

MAYWOOD PUBLIC SCHOOLS

**INTERVENTION AND REFERRAL
SERVICES
(I&RS)**

MANUAL

REVISED March 2022

Mission of I&RS

Intervention and Referral Services (I&RS) is a decision-making educational building-based team, and is consistent with our district's goal of increasing the capacity of regular education to serve all pupils with learning or behavior needs. I&RS increases effective instructional programs through collaborative problem solving and enhances existing methods of operation within the school. It seeks creative ways to optimize the use of available general education resources. Therefore, all students' issues or consideration for educational program changes should be identified and processed with I&RS.

Function of I&RS

I&RS has two purposes:

1) to support and assist the referring staff member or significant adult/parent in addressing the educational needs of an individual student by providing recommendations, interventions and/or strategies for the pupil brought to I&RS Committee (Team) attention. I&RS team meets to develop interventions that could include curricular changes for the pupil, new instructional methods or materials, or other assistance provided in regular education. These recommendations become a coordinated plan, monitored by the I&RS Committee and shared with all relevant adults. Parents are involved throughout the process. They initially are informed of the I&RS's intent and procedure by the referring staff member.

2) to develop annual recommendations for a "school improvement plan." After analyzing the various educational needs and concerns that have been brought to the attention of I&RS regarding individual pupils, the committee develops recommendations to create special programs or services that address these needs.

Policy- 2417

[See POLICY ALERT Nos. 120, 134, 147, 153, 172, 177 and 203]

The Board of Education directs the establishment and implementation in each school building in which general education students are served, a coordinated system for planning and delivering intervention and referral services designed to assist students who are experiencing learning, behavior, or health difficulties, and to assist staff who have difficulties in addressing students' learning, behavior, or health needs in accordance with the requirements of N.J.A.C. 6A:16-8.1 and 6A:16-8.2. The Board

adopts this appropriate multidisciplinary team approach for planning and delivering the services required under N.J.A.C. 6A:16-8.

Students who are experiencing learning, behavior, or health difficulties shall be referred to the school's Intervention and Referral Services (I&RS) Team. The intervention and referral services shall be provided to aid students in the general education program and may be provided for students who have been determined to need special education programs and services pursuant to N.J.A.C. 6A:16-8.1(a). The intervention and referral services provided for students who have been determined to need special education programs and services shall be coordinated with the student's Individualized Education Program Team, as appropriate.

The functions of the system of intervention and referral services in each school building which general education students are served shall be pursuant to N.J.A.C. 6A:16-8.2(a) and as outlined in Regulation 2417.

Records of all requests for assistance, all intervention and referral services action plans, and all related student information shall be maintained in accordance with Federal and State laws and regulations and New Jersey administrative code pursuant to N.J.A.C. 6A:16-8.2(a)9.

The I&RS Team shall review and assess the effectiveness of the provisions of each intervention and referral services action plan in achieving the outcomes identified in each action plan and modify each action plan to achieve the outcomes, as appropriate.

At a minimum, the I&RS Team shall annually review the intervention and referral services action plans and the actions taken as a result of the building's system of intervention and referral services, and make recommendations to the Principal for improving school programs and services, as appropriate.

At the end of the school year, the Principal shall, in consultation with the I&RS Team, develop a report on the concerns and issues identified by the I&RS Team and the effectiveness of the services provided in achieving the outcomes identified in the intervention and referral services action plans. This report shall be provided to the Superintendent of Schools.

N.J.A.C. 6A:14; 6A:16-8.1; 6A:16-8.2

Adopted: 3/16/22

Regulation- 2417 STUDENT INTERVENTION AND REFERRAL SERVICES (M)

A. The Superintendent of Schools will establish and implement district-wide procedures for each school building in which general education pupils are served for the planning and delivery of intervention and referral services that are designed to assist pupils who are experiencing difficulties and to assist staff who have difficulties in addressing pupils' learning, behavior, or health needs in accordance with the requirements of N.J.A.C. 6A:16-8.1.

