relevant paperwork will be placed in the student's I&RS binder in the School Supervisor's office.
- ✓ Follow up meetings will take place 6-8 weeks later. Teachers will be notified of the date, and parents will be invited to attend.
- ✓ The follow up meeting will determine if:
 - The original I&RS action plan needs to be modified
 - The original I&RS action plan should continue
 - Other options

I&RS referrals will be accepted from October 1st to April 15th

Please don't hesitate to contact the School Supervisor or any other committee member should you have any questions or concerns.

Intervention and Referral Services
Initial Request for Assistance Form K-5
Confidential

TO: Intervention and Referral Services Team

FROM: _____

DATE: _____

STUDENT: _____ DOB: _____

Reasons for Request for Assistance (Must be 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 specialist who have contact with this student.

*The "Prior Interventions" checklist must also be completed
for your request to be considered.*

*Place the completed forms in a sealed envelope
and return to the School Supervisor.*

Intervention and Referral Services
Initial Request for Assistance
Teacher 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 _____, administration _____, other _____
14. Other (Please explain) _____

Staff Member's Signature _____ Date: _____

Intervention and Referral Services
K-5 Teacher Information Collection Form
Confidential

Please complete this form in full, and return to the School Supervisor.

Student Name: _____ Date: _____
Date of Birth: _____ Teacher's Name: _____
Grade Level: _____
Days Absent to Date: _____

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

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

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

Classroom Performance

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

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 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 behavior of concern: |
| <input type="checkbox"/> Teases other students | |
| <input type="checkbox"/> Angered by constructive criticism | |
| <input type="checkbox"/> Demonstrates lack of self-confidence | |
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Classroom Behaviors

- Highly active, agitated
- Lack of impulse control

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

Related Services or Programs

a) School-based:

- Reading Specialist
- Speech and Language Pathologist
- 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 _____

