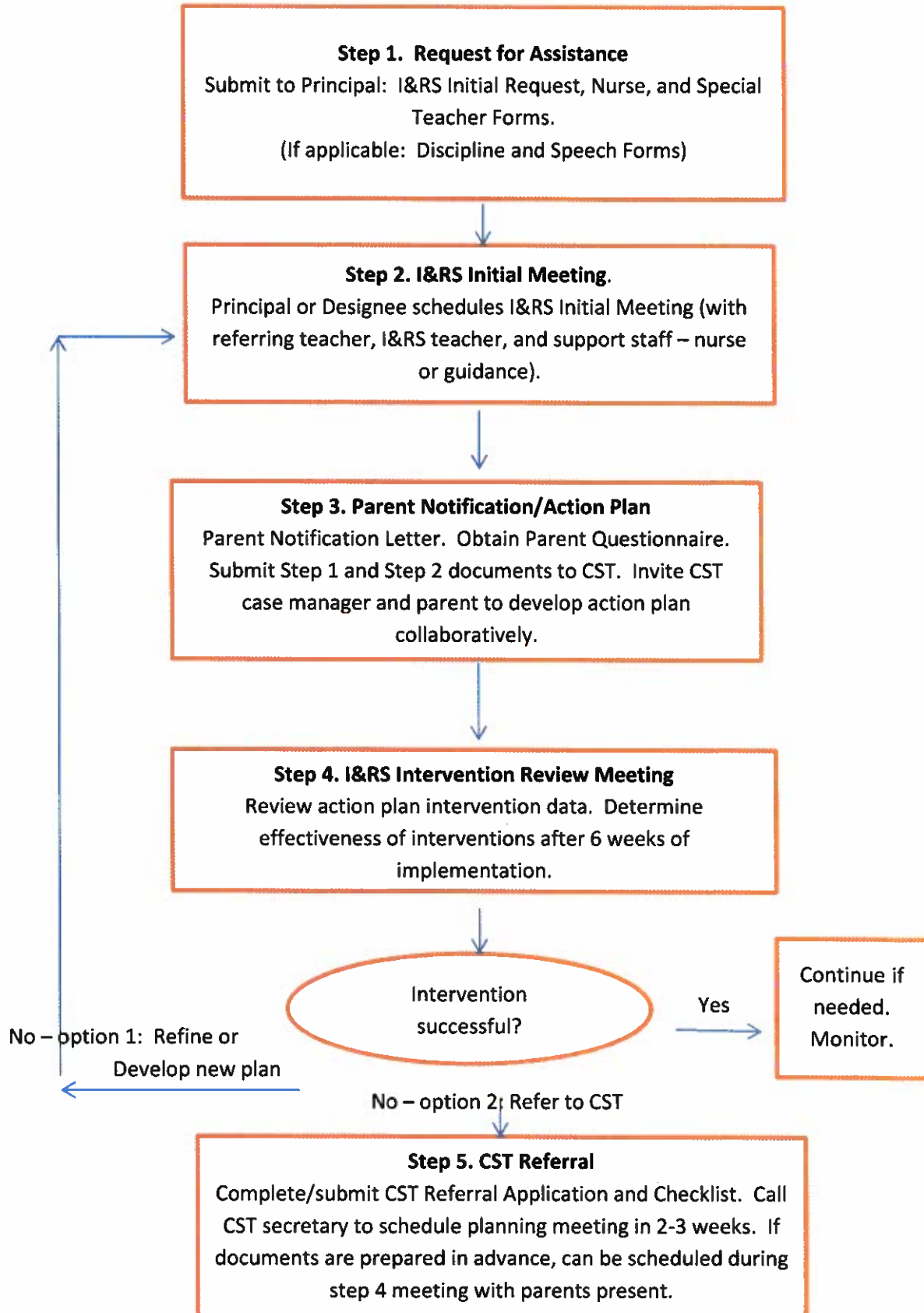


CLIFFSIDE PARK PUBLIC SCHOOLS
FLOWCHART OF I&RS PROCESS



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:

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

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

NJ-ASK/PARCC:

Observation Survey:

DRA-2:

Running record:

Prior Report Card:

Step 1 (Required)

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: _____

I&RS Nurse - Required

**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

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

**CLIFFSIDE PARK PUBLIC SCHOOLS
INTERVENTION AND REFERRAL SERVICES**

PARENT INFORMATION

WHAT IS THE INTERVENTION AND REFERRAL SERVICES TEAM?

