

Plainfield Public Schools



2011 – 2012

Intervention and Referral Services Manual



INTERVENTION and REFERRAL SERVICES (I&RS) RESOURCE MANUAL

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Manual Developed By:
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MISSION/GOAL STATEMENT

District Mission Statement:

The Plainfield Public Schools in partnership with its community shall do whatever it takes for every student to achieve high academic standards - No alibis, No excuses, No exceptions!

I&RS Mission Statement:

The department of I&RS was created to accomplish the following missions:

The Plainfield Public Schools, in partnership with its families and other community members, shall connect children and families to resources so that every child has:

- Positive relationships with caring adults;
- Safe places and structured activities during non-school hours to learn and grow;
- Access to health services ages 3-21;
- Effective education focused on high academic standards;
- Opportunities for community services

The Goal of the I&RS Steering Committee

To enhance and strengthen the existing I&RS process to assure that at-risk general education students receive the supports and services needed for them to achieve high academic standards.

To achieve this goal the steering committee assessed the following areas:

- Team composition and development
- Training
- Referral process
- Team meeting and interventions and
- Data collection and evaluation

INTRODUCTION

The New Jersey State Board of Education has established that the primary mission of schools is to enhance student achievement of high academic standards in safe and disciplined learning environments. The effectiveness of public education in fulfilling this mission depends largely upon the capacity of school systems to respond to the diverse educational needs of students. Constantly evolving social conditions and changing educational needs that emerge can pose dramatic barriers to student achievement.

The types of at-risk behaviors students manifest while in school include difficult concentrating and focusing on learning, incomplete assignments, inability to demonstrated skill level or testing potential, declining or failing grades, cheating, absenteeism, tardiness, falling asleep, inability to stay in seat or work within structure, decreased participation, self-defeating responses to peer pressure, deteriorating personal appearance and hygiene, erratic behavior, loss of affect, acting out, fighting, defying authority, violating rules and dropping out of school. These and other problems place students at risk for school failure and other problems, leaving parents and teachers frustrated and in need of assistance.

The information in this manual provides schools with a framework for the preparation and inclusion of school staff, school administrators, parents and community representatives in the I&RS process. The manual also provides samples forms and templates that are used by I&RS teams and lists of supportive resources. Much of the information provided in this manual has been adapted from the New Jersey Department of Education, Division of Student Services/Office of Educational Support Services, *Resource Manual for Intervention & Referral Services, 2002.*

During October, 2010 the I&RS Steering Committee conducted a district-wide survey of all building based teams. The goal of this survey was to obtain data on the I&RS process and its impact on students academic achievement. The aim was to examine how the team viewed the I&RS process, supports the need for appropriate interventions for students and how the team maintains continuity and collaboration as the student achieves their goals. For complete summary of the survey see Appendix B.

Based on these informal and formal assessments the I&RS Steering Committee has develop the following manual that schools can use as a guide as they proceed in the development and enhancement of their Intervention and Referral Team.

To assure that all schools' I&RS teams have the necessary support and training to adequately meet the needs of their students the district has assigned the Department of Student Intervention & Family Support Services the responsibility of providing technical assistance and support in the areas of development, implementation and training. This will also include monitoring of services to assure compliance and consultation on an as needed basis. See Appendix C.

For further information and/or technical assistance please contact:

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OVERVIEW OF INTERVENTION AND REFERRAL SERVICES (I&RS)

State, federal and district guidelines have clearly established that the primary mission of schools is to improve student achievement in an environment that maintains and ensures the safety of all students and staff. This mission has become increasingly more challenging due to a myriad of problems students bring to schools. Many of these problems fall in the category of at risk behaviors such as:

- Substance abuse
- Academic Difficulties
- Violence
- Child abuse and neglect
- Early sexual involvement
- Youth pregnancy and parenting
- Lack of school readiness
- Inappropriate socialization
- Chronic and acute medical conditions
- Physical disabilities
- Truancy
- Family Concerns

These concerns may increase the potential for students to experience learning, behavior, and health concerns while attending school. There is a need for schools to identify students who are experiencing problems which impact learning.

The objective of the I&RS Resource Manual is:

- To ensure the district is compliant with NJDOE Intervention and Referral Services code mandate (N.J.A.C. 6A:16-8). The code requires that each school choose the appropriate multidisciplinary team approach for the planning and delivering of services. (N.J.A.C. 6A:16-8.1(a)).
- To provide guidelines for the building administrator and the I&RS Team regarding the function, roles and responsibilities as it relates to the intervention and referral services.

