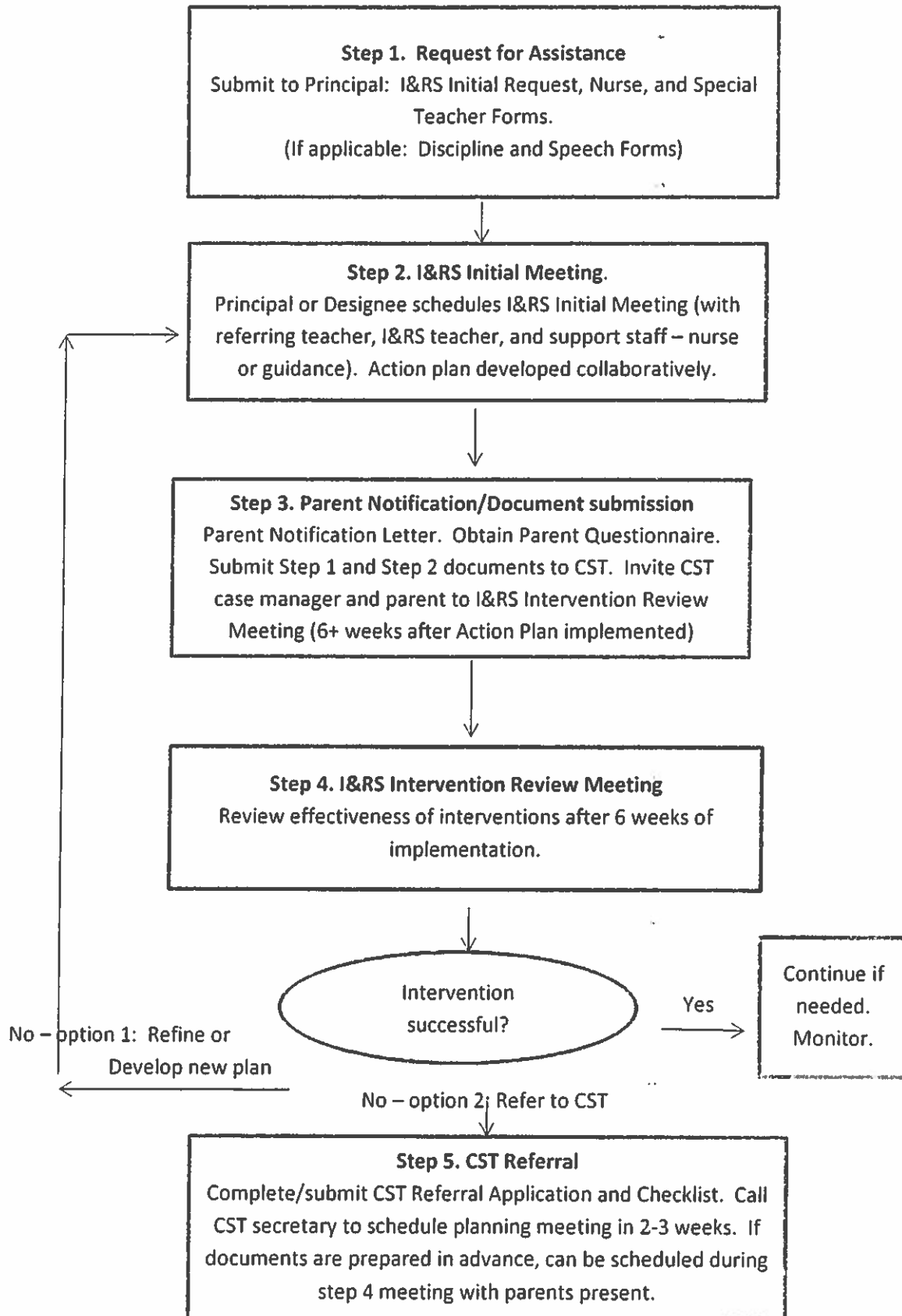


**Cliffside Park Public Schools
2015-2016**

**Intervention and Referral Services
Packet for all Teachers**

Step 1

CLIFFSIDE PARK PUBLIC SCHOOLS
FLOWCHART OF I&RS PROCESS



Step 1 (Required)

Cliffside Park Public Schools
Intervention and Referral Services
Initial Request for Assistance Form

SCHOOL:

SCHOOL YEAR:

Administrator:

Student: _____ **Grade:** _____ **DOB:** _____

Referring Teacher: _____ **Class/Subject:** _____.

Circle Reason for Request: **Academic** **Behavioral** **Health** **Other**

Explain above academic/behavioral/health/other concern in detail:

Specific Observed Behaviors (Hearsay or subjective comments are not acceptable):

Please list all teachers and/or specialists who have contact with this student:

The entire form must also be completed for your request to be considered.
Please place the completed forms along with sufficient amount of student work, if applicable in a sealed envelope
and deliver to the building administrator's 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.