The Intervention and Referral Services (I&RS) Team is a school-based support team, which assists educators to plan and deliver interventions that accommodate the learning, behavioral and/or health difficulties of students whose needs are identified by staff or parents. Through collaboration, support, action, and monitoring, they seek to resolve identified problems.

WHO CAN SERVE ON THE INTERVENTION AND REFERRAL SERVICES TEAM?

In addition to the Principal/Supervisor/Designee, the School Counselor, the referring teacher, and a general education teacher, the I&RS Team may include other support staff, such as the nurse, educational specialist, psychologist, social worker, and learning disabilities teacher-consultant.

Parents/Guardians are involved in the development and implementation of the I&RS Action Plan. You will be asked to provide input and you will receive a written copy of the I&RS Action Plan that is developed for your child. You will be notified of any referral plans to community-based social and health providing agencies. If these are recommended, you may be asked to provide coordinated strategies at home to assist your child.

WHAT WILL THE INTERVENTION AND REFERRAL SERVICES TEAM DO TO HELP?

The members of the I&RS Team obtain important information related to your child's needs. They meet to discuss his/her areas of strengths and weaknesses and then problem-solve and develop an I&RS Action Plan to address those areas in which he/she is experiencing difficulties in school. The I&RS Team can also coordinate services of community-based social and health providing agencies, if needed. They review and assess the effectiveness of the interventions provided to achieve the outcomes identified in the I&RS Action Plan. The I&RS Action Plan will be modified, as appropriate, to achieve the desired outcomes. This will be done at a follow-up Intervention Review Meeting.

WHAT IS AN INTERVENTION AND REFERRAL SERVICES ACTION PLAN?

The I&RS Action Plan identifies desired outcomes and details interventions (strategies, modifications or other services) that are considered to be helpful to your child and the teachers. It is a thoughtful, planned approach to modify your child's educational program and school performance. You will receive a copy of the I&RS Action Plan formulated for your child. The implementation of the I&RS Action Plan's interventions will be reviewed by the I&RS Team within time frames that are stipulated in the plan.

CLIFFSIDE PARK PUBLIC SCHOOLS
Los Servicios de Intervención y de Referencia

Información para los padres

¿Cuál es el equipo de los Servicios de Intervención y de Referencia?

El equipo de los Servicios de Intervención y de Referencia (I&RS) es un equipo basado en la escuela que ofrece apoyo y que ayuda a los educadores para planear y proveer las intervenciones que acomodan las dificultades de aprendizaje, de comportamiento, y de salud de los estudiantes identificados por los maestros o por los padres. Con colaboración, apoyo, acción, y la supervisión, ellos intentan resolver los problemas que se han identificado.

¿Quiénes pueden servir en el equipo de los Servicios de Intervención y de Referencia?

Además del Principal/Supervisor, del consejero de la escuela, del maestro que pide ayuda, y del maestro de educación general, el equipo de los Servicios de Intervención y de Referencia también puede incluir adicional empleados de apoyo, como el enfermero, el especialista de aprendizaje, el psicólogo, y el trabajador social.

Los padres/tutores se envuelven en el desarrollo y en la implementación del plan de acción de I&RS. El equipo de I&RS les pedirá más información y recibirá una copia escrita del plan de acción de I&RS para su niño. El equipo le notificará si recomiende algunas agencias sociales o de la comunidad, para que, talvez, sea necesario que asistan ustedes con las estrategias coordinadas en la casa para su hijo.