Why does the district have Intervention & Referral Services?

In April 2001, the State Board of Education adopted new rules to provide district boards of education with standards for the delivery of intervention and referral services (N.J.A.C. 6A:16-7, Intervention and Referral Services). Although, the requirements set forth in the regulations are intended to provide schools with direction in formulating coordinated services and team delivery systems to address the full range of student learning, behavior and health problems in the general education program it does allow for schools to also provide intervention and referral services for students who have been determined to be in need of special education programs and services. The following highlights the primary areas in the establishment of intervention and referral services on building based level.

- New Jersey Administrative Code requires all school districts to have this service.
- 6A:16-8.1 Establishment of intervention and referral services
- District boards of education shall establish and implement a coordinated system in each school building for the planning and delivery of intervention and referral services that are designed to assist students who are experiencing learning, behavioral or health concerns and to assist staff who have difficulties in addressing students learning, behavioral or health needs. District boards of education shall choose the appropriate multidisciplinary team approach for planning and delivering the services required under this subchapter. (Appendix D)

What is the purpose of I&RS?

The I&RS team is a multidisciplinary team bringing together representatives from all professional constituencies in a school to support staff in helping to improve student achievement. The purpose of this service is to assist students who are experiencing challenges that impact with learning and a student's successes. These difficulties may include problems with academics, behavior, and health issues. Through the different steps that comprise the I&RS process, students are directed to appropriate services in the school or community. The team will:

- Identify learning, behavioral, and health concerns.

- Collect information that documents the identify learning, behavioral and/or health concerns.
- Provide support, guidance, and professional development for school staff to identify learning, behavior, and health concerns.
- Development and implementation of action plans.
- Actively involve parents or guardians in the development and implementation of intervention and referral services action plan.
- 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.
- Appropriate school and/or community interventions based on the collected data and desired outcomes of the identified learning, behavioral and/or heath concerns.
- Maintain records of all requests for assistance and all intervention and referral services action plans, according to the requirements of 34 CFR Part 98, 34 CFR Part 99, 42 CFR Part II, N.J.S.A. 18A:40A-7.1, N.J.A.C. 6A:16-3.2, and N.J.A.C 6:3-2.1.
- Conduct annual reviews that provides feedback on the number and types of students served; interventions provided; the team process including feedback from referral sources; and recommendations for improving school programs and services.

It is important to note that students may be serviced by the professionals on the I&RS team who have not been referred to I&RS. Students experiencing various social emotional, behavioral, academic and health problems may not meet the criteria for referral to I&RS. Those students, however, will be referred to the appropriate in school professional. For example a student who has an acute episode with anger with no impact on academic performance may not be an appropriate I&RS referral but would benefit from a referral to the counseling department and/or School Based Youth Services.

Who are the I&RS team members?

The core team is determined as the consistent members of the I&RS team. They should include the building administrator or their designee, the school social worker or health & human service coordinator, the professional school counselor, certified school nurse, general education teacher and special education teacher or

child study team representative. On the secondary level core team members should also include a representative from School Based Youth Services. Although, parents and students are not listed as core team members they are an integral part of the process and need to be included in the development and implementation of all action plans. In addition, the assigned case manager may deem it necessary to include other support staff and community representatives in the process.

The I&RS Teams are comprised of the following members:

- **Building Administrator or their designee** – The administrator’s participation is essential because only he/she has the authority to ensure that needed resources are provided and required that staff attend meetings and follow up on designated responsibilities
- **Social Worker/Health and Human Services Coordinator** – A Social Worker provides a holistic approach to aid in the process of the student achieving academic success, through the provision of community, social and emotional resources
- **Certified School Nurse** – The certified school nurse provides knowledge in the areas of health and well-being.
- **Professional School Counselor** – The School Counselor provides academic support and personal and social development through individual, group, classroom and building-based programs and activities.
- **Referral Person** – The Referral Person provides the initial information regarding the needs of the identified student.
- **Child Study Team Member/Special Education Teacher** – The Child Study Team Member or Special Education Teacher aids in the process of identifying the appropriate interventions for the identified student.
- **General Education Teacher** – A teacher’s role is to provide expertise in the area of academics.
- **Parent/Guardian** – The parent’s role is to provide recommendations of intervention, participating in meetings and providing background information about the identified child.
- **Student** – The student is the core of the team’s existence. The student is able to identify their perception of areas that need improvement.

