



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)

Please list all teachers and/or specialist 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.



INTERVENTION AND REFERRAL SERVICE
INITIAL REQUEST FOR ASSISTANCE
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 for student. _____

12. Assigned student detention. _____

13. Referred student to guidance _____, substance awareness coordinator _____, administration _____, other (specify) _____

14. Other (Please explain)

Staff Member's Signature: _____

Date: _____