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Step 1 (Required)

Cliffside Park Public Schools

Intervention and Referral Services

Initial Request for Assistance Prior Interventions Checklist

Staff Requesting Assistance: _____
Date: _____
Student: _____
Grade: _____
Student's home/native language: _____

Please indicate the types of interventions you have tried prior to this request for assistance:

___ Gave student extra attention	___ Checked cumulative folder
___ Referred to ESL	___ Consulted PRIM Manual
___ Referred to Guidance	___ Behavior plan (attach)
___ Gave student help before/after school	___ Changed student's seat
___ Referred student to administrator	___ Sent parent notes (attach)
___ Gave student special work at his/her level	___ Spoke to parent on phone
___ Allowed more time for tasks	Dates: _____
___ Chunked assignments	_____
___ Tasks broken down	___ Held parent conferences
___ Reduced assignments	Dates: _____
___ Modified assignments	_____
___ Spoke to student privately after class	___ Other _____
___ Other _____	___ Other _____

Summarize or Attach Prior Test Scores/Assessments (if available/applicable).

NJ-ASK/PARCC:

Observation Survey:

DRA-2:

Running record:

Prior Report Card:

Learning Behavior Checklist

In the area of ORGANIZATION, student has difficulty:

- ☐ keeping track of materials and/or assignments
- ☐ staying on task
- ☐ completing tasks on time
- ☐ working in groups
- ☐ managing time
- ☐ preparing for tests
- ☐ completing homework
- ☐ handing assignments in on time

In the area of LISTENING/SPEAKING, student has difficulty:

- ☐ maintaining sustained attention
- ☐ maintaining attention (without looking to classmates for clues)
- ☐ following simple directions
- ☐ following multi-step directions
- ☐ demonstrating auditory recall
- ☐ using age appropriate vocabulary
- ☐ recalling/naming specific words
- ☐ using appropriate facial expressions, body language and/or tone of voice
- ☐ controlling vocal quality (e.g. pitch, volume, excessive hoarseness)

In the area of READING/WRITING, student has difficulty:

- ☐ reading for meaning
- ☐ reading fluently
- ☐ expressing thoughts in writing
- ☐ responding to text
- ☐ using grade appropriate mechanics (capitalization, punctuation, spelling)
- ☐ grasping pen/pencil appropriately for age
- ☐ writing legibly

In the area of BEHAVIOR, student has difficulty:

- ☐ interrupts or talks in class
- ☐ is verbally disrespectful
- ☐ uses inappropriate language
- ☐ abuses property
- ☐ becomes easily victimized
- ☐ appears to daydream often

Step 1 (Required)

- ☐ appears tired or lethargic
- ☐ demands a great deal of personal help and attention
- ☐ cries easily
- ☐ is unusually active
- ☐ gives up easily

*In the area of **SOCIAL INTERACTION/SOCIAL**, student has difficulty:*

- ☐ withdraws from peers
- ☐ is argumentative with peers
- ☐ is bossy or authoritative with peers
- ☐ teases peers
- ☐ is physically aggressive
- ☐ does not follow rules when playing
- ☐ has difficulty making friends
- ☐ threatens other students
- ☐ seeks to be the center of attention
- ☐ has difficulty initiating social conversations
- ☐ has difficulty sustaining a conversation
- ☐ has difficulty staying on topic
- ☐ does not respect personal space of others

Student Currently Receives:

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> ESL | <input type="checkbox"/> Resource Center | <input type="checkbox"/> Guidance |
| <input type="checkbox"/> Title 1 Math | <input type="checkbox"/> OT/PT | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Title 1 Reading | <input type="checkbox"/> Self-Contained Class | |

☐ Student has previously been referred to I & RS – Date(s) _____

List complete Educational History, including all schools attended for each grade and any grades repeated:

Additional Comments:

Staff Member's Signature: _____

Date: _____

Intervention and Referral Services
School Nurse/School Health Form

To: _____
Student: _____

From: _____
Date: _____

Please complete and return this form to _____ by _____

Health History

Is the student taking medication? If yes, please identify medication type and condition treated.

Is there a history of medication use? If yes, identify medication type 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, attire)

I&RS Nurse - Required

Visits to Nurse

Frequency/Number: _____

Reasons:

Physical Education Excuses

Number:

Reasons:

Comments:

Student Strengths

Skills _____

Positive Characteristics

Environmental Supports _____

Other _____

Other Pertinent Information

Nurse Name/Signature

Date

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Step 1 (Required)

Cliffside Park Public Schools

Intervention and Referral Services

Special Teacher Feedback Form

Student:

Date:

Grade:

Homeroom teacher:

Special Area Teacher Report:

Academic level and progress (include effort, work habits, etc.)