B. Each Building Principal will establish an Intervention and Referral Services Team referred to as the IR&S team. The IR&S team will be comprised of the following:

1. The Principal or a member of the teaching staff other than special education, who is appointed by the Principal to act on his/her behalf and with his/her authority, shall act as chairperson;
2. A member of the Child Study Team (CST)
3. The staff member who referred a pupil in need of assistance or identified a school issue for discussion; and
4. Such other school staff members as may effectively aid in the development and implementation of the assistance plan for a particular pupil.
5. The district will provide support, guidance, and professional development to school staff who participate in each building's system for planning and providing intervention and referral services.

C. Pupil Referral

1. A pupil not known to have a disability who is experiencing difficulty in the classroom may be referred to the IR&S team by the classroom teacher or by his/her parent(s) or legal guardian(s). The pupil's parent(s) or legal guardian(s) shall be informed of any such referral.

- a. The district will provide support, guidance, and professional development to school staff who identify learning, behavior, and health difficulties.

2. When it appears that a referred pupil may have a disability, the IR&S team shall refer the pupil to the CST for evaluation pursuant to Policy No. 2460 for a determination of the pupil's eligibility for special education and/or related services.
3. The IR&S team shall consult with the pupil's regular classroom teacher, parent(s) or legal guardian(s), and any school employee as appropriate to gather relevant information regarding the pupil's educational status, attendance, classroom behavior, and school conduct.
4. The school nurse shall review the pupil's health records and inform the committee of any condition relevant to the pupil's difficulties. Any information regarding any infection with HIV virus or AIDS may be released only with the written permission of the adult pupil or the pupil's parent(s) or legal guardian(s).
5. As appropriate, the IR&S team may consult with community-based social and health agencies that provide services to the pupil or the pupil's family.

D. Intervention and Referral Action Plans

1. The IR&S team shall prepare a written action plan for referred pupils who require supportive services, modifications to their regular educational program, or assessment and referral to school or community-based social and/or health provider agencies.
2. The intervention and referral services action plan shall:
 - a. Detail any modifications in the pupil's educational program,
 - b. List the persons who will implement the action plan,
 - c. Include any recommendations for assessment and referral to specified school or community-based social and/or health provider agencies,
 - d. Document parental notification of the pupil's referral and any change in educational placement or the withholding of parental notification because child abuse was suspected or federal rules mandated confidentiality in an alcohol or drug related matter,

e. The parent(s) or legal guardian(s) shall be actively involved in the development and implementation of any intervention and referral services action plans, and

f. Identify the committee member to monitor and review the pupil's progress.

3. The implementation and effectiveness of the intervention and referral services action plan shall be reviewed within eight calendar weeks from the beginning of its implementation. The committee shall consult the referring staff member for his/her assessment of the effectiveness of the plan.

4. If the implementation of the action plan is determined to be ineffective, the plan shall be reviewed and amended as necessary. If the review indicates a disability, the pupil shall be referred to the CST.

E. Records and Reports

1. Records of all requests for assistance, intervention and referral services action plans, and related pupil information shall be maintained in accordance with federal and State laws pursuant to N.J.A.C. 6A:16-8.2(a)9.

2. At the end of the school year, the Principal shall, in consultation with the IR&S team, develop a report on the concerns and problems identified through committee discussions and documented in intervention and referral services action plans. The report shall include:

a. A description of the needs and issues identified through referrals to the committee,

b. An identification and analysis of significant needs and issues that could facilitate school planning for the subsequent year,

c. A description of activities planned in response to the needs and issues significant in school planning, and

d. The Principal's report shall be given to the Board of Education and kept on file as a public record.

Issued: 16 December 2009

Revised: March 4, 2019 March 22, 2022

I&RS Committee Team Members

The core committee consists of:

Chairperson/Coordinator

Presenting staff member and/or classroom teacher

Child Study Team member

A regular teaching staff member

Building principal or administrator (as appropriate or needed)

Support staff member (as appropriate or needed)

Parents are encouraged to participate in the I&RS meetings.

This is the minimum composition of the core committee. The teacher seeking assistance is always part of the team. Additional staff members may be invited to a meeting. This is based on the specific staff's relationship to the pupil or issue and/or ability in developing effective strategies.

