

PARAMUS PUBLIC SCHOOLS



INTERVENTION AND REFERRAL SERVICES GUIDELINES

**PARAMUS PUBLIC SCHOOLS
INTERVENTION AND REFERRAL SERVICES**

**OVERVIEW OF PROCEDURES
N.J.A.C. 6A:16-8**

The Intervention Referral Services (I&RS) Team is a multidisciplinary school-based committee that assists educators to plan, deliver and monitor interventions to assist students who are experiencing learning, behavioral and/or health difficulties. Each school coordinates a system for planning and delivery of intervention and referral services designed to address the student's needs. Parents or teachers can make referrals to the I&RS Team.

The I&RS Team discusses specific concerns, the implementation of prior interventions or modifications, and ways to further help the student. The team develops an I&RS Action Plan that identifies the problem, determines objectives, outlines strategies to be implemented and sets a future date to review the effectiveness and outcome of the recommended interventions or modifications. The team provides support and guidance to school staff who identify learning, behavioral and health difficulties. Parent input is important in the process. Parents are informed of meeting, invited to participate and will receive written copies of the team's recommendations

PURPOSE OF INTERVENTION & REFERRAL SERVICES

At the beginning of the school year, the Principal will inform his/her staff about the purpose of I&RS and the procedures. The purpose of I&RS is to assist teachers with strategies for educating students who are at risk because of learning, behavioral, and/or health issues.

PRIOR TO I&RS REFERRAL

- Teachers should discuss concerns about the student and the implemented strategies with the Principal and the student's parents **prior to** initiating a request for assistance to I&RS.
- After discussing the student's needs with the parent and Principal and trying different strategies, the teacher should complete the I&RS Request for Assistance packet and attach a sample of the student's work.
- The forms for teachers and the school nurse to complete will be distributed by the school counselor.
- Parents are allowed access to all student records.

REFERRAL

- Teacher(s) completes the Request for Assistance packet and attaches work samples. The packet is submitted to the school counselor.
- The nurse completes the Health Information form and returns it to the school counselor to be included as part of the I&RS packet.
- When the packet is complete it shall be submitted to the Principal.

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PARENT NOTIFICATION

- Principal or school counselor sends parent(s) a letter informing them of the I&RS request and the scheduled I&RS meeting date and time.

I&RS MEETING

- Develop I&RS Action Plan and schedule the follow-up meeting.
- School Counselor sends parent(s) a copy of the plan.
- School Counselor sends teacher(s) a copy of the plan.
- School Counselor serves as Case Coordinator.

FOLLOW-UP MEETINGS

- Team members reports about effectiveness of interventions.
- Determine need for new or changed interventions.
- In the event that a child study team (CST) referral may be proposed the Principal will forward the packet to the Director of Special Education.
- School Counselor sends parent(s) a copy of the determinations.
- School Counselor sends teacher(s) a copy of the determinations.

END OF SCHOOL YEAR

- Resolution is made regarding each I&RS case.
- End of the year summary report is completed and forwarded to the Principal.

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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, Assistant Principal, Supervisor of Guidance or designee, School Counselor, Student Assistance Specialist, the referring teacher(s) and a general education teacher, the I&RS Team may include other support staff whose different abilities and educational experiences will facilitate the development of an I&RS Action Plan that will assist your child. The support staff may include the nurse, educational specialist, psychologist, social worker, and learning disabilities teacher-consultant.

Parents or 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 Intervention and Referral Services Team will obtain important information related to your child's needs. They will meet to discuss his/her areas of strengths and weaknesses and will 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 will 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 review meeting.