¿Qué hace el equipo de los Servicios de Intervención y de Referencia para ayudar al niño?

Los miembros del equipo de I&RS obtienen información importante relacionada con las necesidades de su niño. Ellos se reúnen para hablar de sus capacidades y sus debilidades y para intentar de resolver los problemas por el desarrollo de un plan de acción de I&RS para mejorar los áreas que son difíciles para él en la escuela. El equipo de I&RS también pueden coordinar los servicios de agencias de la comunidad, si sea necesario. El equipo revisa, determina el eficaz de las intervenciones del plan, y si necesario, las modifica en una cita futura para lograr las metas identificadas por el plan.

¿Qué es un plan de acción del equipo de los Servicios de Intervención y de Referencia?

El plan de acción de I&RS identifica las metas deseadas y describe las intervenciones (las estrategias, las modificaciones, u otros servicios) que se han considerado beneficios para su hijo y para los maestros. Es un método planeado con consideración para modificar al programa de educación de su niño y mejorar su rendimiento en la escuela. Ustedes van a recibir una copia del plan de acción de I&RS formulado para su niño. El equipo de IRS revisará la implementación de las intervenciones del plan de acción de I&RS según el horario descrito en el plan.

Cliffside Park Public Schools
Intervention and Referral Services
Parent Questionnaire

Dear Parent,

The I & RS Committee seeks to assist teachers to develop strategies and/or interventions to accommodate the individual needs of students. In order to develop appropriate strategies for your child, your input is needed. Please complete this form and return it to your child's teacher.

Student's Name: _____

Parent's Name: _____

Date: _____

**The language
in which you
prefer to receive
important letters
from school:** _____

Please use the following rating scale to answer the questions below:

Always (4) Most of the Time (3) Hardly Ever (2) Never (1)

- _____ ? Finishes what he/she begins
- _____ Does the things I ask him/her to do
- _____ Appears content
- _____ Gets along with siblings
- _____ Gets along with friends
- _____ Takes good care of his/her things
- _____ Helps at home
- _____ Makes me proud

- _____ Obeys
- _____ Shares
- _____ Cries easily
- _____ Talks back
- _____ Hits
- _____ Lies
- _____ Appears afraid
- _____ Must be reprimanded to do things
- _____ Gets hurt often
- _____ Feels sick often
- _____ Fights
- _____ Ruins things
- _____ Teases others frequently
- _____ Threatens others
- _____ Has trouble remembering things
- _____ Accepts criticism
- _____ I trust my child
- _____ I know what to expect from my child

1. What do you see as your child's strengths?

7. Please list all of the schools that your child attended for each grade and also indicate the year(s) your child was retained if applicable.

Cliffside Park Public Schools
Los Servicios de la Intervención y de la Consultación
El Cuestionario de los Padres

Estimado Padre,

El equipo de I&RS (Intervention and Referral Services/Servicios de la intervención y de la consultación) intenta ayudar a los maestros para desarrollar las estrategias y/o las intervenciones para acomodar las necesidades individuos de los estudiantes. Para desarrollar las estrategias apropiadas de su hijo/a, su información es necesaria. Por favor, llene este formulario y devuélvelo al maestro de su hijo/a.

El nombre del estudiante: _____

El nombre del padre: _____

La fecha: _____

El lenguaje preferido de recibir letras importantes de la escuela: _____

Por favor, use el siguiente código para indicar con cuánta frecuencia las frases reflejan su hijo/a:

Siempre (4) Usualmente (3) Raramente (2) Nunca (1)