MAS I&RS Team Members include:

Standing members:

School Counselor, Chairperson,

CST representative

BSIP staff member

Classroom teacher

Parent

Rotating members:

Support staff - ESL teacher, BSIP teacher, school nurse, speech teacher, administrator

MEM I&RS Team Members include:

Standing Members:

School Counselor

CST representative

Classroom Teacher from each grade level

Parent

Rotating member:

Support staff- ESL teacher, school nurse, speech teacher, administrator, BSIP teacher

Roles and Responsibilities of Each Member

Chairperson

Gather and distribute referral forms
Attend team meetings on each grade level to determine students in need of intervention and check on progress of students with current action plans
Schedule I&RS meetings
Communicate with parents
Send updated action plans to staff members
Ensure that action plan is followed
Keeps in continuous communication with administration
Case coordinator

CST representative-

Standing member of all I&RS meetings
Provide input for action plan and intervention
Help determine if further testing is in order
Case coordinator

Classroom teacher-

Standing member of all I&RS meetings
Provide input on student progress
Ensure that action plan is followed
Provide input for action plan and intervention
Communicate interventions to grade level team members
Case coordinator

Parent

Encouraged to be a standing member to their child's I&RS meeting
Provide input on student progress
Provide academic home support
Provide input for action plan and intervention

Principal/administrator

Approval of all I&RS referrals
Maintain authority, educational focus and oversees committee decisions
Provide back up staff for core team members and staff requesting assistance
Assist team in communication and coordinating with parents
Ensure that I&RS action plan is fully developed and implemented

Staff member

Representative of the instructional staff for the building
Actively participates in the problem solving process
Case coordinator

Support staff

Representative of the support staff for the building that works directly with the student
Actively participates in the problem solving process

Referral Process

- The parent is informed through a parent teacher conference, emails correspondence, interim reports and/or report card of social, academic or emotional problems in the classroom which are affecting academic performance.
- Informal classroom strategies are implemented and monitored by the classroom teacher.
- Response to Intervention strategies are implemented and data tracked.
- If strategies are not successful, the referring individual (classroom teacher, administrator, parent) must fill out an I&RS referral form available to be accessed electronically on district Google Drive.
- The school administrator will review I&RS referral and sign off and if approved, to be sent to committee.
- A committee meeting is scheduled whereby all members are informed.
- The parent is informed of the referral and invited to the meeting.
- I&RS committee chairperson will ensure that the student's special teachers, nurse, and parents complete follow up evaluation forms.
- Determination is made if a formal action plan is needed.

I&RS Meeting procedures

1. Problem Identification (as presented by referring person)
2. Goal Setting
3. Solution Generation
4. Solution Development
5. Evaluation/Monitoring Plan
6. Parent Contacts/Reporting

I&RS Progress Monitoring

Share action plan with all of the student's classroom teachers
Attach student plan to SIS account
Meet regularly with classroom teacher/grade level team
Completion of I&RS Action Plan Teacher Evaluation Form quarterly
Year-End annual review of interventions

I&RS Forms

I&RS Teacher Referral form A & B -to be filled out by referring individual
Teacher Feedback- to be filled out by specials teachers
Parent Questionnaire- to be filled out by parent
School Nurse/Health Information- to be filled out by nurse
Committee Action Plan Summary/Meeting Minutes- to be filled out by a member of I&RS committee during the action plan meeting
Review of Student Interventions Plan/ Summary of Interventions- to be filled out by a member of committee during a re-evaluation meeting of action plan
I&RS Action Plan Teacher Evaluation- completed by classroom/grade level teachers to evaluate interventions
I&RS End of Year Summary

Forms Appendix

District I&RS Referral Form
Teacher Referral Form B Consultant Recommendations
Parent Questionnaire
Teacher Feedback Form (MAS)
Nurse Feedback Form (MAS)
I&RS Action Plan Summary (MAS)
I&RS Review of Interventions (MAS)
I&RS Action Plan Teacher Evaluation (MAS)
I&RS End of the Year Assessment (MAS/MEM)
Memorial I&RS Teacher Referral Packet (MEM)
Progress Assessment Form (MEM)
Memorial I & RS Action Plan (MEM)
I&RS Suggested Instructional Strategies

MAYWOOD SCHOOLS
Intervention and Referral Services Committee
Teacher Referral Form A

Student: _____ Birthdate: _____ Age: _____
Date: _____ Teacher: _____ Grade: _____
Room # _____ Teacher Email: _____
Is there a language other than English spoken at home? YES NO

Has the student ever been referred to the Intervention and Referral Services Committee?
YES NO If YES, please provide dates/Grade _____