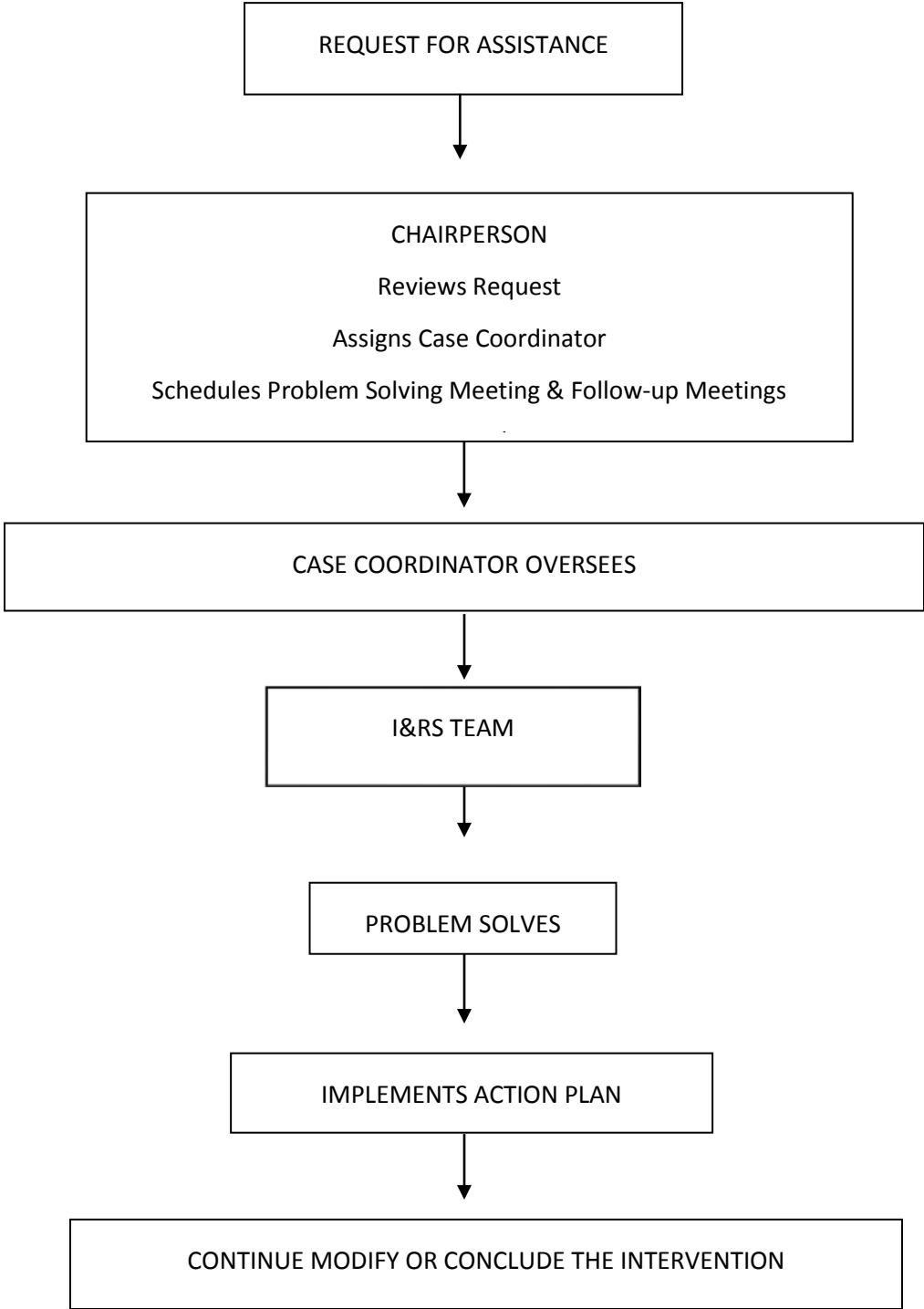
WHAT IS AN INTERVENTION AND REFERRAL SERVICES ACTION PLAN?

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.

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INTERVENTION AND REFERRAL SERVICES

FLOWCHART



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INTERVENTION AND REFERRAL SERVICES**

SAMPLE PARENT LETTER

(Date)

(Parent's name)

(Address)

(Address)

Dear Mr. and Mrs. Parent:

The Intervention and Referral Services (I&RS) is a collaborative process between school personnel and families to assist students who are having difficulty in school. It is a proactive process that enables the school to address concerns that might be interfering with student achievement. Your child was recently referred to the I&RS committee.

Utilizing a team approach, we have an opportunity to provide assistance through the school's Intervention and Referral Services team. Your cooperation is most valuable to us in determining the best way to proceed to support you and your child.

A meeting has been scheduled to discuss the concerns on:

Date: _____ Time: _____

Location: _____

Enclosed is a brief overview of our I&RS procedures. We value your input and we look forward to working collaboratively to assist your child.

Respectfully,

(Counselor's name)

School Counselor

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PARAMUS PUBLIC SCHOOLS
INTERVENTION AND REFERRAL SERVICES

INITIAL REQUEST FOR ASSISTANCE FORM

SCHOOL:

SCHOOL YEAR:

| | | |
|--|----------------------|-------------|
| Student: _____ | Grade: _____ | Date: _____ |
| Referring Teacher: _____ | Class/Subject: _____ | |
| School Counselor: _____ | Administrator: _____ | |
| Reason for Request: Academic _____ Behavioral _____ Health _____ Other _____ | | |

PRESENTING CONCERNS

Describe what you would like the student to do that does not currently take place:

Describe what you would like the student not to do that is currently take place:

Interventions Prior to this Request

- | | |
|--|---|
| <input type="checkbox"/> Gave student extra attention | <input type="checkbox"/> Checked cumulative folder |
| <input type="checkbox"/> Gave student help after class/school | <input type="checkbox"/> Referred student to school counselor |
| <input type="checkbox"/> Changed student's seat | <input type="checkbox"/> Referred student to administrator |
| <input type="checkbox"/> Gave student special work at his/her level | |
| <input type="checkbox"/> Arranged individual instruction for student | <input type="checkbox"/> Spoke to parent on the phone |
| <input type="checkbox"/> Set up a behavior plan with student | Dates: _____ |
| <input type="checkbox"/> Allowed more time for tasks | _____ |
| <input type="checkbox"/> Chunked assignments | <input type="checkbox"/> Held conference with parent |
| <input type="checkbox"/> Tasks broken down | Dates _____ |
| <input type="checkbox"/> Reduced assignments | _____ |
| <input type="checkbox"/> Modified assessments | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Spoke to student privately after class | _____ |
| <input type="checkbox"/> Explained class rules and expectations | |
| <input type="checkbox"/> Explained my concerns | <input type="checkbox"/> Other: _____ |
| | _____ |

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INTERVENTION AND REFERRAL SERVICES**

BEHAVIOR & ACTION CHECKLIST

SCHOOL: _____

SCHOOL YEAR: _____

Student: _____

Grade: _____ **Date:** _____

Teacher: _____

Class/Subject: _____

School Counselor: _____

Administrator: _____

Class Attendance

___ Frequent requests to leave class

___ Frequent tardies

___ Frequent absences

Academic Performance

___ Drop in grade, lower achievement

___ Does not complete in-class assignments

___ Does not complete homework assignments

___ Cheating

___ Short attention span, easily distracted

___ Does not ask for help when needed

___ Gives up easily

___ Other: _____

Academic Interventions

___ Gave student work at his/her level

___ Changed student's seat

___ Explained concerns/rules/expectations

___ After school help

___ Modified assignments/assessments

___ Gave directions in smaller units

___ Chunked assignments into smaller parts

___ Extended time on assignments and tests

Disruptive Behavior

___ Attention-getting behavior, extreme negatives

___ Fighting and/or sudden outbursts of anger

___ Verbal abuse toward others

___ Violating rules

___ Blaming, denying

___ Obscene, language gestures

___ Hyperactivity, nervousness

___ Other: _____

Behavior Interventions

___ Created a behavior plan for student

___ Conferenced with School Counselor / SAC

___ Conferenced with Administrator

___ Conferenced with Parents

Physical Symptoms

___ Frequent requests to use the bathroom

___ Unexplained, frequent physical injuries

___ Deteriorating personal appearance

___ Sleeping in class

Atypical Behavior

___ Change in friends, change in behavior

___ Sudden popularity

___ Older or significantly younger social group

___ Sexual behavior in public

___ Talks freely about substance abuse

___ Appears depressed

___ Inappropriate responses

___ Erratic behavior

___ Constant adult contact

___ Disorientated

___ Unrealistic goals

___ Unexplained crying

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Current Academic Performance Level/Grades:

Student Strengths/Assets:

Student Areas for Improvement:

History of Parental Contact. Include Dates and Times:

Additional Comments (positive or corrective):

School-Based, Specific, Descriptive, Objective and Observable Comments are Most Useful.

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SCHOOL COUNSELOR FORM

SCHOOL:

SCHOOL YEAR:

Student: _____

Grade: _____ Date: _____

Referring Teacher: _____

Class/Subject: _____

School Counselor: _____

Administrator: _____

Has this student been discussed at I&RS before?

Yes

No If yes, in what year? _____

If yes, attach previous documents/data/interventions.

Pertinent Background Information (i.e. new student, recent loss, declassified, etc.):

Has any type of educational testing or other relevant assessment been conducted?

Yes

No

If yes, please comment.

Please provide information on the purposes and outcomes of parent contacts regarding this student.

Additional information you think would be helpful in the I&RS team's assessment of the student, including skills, positive characteristics and environmental supports.

Supporting Information Attached:

- Progress Report
- Report Card
- Attendance Report
- Test Data
- Discipline Referrals

Other (please specify):

Other (please specify):

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HEALTH HISTORY FORM

SCHOOL:

SCHOOL YEAR:

| | | |
|--------------------------|----------------------|-------------|
| Student: _____ | Grade: _____ | Date: _____ |
| Referring Teacher: _____ | Class/Subject: _____ | |
| School Counselor: _____ | Administrator: _____ | |

Health Assessment - Date Completed: _____

Weight: _____ Height: _____ Vision: _____ Hearing: _____

Any medical or other condition that may interfere with the student's ability to perform in school?

If yes, please describe the condition and possible implications.