Behavior (be specific and give concrete examples.)

General Traits (vitality, enthusiasm, apathy, etc.)

Peer-Group Relationships

Attitude Toward Teacher

Return to: _____

By: _____

Special Teacher's Signature: _____ Subject: _____

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Step 1 (Optional)

Speech and Language Referral Teacher Questionnaire

Student _____

Birth Date _____

Grade _____

School _____

Teacher _____

Native language/home language

Your observations and responses concerning the above student will help determine if a communication problem exists which adversely affects educational performance. Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance.

I. Areas of concern: *Please check those characteristics that you have observed and are concerned about in this student, as he/she compares to same-aged peers. Feel free to insert comments.*

Articulation and Phonology (Can submit for services to speech therapist for concerns in this area)

This child's speech is difficult for classmates or teachers to understand.

This child mispronounces or leaves off sounds in words.

This child's articulation errors are also seen in his/her writing/spelling

This child avoids speaking in class

This child's speech distracts listeners from what he/ she is saying?

This child has expressed concerns about his/ her speech.

This student appears frustrated or embarrassed by his/ her speech errors

****Rate the impact of the student's speech errors on his/ her social, emotional, and/or academic function.**

Check one:

___ does not interfere ___ minimal impact ___ interferes ___ seriously interferes

Receptive Language (If there are language concerns, an I&RS referral is required following Step 2 in order to receive Language Therapy Services)

This child takes a long time to process verbal information.

This child **cannot** follow verbal directions during individual and/ or group instruction.

This child **cannot** follow classroom routines.

Step 1 (Optional)

This child **does not** answer questions appropriately.

This child **does not** understand the meaning of grade-appropriate vocabulary.

This child has a difficult time following spoken directions.

This child **does not** retain new information and/ or recall old information.

Expressive Language (If there are language concerns, an I&RS referral is required following Step 2 in order to receive Language Therapy Services)

This child often has a hard time expressing his ideas, asking for help, or making his wants known to others.

This child **does not** use age-appropriate vocabulary

When speaking in sentences, this child leaves off small words (“the,” “is,” “to”) or word endings such as

 plurals, “ed” ending s, possessives.

This child appears to have a difficult time finding words, even when they are words he is familiar with.

This child uses jumbled or unusual word order when speaking.

Voice (Can submit for services to speech therapist for concerns in this area)

This child has an unusually loud or soft speaking voice (circle one)

This child has an unusual quality to his voice (hoarseness, strained, breathy, or “stuffy nose” sound).

Speech Rate and Fluency (Can submit for services to speech therapist for concerns in this area)

This child frequently stutters when speaking.

This child uses excessive “um,” “uh,” “you know,” or other interjections when speaking.

This child appears to be unable to get a sound or word out, possibly with signs of tension (eye blinks, hand clenching).

This child speaks in a very fast, slow, or uneven rate (circle one).

Pragmatic Language (If there are language concerns, an I&RS referral is required following Step 2 in order to receive Language Therapy Services)

This child does not show age-appropriate conversational skills (turn taking, asking/answering questions,

 staying on topic, initiating conversation).

This child does not interact in an age-appropriate manner with peers.

This child does not participate in discussions

This child does not attend to speaker- maintain eye contact appropriately

This child does not ask for clarification when a message is not understood

Step 1 (Optional)

Written Language/Phonemic Awareness (If there are language concerns, an I&RS referral is required following Step 2 in order to receive Language Therapy Services)

This child cannot segment sounds within a word

This child cannot blend sounds orally to form words

Can identify initial consonant sounds in words presented orally

Can identify final consonant sounds in words presented orally

Has reading difficulty

Has trouble producing written language.

II. Student Awareness:

Is this student aware of his/her communication difficulties? *Please circle one:* **Yes** **No** **I don't know**

IV. Other Programs or Interventions: *Please circle all that you are aware of.*

Early Intervention/ Birth-3 program.

Reading assistance _____

Tutoring

Special Education, including OT and PT

Individual aide

Behavior plan

ELL Services

Counseling

Other

V. Hearing: Has this child's hearing recently been tested?

I don't know

Yes, results were normal

Yes, hearing loss is documented (or suspected upon screening and referred for further testing).

It is my opinion that these behaviors noted above:

___ **do not** adversely affect education performance

___ **do** adversely affect educational performance

Additional Comments/Concerns:

Questionnaire Completed by _____

Teacher Name/Signature

_____ Date