Does this student have a 504 Plan? YES No

State Test Scores (past two years)
Math _____ LA _____ Science _____

NWEA/MAP Scores
Math _____ LA _____

1. Reasons for student concern: (must be school based issues, i.e. academics, behavior, school health, etc.):

2. Specific and Descriptive Observed Performance or Behaviors about this child (i.e., test scores, reading level, duration/frequency of a behavior; speech is not intelligible, Specific letter sounds of concern etc.):

3. How does the above issue affect the student's ability to meet classroom expectations and/or access the curriculum?

4. Areas of Academic Strengths, Motivators, etc.

5. Student Currently receives: ESL _____ BSI _____ Math/ Reading/ Writing OT _____
PT _____ Speech _____

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
- Working independently
- Managing time
- Preparing for tests
- Completing homework
- Handling 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
- Attending to spacing on line
- Attending to spacing within words
- Using grade appropriate mechanics (capitalization, punctuation, spelling)
- Grasping pen/pencil appropriately for age
- Writing legibly

In the area of THINKING, student has difficulty:

- Seeing relationships
- Understanding cause and effect; anticipating consequences
- Drawing conclusions
- Making inferences
- Problem solving

In the area of BEHAVIOR, student:

- interrupts or talks in class
- Is verbally disrespectful

- Uses inappropriate language
- Abuses property
- Becomes easily victimized
- Appears to daydream often
- 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 SKILLS, student:

- Withdraws from peers
- Is argumentative with peers
- Is bossy or authoritative with peers
- Goads or 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

PRIOR INTERVENTIONS CHECKLIST

Please indicate the types of intervention you have tried prior to this request for assistance.

		Date(s)	Results
	Extra- help provided before/after school		
	Modified assignments/homework Subjects: How?		
	Changed a student's seat		
	Parent conference(s):		
	Email Communication:		
	Spoke to student privately <input type="checkbox"/> Explained class rules and expectation <input type="checkbox"/> Other (please explain)		
	Consulted with knowledgeable staff members		

	<p>Consulted with outside agencies, professional(s), past schools Explain:</p>		
	<p>Set up classroom behavior management plan Explain:</p>		

Submit request for assistance to the Building Principal. The principal will complete this page and decide the appropriate need for student referral.

Teacher Signature

Date

Assistance requested by:

- _____ CST Consultation
- _____ Physical Therapy Consultation
- _____ Social Worker Consultation
- _____ School Counselor Consultation
- _____ ESL Consultation
- _____ Speech Therapy Consultation
- _____ Behaviorist Consultation
- _____ Basic Skills teacher Consultation
- _____ Other Consultation : _____

The principal will complete this page and submit this form to the Guidance Counselor for distribution to the appropriate staff members.

Principal

Date

Maywood Schools
INTERVENTION AND REFERRAL SERVICES
Parent Questionnaire

Confidential

Student's Name:

Parent's Name:

Date:

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

2. What makes you proud of your child?

3. What are you most concerned with when it comes to your child's success in school?

4. What has been the most successful way to deal with your child's behavior/academic growth?

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. Is there any health or emotional problem that may be interfering with your child's success in school?

7. What other information about your child or your family situation would be helpful for the school to know?

*****[LINK to Maywood Schools Policy and Regulations](http://www.maywoodschooldistrict.org) can be found at www.maywoodschooldistrict.org

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

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

- _____ 1. Finishes what she/he begins.
- _____ 2. Does the things I ask her/him to do.
- _____ 3. Appears content.
- _____ 4. Gets along with her/his friends.
- _____ 5. Takes care of her/his things.
- _____ 6. Helps at home.
- _____ 7. Makes me proud.
- _____ 8. Obeys.
- _____ 9. Lies.
- _____ 10. Cries easily
- _____ 11. Talks Back.
- _____ 12. Appears afraid.
- _____ 13. Must be reminded to do things.
- _____ 14. Gets hurt often.
- _____ 15. Feels sick often.
- _____ 16. Fights.
- _____ 17. Ruins things.
- _____ 18. Teases others frequently.
- _____ 19. Threatens others.
- _____ 20. Has trouble remembering things.
- _____ 21. Accepts criticism.
- _____ 22. I trust my child.
- _____ 23. I know what to expect from my child

INTERVENTION AND REFERRAL SERVICES
Maywood Avenue School Teacher Feedback Form
Confidential

To:
From: I&RS Team

RE:
Date:

The above named student has been referred to the I&RS Committee. Please fill out the following and return to the Guidance office by _____. Thank you for your cooperation.