Yes No

Are you aware of any medical interventions or medications the student is taking?

Yes No

If yes, please describe.

Frequent visits to nurse?

Yes No

Please include number of times and reasons.

Additional Comments:

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ADMINISTRATIVE SUMMARY FORM

SCHOOL: _____

SCHOOL YEAR: _____

| | | |
|---------------------------------|-----------------------------|--------------------|
| Student: _____ | Grade: _____ | Date: _____ |
| Referring Teacher: _____ | Class/Subject: _____ | |
| School Counselor: _____ | Administrator: _____ | |

What has been your involvement with this student?

Number of disciplinary referrals to date: _____

If there is a history in previous years, please attach data.

Number of parent contact regarding behavior issues: _____

Does this student have a behavioral plan? *If yes, please attach.*

Yes **No**

Does this student have an attendance plan? *If yes, please attach.*

Yes **No**

Please check any of the following disciplinary actions assigned to the student and the amount of times. Attach discipline record, if applicable.

| | Times Given | Reasons |
|--|-------------|---------|
| <input type="checkbox"/> Conferences | _____ | _____ |
| <input type="checkbox"/> Referral for Counseling | _____ | _____ |
| <input type="checkbox"/> Verbal Reprimand | _____ | _____ |
| <input type="checkbox"/> Detention | _____ | _____ |
| <input type="checkbox"/> Exclusion from Activities | _____ | _____ |
| <input type="checkbox"/> In-School Suspension | _____ | _____ |
| <input type="checkbox"/> Out-of-School Suspension | _____ | _____ |

Additional Comments:

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**PARAMUS PUBLIC SCHOOLS
INTERVENTION AND REFERRAL SERVICES**

SCHOOL: _____

SCHOOL YEAR: _____

Student: _____

Grade: _____

Date: _____

Referring Teacher: _____

Class/Subject: _____

School Counselor: _____

Administrator: _____

I&RS MEETING PARTICIPANTS FORM

| Participant's Name | Title / Position | Participant's Signature |
|--------------------|------------------|-------------------------|
| | | |
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ACTION PLAN

SCHOOL:

SCHOOL YEAR:

| | | |
|--------------------------|----------------------|-------------|
| Student: _____ | Grade: _____ | Date: _____ |
| Referring Teacher: _____ | Class/Subject: _____ | |
| School Counselor: _____ | Administrator: _____ | |

SELECTED BEHAVIORAL OBJECTIVE & GOALS

(short term, achievable, measurable)

Objective/Goal #1:

Objective/Goal #2:

I&RS ACTION PLAN IMPLEMENTATION

| Interventions |
|---------------|
| |
| |
| |
| |
| |

A follow-up review meeting will be held on _____

RESPONSIBLE PARTIES INVOLVED

| | | | |
|------------------|-------|-----------------|-------|
| I&RS Chairperson | _____ | Administrator | _____ |
| Parent/Guardian | _____ | Student | _____ |
| Case Coordinator | _____ | Nurse | _____ |
| Current Teacher | _____ | Current Teacher | _____ |
| Current Teacher | _____ | Current Teacher | _____ |
| Current Teacher | _____ | Current Teacher | _____ |

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ACTION PLAN REVIEW

SCHOOL:

SCHOOL YEAR:

| | | |
|--------------------------|----------------------|-------------|
| Student: _____ | Grade: _____ | Date: _____ |
| Referring Teacher: _____ | Class/Subject: _____ | |
| School Counselor: _____ | Administrator: _____ | |

SELECTED BEHAVIORAL OBJECTIVE & GOALS

(short term, achievable, measurable)

Objective/Goal #1: _____

Outcome: _____

Objective/Goal #2: _____

Outcome: _____

RECOMMENDED ACTION

- | | |
|---|--|
| <input type="checkbox"/> Continue Original I&RS Action Plan | <input type="checkbox"/> Modify original action plan |
| <input type="checkbox"/> Refer to Child Study Team | <input type="checkbox"/> Other Referral (specify): 504 Plan |
| <input type="checkbox"/> No further action until next academic year | <input type="checkbox"/> I&RS Action Plan dismissed on _____ |

RESPONSIBLE PARTIES INVOLVED

| | | | |
|------------------|-------|-----------------|-------|
| I&RS Chairperson | _____ | Administrator | _____ |
| Parent/Guardian | _____ | Student | _____ |
| Case Coordinator | _____ | Nurse | _____ |
| Current Teacher | _____ | Current Teacher | _____ |
| Current Teacher | _____ | Current Teacher | _____ |
| Current Teacher | _____ | Current Teacher | _____ |
| Current Teacher | _____ | Current Teacher | _____ |

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