_____ Termina lo que empieza mi hijo/a

_____ Hace todas las cosas que yo le pide a mi hijo/a

_____ Parece que está contento/a

_____ Se lleva bien con sus hermanos (si tiene)

_____ Se lleva bien con sus amigos

_____ Cuida bien de sus cosas

_____ Ayuda en la casa

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- _____ Me hace orgulloso/a
- _____ Obedece
- _____ Comparte bien
- _____ Lloro fácilmente
- _____ Responde groseramente o con actitud
- _____ Pega
- _____ Miente
- _____ Parece que tiene miedo mi hijo/a
- _____ Necesito reprenderle para que me obedezca
- _____ Se hace daño frecuentemente
- _____ Está enfermo/a frecuentemente
- _____ Pelea
- _____ Destruye las cosas
- _____ Les molesta a otros frecuentemente
- _____ Les amenaza a otros
- _____ Tiene mala memoria
- _____ Acepta la crítica
- _____ Yo tengo confianza en mi hijo/a
- _____ Mi hijo es predecible y sensible

1. ¿Cuáles son los talentos o las cosas buenas de su hijo/a?

7. Por favor, escriba Ud. todas las escuelas en que asistió su hijo/a para cada grado, y también indica los años que repitió el grado, si aplicable.

Step 2 - Required

Initial I&RS Attendance

Meeting Date:

Student Name:

Participants:

| Print Name | Signature | Role |
|------------|-----------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Meeting Summary:

Cliffside Park Public Schools

Intervention and Referral Services

Action Plan

Date:

Follow up meeting Date in 6 weeks:

Student:

DOB:

Age:

Grade:

School:

Referring Teacher:

Problem:

Intervention:

Problem:

Intervention:

Problem:

Intervention:

**Cliffside Park School District
Cliffside Park, New Jersey
School**

Date:

Mr. & Mrs.

Re:

Dear

Your child (student's name), was identified to the I&RS Team (Intervention and Referral Services) for assistance for the following reason(s):

Briefly state the reason

The I&RS Team is comprised of school based personnel who meet to assist teachers with additional interventions and strategies in order to more effectively meet the needs of individual students.

After meeting with the I&RS Team on (date of meeting), the following action plan will be implemented to help your child continue to meet success in school.

Indicate Action Plan

You can help the I&RS Team by completing the attached Parent Questionnaire and returning it to the school as soon as possible. The information you provide will help us to provide appropriate help for your child.

Together, we can be more effective in helping your child. A follow-up meeting will be conducted on (6-8 weeks later). You are invited to be a participant in the I & RS Team meeting on this date. Please contact the school office at (school number) and confirm that you will attend the meeting. **Please also inform us if you will require an interpreter for the meeting.**

If you have any questions, please do not hesitate to contact my office.

Yours truly,

Principal

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**Cliffside Park School District
Cliffside Park, New Jersey
School**

Date/Fecha:

Mr. & Mrs.

Re:

Estimado(s)

El equipo de I&RS (Intervention and Referral Services/Servicios de la intervención y de la consultación) ha recibido una pedida de ayudarle a su hijo/a en la escuela por la siguiente razón:

Briefly state the reason

El equipo de I&RS (Intervention and Referral Services/Servicios de la intervención y de la consultación) consiste en el personal de la escuela que se reúnen para ayudarles a los maestros con las intervenciones adicionales y con las estrategias para satisfacer más eficazmente las necesidades educativas de los estudiantes individuales.

Después de la reunión con el equipo de I&RS (Intervention and Referral Services/Servicios de la intervención y de la consultación) el (*date of meeting*), el siguiente plan se ha puesto en práctica para ayudarle a su hijo/a que tenga éxito en la escuela.

Indicate Action Plan

Ud. puede ayudarle al equipo de I&RS (Intervention and Referral Services/Servicios de la intervención y de la consultación) por llenar el cuestionario adjunto de los padres y por devolverlo a la escuela tan pronto como posible. Suya información va a ayudarnos para proveer la ayuda apropiada para su hijo/a.

Juntos, podemos ayudar le a su hijo/a con más eficaz. Una reunión del seguimiento se ha planeado el (*Date that is 6-8 weeks later*). Le invito Ud. para participar en la reunión del equipo de I&RS (Intervention and Referral Services/Servicios de la intervención y de la consultación) ese día. Por favor, llame a la oficina de la escuela al (*School phone #*) para confirmar su participación en esta reunión. **También, nos informe si requiere Ud. un intérprete para la reunión.**

Si tiene alguna pregunta, por favor llame mi oficina.