Academic Level and Progress (include effort, work habits, etc.):

Behavior (Please be specific and give examples):

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

Peer-Group Relationships:

Attitude Toward Teacher:

Please list team members who provided feedback:

_____	_____	_____
_____	_____	_____

Maywood Schools
INTERVENTION AND REFERRAL SERVICES
SCHOOL NURSE /HEALTH INFORMATION
Confidential

To:
From: I&RS Team

RE:
Date:

The above named student has been referred to the I&RS Committee. Please fill out the following and return to the Guidance office by _____. Thank you for your cooperation.

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? If yes, please describe the condition and its implications.

How often does this student frequent the nurse's office? Reasons?

How often is this student excused from physical education? Reason?

Do you have any other pertinent Information about this student (socialization, physical appearance, hygiene)?

I&RS COMMITTEE ACTION PLAN SUMMARY

STUDENT _____ GRADE_____ DATE_____

PARTICIPANTS: _____

Reviewed student data: Nurse___ Specials___ Parent___ Teacher referral___

Summary of identified problem:

Intervention plan:

Timeline:

Follow up:

INTERVENTION AND REFERRAL SERVICES
REVIEW OF STUDENT INTERVENTION PLAN

Confidential

STUDENT _____ GRADE _____ DATE _____

PARTICIPANTS: _____

Summary of effect of Action Plan

Revisions to Action Plan

Continue Current Action Plan:

Timeline: _____

Refer to CST:

Remove from I&RS list (continue interventions):

Remove from I&RS list (discontinue interventions)

I&RS Teacher Action Plan Evaluation

I&RS TEACHER ACTION PLAN EVALUATION

Name: _____ Date: _____

SCHOOL: Maywood Avenue School Teachers Completing Form:

GRADE: _____

ACCOMODATION	FREQUENCY OF USE				EFFECTVNESS OF ACCOMODATION			
	Always	Often	Sometimes	Never	Highly	Some-what	Rarely	Not
Allow for modified assignments or assessments as needed								
Provide reasonable extended time for assignments & assessments								
Encourage to attend teacher tutorials and other school services when available								
Encourage to take advantage of credit recovery								
Continue to pratice multiplication facts at home								
Allow for modified homework amount, especially in mathematics - can be decided by parent/guardian								
BSIP in Math								

School based interventions: Binder Rescue, Homework Club, Teacher Tutorial

Comments:

End of the Year Assessment

To:

From:

Date:

Re: End of Year I&RS Assessment

Standing members: .

Rotating members:

Total Meetings:

Total Action Plans:

New referrals:

Planning meeting recommended:

Converted to Section 504 plans:

Discontinued Action Plans:

Summary:

Recommendations:

Maywood Public Schools

Memorial School

Intervention and Referral Services

Initial Referral Form

CONFIDENTIAL

(To be completed by the referring teacher)

Date_____

Signature of Referring Teacher_____

Child's Name:_____ Sex:_____ DOB:_____

Parent/Guardian:_____

Home Address:_____

Phone: (h)_____ (w)_____ (cell)_____

Date parent was notified by teacher of I&RS referral:_____

Dates and brief summary of prior conferences with parents (include phone):

Reason for request for assistance (Must be for school-based issues (i.e. academics, behavior, social/emotional)

Specific and descriptive observed behaviors (hearsay or subjective comments will not be accepted)

Maywood Public Schools

Memorial School

Intervention and Referral Services

Prior Strategies Checklist

CONFIDENTIAL

Student's Name: _____ Teacher _____

Please indicate the types of strategies you have tried prior to this request for assistance.

