

INTERVENTION AND REFERRAL SERVICES
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):

What are your desired goals for this student?

The “Prior Interventions” checklist and “Primary Teacher Information Collection 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.

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INITIAL REQUEST FOR ASSISTANCE
PRIOR INTERVENTIONS CHECKLIST

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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.) _____

INTERVENTION AND REFERRAL SERVICES

PRIMARY TEACHER INFORMATION COLLECTION FORM

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

Directions: Please provide the information requested in the appropriate spaces below. Please attach a copy of the student's current "Quick Lookup" from PowerGrade along with a copy of the student's final report card for the last two school years.

ASK Scores (from past two years)	Language Arts	Math
	Language Arts	Math

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

- | | |
|---|--|
| <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 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 unknown, 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 _____