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Sinceramente,

Principal

Optional – Only if applicable

Request for Behavioral Services

Student's Name: _____ Grade & Age _____ School _____

Teacher's Name _____ District _____

Case Manager _____ Referral made by _____

Contact Person _____ Phone # _____ School fax: _____

Educational Classification:

Other Disabilities:

Would you like the parents contacted? yes no Parent's Name & Phone # _____

● Please define presenting behaviors in specific, observable, and objective manner:

A. Behaviors to Decrease:

B. Behaviors to Increase:

● Where/when does the behavior(s) usually occur (place, time of day, with who, etc.)?

● How long has this behavior been occurring?

● What interventions have been implemented? Were they successful or not?

● What are the best days, times, and activities to observe the student? _____

Best times and days for staffing: _____

Services requested (Check all that apply)

- Functional Behavioral Assessment
- Behavior Support Plan
- Home Visit
- Social Skills Training
- Other _____

Staff Development /Training:

- Parents
- Paraprofessional
- Professionals
- Student(s)

***Staff development will be provided to assist school staff in implementing social skills training program or classes, and implementing behavioral intervention plans. ***

Teacher's Signature/Date: _____

Principal's Signature/Date: _____

Date sent: _____

Date received: _____ Assigned to: _____

Step 4

Intervention Review Attendance

Meeting Date:

Student Name:

Participants:

| Print Name | Signature | Role |
|------------|-----------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Meeting Summary:

Cliffside Park School District
Intervention and Referral Services

Intervention Review

Name: _____

Date of Report: _____

Grade: _____

School: _____

Date of Birth: _____

Refer back to Action plan and review effectiveness of each Intervention

| Dates of Intervention (ex: Sept- Nov) | Intervention Type | Frequency | Effectiveness (Scale of 1-4) | Data (describe growth/change using applicable data – ex: change in DRA-2) |
|--|------------------------------|------------------|---|--|
| | | | | |
| | | | | |

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Step 4 - required

| Dates of Intervention (ex: Sept-Nov) | Intervention Type | Frequency | Effectiveness (Scale of 1-4) | Data (describe growth/change using applicable data – ex: change in DRA-2) |
|---|--------------------------|------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach Data to Support Interventions

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CLIFFSIDE PARK PUBLIC SCHOOLS
REFERRAL FOR CHILD STUDY TEAM EVALUATION

Date: _____
Student Name: _____
School: _____
Grade: _____ Teacher: _____ D.O.B.: _____
Retained?: Yes ___ No ___ If so, when? _____ Parent Notification date: _____
Date of Initial Request for Assistance: _____

SCHOOL SERVICES PROVIDED:

ESL ___ Title I Math ___ Title I Reading ___ 504 ___ Speech ___
Summer School ___ Year(s) in Summer School ___ Other _____

1. Reason for Referral:

2. What steps have been taken to deal with this concern so far? _____

3. Summarize parental conferences/involvement regarding the problem: _____

4. Describe or summarize the student's behavior and attitude in class. Include anecdotal records if available or appropriate: _____

5. Describe social interactions with peers and with school staff: _____

6. Describe emotional affect/mood/temper: _____

7. Describe or summarize the student's **SPECIFIC** academic learning problems.

8. In what has the pupil been most successful in school? (subject areas or special skills):

9. What concerns you the most about this student: _____

10. If not already submitted, please submit or update the following:

- Permanent record card with complete Educational History
- State/District Test Scores
- DRA Scores and Dates
- Discipline record (if applicable)
- Attendance record
- Report card
- Health Records
- I&RS Forms
- I&RS Intervention Evaluation Form for each intervention (and dates that interventions were implemented)
- Related work samples when appropriate
- Vision/Hearing Screening
- Health Summary

Principal's Signature

Teacher's Signature