1. Spoke to student privately after class to explain rules and expectations and your concerns _____
2. Gave student help before or after class/school _____ Frequency of help provided (i.e. 1x per week) _____
3. Changed student's seat _____
4. Spoke with parent on the phone _____
Date _____
5. Checked cumulative folder _____
6. Held conference with parent in school _____
7. Sent home notices regarding behavior/school work _____
8. Arranged an independent study program for student

9. Gave student extra attention _____
10. Set up contingency management program with student _____
11. Assigned student detention _____
12. Referred student to Guidance _____, Principal _____
13. Have you tried a contract? _____
14. Have you tried Behavior Modifications? _____
15. Other (please explain)

Maywood Public Schools

Memorial School

Intervention and Referral Services

Data Collection Form

CONFIDENTIAL

Subject	Indicate with a (x) Area of Concern	Use <u>Above</u>, <u>On</u>, or <u>Below</u> to indicate Grade Level
Reading	_____	_____
Math	_____	_____
Writing	_____	_____
Social Studies	_____	_____
Science	_____	_____
Other	_____	_____

Attach copy of most recent standardized test scores, current report card

Classroom Performance

_____ Drop in Grades, lower achievement

_____ Needs directions given individually

_____ Does not ask for help when needed

_____ Prefers to work alone

_____ Homework is disorganized or incomplete

_____ Does not complete in-class assignments

_____ Short Attention Span

_____ Poor short-term memory (i.e. can't remember from one day to the next)

_____ Gives up easily

____ Lacks desire to do well in school

____ Problems with muscle or hand-eye coordination

Social Skills

____ Tends to stay to self, withdrawn

____ Lack of peer relationships

____ Appears unhappy/sad

____ Disturbs other students

____ Negative leader

____ Unyielding or stubborn on position

____ Demonstrates lack of self-confidence

____ Talks freely about drugs/alcohol

____ Regularly seeks to be center of attention

____ Frequent ridicule from classmates

____ Problems with hygiene

____ Appears tense, on edge

____ Change in friends

____ Other social behavior concerns _____

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
- Other _____

Physical Characteristics

- Underweight/overweight (please circle)
- Slurred or impaired speech
- Appears sleepy, lethargic
- Impaired vision
- Impaired hearing
- Frequent physical injuries
- Deteriorating hygiene
- Frequent requests to see nurse
- Smells of tobacco, alcohol, marijuana
- Glassy, bloodshot eyes
- Dramatic change in style of clothes
- Sleeping in class
- Other (please describe)

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

- Attendance problems

- Latchkey child
- Death in immediate family
- Chronic illness in the immediate family
- Divorce/separation
- Unemployment
- Single parent household
- Lives with someone other than parent
- Known medical problem
- Takes medication
- Previously/currently involved in counseling (Please circle)
- Discussed concerns regarding drug/alcohol use in home
- Family member incarcerated or adjudicated
- Other (please describe)_____

Maywood Public Schools

Memorial School

Intervention and Referral Services

Nurse/School Health Form

CONFIDENTIAL

Student's Name _____ School Nurse _____

Health History:

Is the student currently taking any medications? If yes, identify.

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

Are you aware of any medical condition that could interfere with the student's ability to perform in school?

Health Assessment:

Height _____ Weight _____ Vision _____

Hearing _____ Skin condition _____ Posture _____

Comments: _____

Socialization:

Observable Behaviors _____

Behavioral Changes _____

Comments: _____

Physical Appearance: (i.e. personal hygiene, fatigue, odor of smoke, attire)

Visits to the Nurse:

Frequency/Number _____

Reasons _____

Physical Education Excuses:

Number _____

Reasons _____

Comments:

Other pertinent information:

Attendance Record: _____ Absent _____ Tardy

Please provide attendance data on the student named above for the time period of _____ to _____.

Date of Absence Excused Absence Unexcused Absence Explanation of Abs.

Nurse's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Principal's Comments:

Maywood Public Schools

Memorial School

Intervention and Referral Services

Discipline Form

To: Principal

From: I&RS Committee

Re: _____ Date: _____

Please provide the information requested below for the above named student:

The number of referrals to date: _____

The number of HIB incidents: _____

The number of times parents have been contacted regarding behavior _____

The number of days for each suspension that has been assigned to the student and the reason(s) for each:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Has the student ever been detained in the office, assigned a restricted lunch, kept in for recess/open periods, etc? Please comment

Please provide any other comments/important information:

Maywood Public Schools

Memorial School

Intervention and Referral Services

Guidance Memo

Re: _____ Grade: _____

Confidential Information

Has a psychological or educational evaluation been conducted on this student? If yes, please describe.

