INTERVENTION AND REFERRAL SERVICES
Haddon Township Elementary School Request Form

Student: _____ **DOB: _____**

Referring Teacher: _____ **Grade:_____**

School:_____ **Date: _____**

Attendance: **____ Tardy** **____Absent**

Part A: Initial Reasons for Request for Assistance

☐ Academic Concern ☐ Health Concern ☐Behavioral Concern

If academic, please attach a recent assessment (ie: running record, benchmark levels, subject area test, grades, analyzed student work samples).

Specific and Descriptive Observed Behaviors

_____
_____
_____
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***Please attach documentation of measurable interventions attempted prior to referral.**

Updated: 7/11/13

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Part B: Observable Behaviors Checklist

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 work
- ☐ Homework is disorganized or incomplete
- ☐ Other _____
- ☐ Short Attention Span, easily distracted
- ☐ Poor short-term memory (ie: can't remember one day to 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

- ☐ Tends to stay to self, withdrawn
- ☐ Lack of peer relationships
- ☐ Appears lonely
- ☐ Slow in making friends
- ☐ Disturbs other students
- ☐ Negative leader
- ☐ Unyielding or stubborn on positions
- ☐ Argues with teacher
- ☐ Hits and/or pushes other students
- ☐ Teases other students
- ☐ Angered by constructive criticism
- ☐ Disrespects or defies authority
- ☐ Regularly seeks to be center of attention
- ☐ Frequent ridicule from classmates
- ☐ Appears unhappy/sad
- ☐ Lacks control in unstructured situations
- ☐ Change in friends
- ☐ Difficulty relating to others
- ☐ Demonstrates lack of self-confidence
- ☐ Other social behavior or concern_____
  _____
  _____

Disruptive Behavior

- ☐ Defiance, violation of rules
- ☐ Blaming, denying, not accepting responsibility
- ☐ Fighting
- ☐ Cheating
- ☐ Sudden outbursts of anger, verbally abusive to others
- ☐ Lack of impulse control
- ☐ Obscene language, gestures
- ☐ Noisy, boisterous at inappropriate times
- ☐ Crying for no apparent reason
- ☐ Highly active, agitated
- ☐ Erratic behavior
- ☐ Mood Swings
- ☐ General changes in behavior patterns

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

Part B: Observable Behaviors Checklist (Continued)

Physical Symptoms

- ☐ Appears underweight
- ☐ Appears overweight
- ☐ Appears tense, on edge
- ☐ Appears sleepy, lethargic
- ☐ Impaired vision
- ☐ Impaired hearing
- ☐ Frequent physical injuries
- ☐ Deteriorating hygiene
- ☐ Sleeping in class
- ☐ Frequent requests to see the nurse
- ☐ Problems with muscle or hand-eye coordination

Background Information (If known, please do not ask child or family)

- ☐ Attendance problems
- ☐ Latchkey child
- ☐ Involvement with community agencies
- ☐ Death in immediate family
- ☐ Chronic Illness in immediate family
- ☐ Divorce or separation
- ☐ Unemployment
- ☐ Single parent household
- ☐ Previously identified for assistance
- ☐ Lives w/someone other than parent
- ☐ Known medical problem
- ☐ Takes Medication
- ☐ Previously involved in counseling
- ☐ Currently involved in counseling
- ☐ Discusses concerns regarding drug/alcohol use in home
- ☐ Family member incarcerated or adjudicated

Related Services or Programs:

a) School-Based:

- ☐ Title I
- ☐ Speech and Language Specialist
- ☐ Gifted and Talented Program
- ☐ Guidance Counselor
- ☐ School Social Worker (CST)
- ☐ School Psychologist
- ☐ Occupational Therapist
- ☐ Physical Therapist
- ☐ School Counselor

b) Community-Based

Please list if known:

_____

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Part C: Prior Interventions Checklist

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.
- ☐ c) Other _____

☐ 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 assignments 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 (specify)_____

☐ 14. Other (Please explain.) _____

Staff Member's Signature: _____ Date: _____

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Part D: Parent Questionnaire

Student: _____ **DOB: _____**

Parents/Guardians: _____ **Date: _____**

Referring Teacher:_____ **Grade:_____**

School: _____

Directions: *The student's parents and teacher should complete the questionnaire together during a conference either in person or over the phone.*

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

_____
_____
_____
_____
_____
_____
_____
_____
_____

2) What makes you proud of your child?

_____
_____
_____
_____
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_____
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_____
_____

3) What does your child do that causes you the most concern?

_____
_____
_____
_____
_____
_____
_____
_____
_____

Part D: Parent Questionnaire (Continued))

4) What has been the most successful way to successfully address your child's behavior?

5) How can the school assist you with the concerns you have for your child or the concerns that have been identified by the school?

6) In the past school year, has your child been seen by a doctor for anything other than a common illness? If so, what caused you to take your child to the doctor?

7) Has your child been seen by a health professional for any physical or emotional problem that interfered with your child's success in school?

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Part E: School Nurse/Health Care Form

Student: _____ **School: _____** **Grade: _____**

Gender: _____ **DOB: _____** **Age:_____**

School Nurse: _____ **Date: _____**

Directions: *Please complete and return this form to the main office prior to this month's I&RS meeting.*

Nursing Assessment

Does this child have any physical, sensory or disabilities of which you are aware?
Vision: _____ Hearing: _____
Speech: _____ Medications: _____
Comments: _____
_____

Health History

Is the student currently taking any medication? If yes, please identify. _____
_____
_____
_____

Are you aware of any prior use of medication by the student? If yes, identify each medication 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.
_____
_____
_____
_____

Socialization

Observable behaviors: _____
Behavioral changes: _____
Comments: _____
_____
_____

Physical Appearance:_____
_____
_____
_____

Visits to Nurse

Frequency/Number: _____
Reasons: _____