In addition to your role, are you aware of any kind of counseling or therapy (current or past) that has been provided to the student? If yes, please describe.

Parent Contact: Please provide information on the number, purposes, and outcomes of parent contacts regarding this student.

Does the student participate in Lunch Bunch? If so, what concerns are being addressed within the group?

Any additional pertinent information:

Memorial Elementary School

INTERVENTION AND REFERRAL SERVICES Form-Specials

Please complete for each referred student

Student:

Homeroom Teacher:

Meeting:

Subject/ Teacher:

Classroom Performance:

Special	<i>Physical Ed.- Velazquez</i>	<i>Media Center- Briones</i>	<i>Computers- Damania</i>	<i>Music- Johnson</i>	<i>Art- Manalili</i>	<i>ESL- Helfricht</i>
Needs Directions given individually						
Does not ask for help when needed						
Does not remain on task						
Needs frequent redirection						
Short attention span, easily distracted						
Difficulty following simple directions						
Gives up easily						
Lacks desire, motivation, and effort						
Difficulty working in a group or team						
Poor gross and fine motor skills						

Social Skills:

Withdrawn from others						
------------------------------	--	--	--	--	--	--

Makes inappropriate noises						
Lacks control in unstructured situations						
Disturbs other students						
Difficulty making friends						
Negative attitude						
Hits or pushes others						
Lack of confidence						
Language barrier						

Behavior:

Defiant or disrespectful to teacher						
Does not accept responsibility						
Impulsive						
Outbursts of anger, argumentative						
Does not make eye contact						
Frequent classroom disruptions						
Frequently upset, crying						
Seeks to be center of attention						

Other Concerns or Observations:

I&RS Progress Assessment Form

School Year 2021-2022

Student's Name: _____ Teacher: _____

Grade _____ School _____ Date of Initial Referral: _____

Strategies That Can Be Used in the Classroom:

<u>Check-In Date</u> (Monthly)	<u>Effectiveness of Strategies</u> (Highly-Somewhat-Rarely-Never- or a comment on specific strategies)	<u>Request for assistance or a</u> <u>follow up meeting</u>

Memorial School

Intervention and Referral Services Action Plan

Student:

Grade:

Birthdate:

Date:

Referring teacher:

Interventions that can be used in the classroom:

I&RS Suggested Instructional Strategies

Attention and Focus

- Seat student near a peer that can act as a role model or the teacher
- Limit distractions (keep limited things in desk)
- Isolate the student
- Allow the student to change positions during the school day
- Change classroom seating arrangements
- Preferential Seating in the classroom
- Have student repeat information or directions
- Teacher will repeat and rephrase directions
- Use auditory or physical signals/cues/tap
- Allow for a chance to move (examples brain breaks, “notes” to school staff)
- Cover a portion of work
- Allow for a classroom “Fidget”

Organization

- Give time limits for work. Set a Timer/ use a visual timer
- Progress reports
- Reward system to encourage change
- Conference with the parents/guardians
- Use a checklist for help with work or organization
- Review and signing of assignment pad-teacher & parents
- Encourage attendance to Binder Rescue

Academic

- Encourage reading at home
- Books on tape/CD
- Allow for a number line or ABC strip at students desk
- Have student read directions out loud/highlight key words to reinforce understanding
- Introduce spelling/vocabulary words ahead of time to allow for extra practice at home
- Have student use a bookmark help follow along with reading
- Provide a work bank
- Practice spelling words in playdoh, shaving cream or wiki-sticks with other various methods
- Teacher journaling
- Multi-sensory practice with letters & phonics
- Handwriting recommendations- (examples-slant board & highlighting bottom line on paper)

In-school Supports

- BSI services
- Teacher Tutorials
- Homework Club (MAS)
- Pupil Assistance at recess (MAS)
- Guided Study Hall (MAS)
- School counselor
- Occupation Therapy Screening
- Physical Therapy Screening
- Behaviorist

Outside Supports

- Private Physician/ Counseling
- Encourage social or academic activities
- Online activities/ apps
- Encourage academic games, reading and an increase in parent support
- Chore chart at home to encourage independence and responsibility

Extra as needed supports:

- Use a computer for assignments
- Reduce the number of questions on an assignment
- Give extra time for assignments
- Credit recovery opportunities
- Allow for modifications for assignments
- Allow for modifications for assessments