How are parents and students involved in the I&RS process?

When a request for assistance is completed for a student, the parents/guardians are contacted enabling them to become partners in the process. This participation includes, recommendation of interventions, participating in meetings and providing background information about the student as well as participation in the interventions when applicable.

When appropriate students need to be involved in the I&RS process. This would include the completion of the Student Questionnaire and the development and implementation of the action plan. Variation includes the age of the student, level of maturity and ability to understand the process.

Additional support staff to team (as needed):

In addition to the above mentioned individuals the team may decide to include other support staff who have contact with the student and has knowledge that might be helpful in meeting the needs of the student. This might include:

- **Truancy** – Provide expertise on laws and regulations that govern student attendance.
- **Drop-Out Prevention** – The counselor provides resources regarding student retention.
- **Family Support Person** – The family support person serves as a resource to the parent and family.
- **Security** – The security officer has contact with students on a daily basis in lunchrooms and the hallways and can provide knowledge of student behaviors not witnessed by other school personnel.
- **Outside Agencies** – Provide services to our students and families based on individualized needs.
- **Teacher Assistant** – This staff member can provide additional information regarding the student's academic needs as well as possible behavioral or health related issues.
- **School Based Youth Services Member** – SBYS Member provide resources in the areas of academic, social and emotional support. School Based representative may serve as case manager if the primary reason for referral is based on behavioral or health related issues and the parent/legal guardian has provided written consent for services.

What are the responsibilities and role of I&RS team members?

The roles and responsibilities of the I&RS team are extremely important in the success of the process. To ensure the success of the team process, continuity with the team leader is vital. The roles of time keeper, record

keeper and case manager should vary from meeting to meeting, providing all team members with experience within these roles.

- **Team Leader** – Collects initial request for assistance and assigns case manager. Schedules initial meetings and follow-ups and facilitate the I&RS team meetings. Maintain case records.
- **Time Keeper** – Maintain the flow of meeting and keeps the team aware of their timeframes. This is a rotating position.
- **Record Keeper** – The individual who documents the action plan during meetings. This is a rotating position.
- **Case Manager** – Identified individual to ensure that the action plans are implemented, accommodates follow up meetings and parental contact. All team members serve as case managers.
- **Team Member** – Has a responsibility to offer their expertise based on education, certification and experience.

PROCESS FOR INTERVENTION AND REFERRAL SERVICES

The following outlines the process for intervention and referral services. It should be noted that although a student may be followed for the entire year the actual process from referral to implementation of action plan to follow-up meeting should be no longer than 8 weeks.

1) A Request for Assistance (RFA) is submitted to I&RS when:

- Teacher/Staff/Parent/Guardian has a concern about a child's language/speech, learning, health or behavioral development;
- A child scores Not Proficient on state mandated testing;
- Scores below grade-level on the DRA;
- Fails an academic subject for more than 1 marking period;
- Staff/Teacher/Parent/Guardian has a concern regarding the social/emotional well-being of the child or family;
- The referral source completes the RFA and submits it to the leader of IR&S.

2) Once the I&RS team leader receives the RFA within 5 days they then assigns student to a case manager from the IR&S team. Case manager collects information as appropriate, including the following:

- Interviews teacher and observes the child;
- Reviews and gathers supporting documentation such as cumulative file, attendance; and disciplinary history;
- Interview previous teachers for developmental information and information concerning past performance;
- School nurse shall provide vision/hearing screening information, as well as review physicals and information.

3) Case Manager contacts the Parent/Guardian to discuss the function of the IR&S committee, as well as to establish a rapport with parent to facilitate cooperation. At this contact, parental home language will be noted, and an interpreter provided if needed throughout the IR&S process. Prior to the IR&S meeting, a parent conference will be conducted to gather background information concerning developmental history of

the child (such as developmental milestones, living arrangement, etc.), as well as any concerns that the parent might have. It is strongly recommended that all parents complete the Parent Questionnaire. If at all possible, this may be conducted within the parent/guardian home.

- 4) If necessary the Case Manager meets with the student to complete Student Questionnaire and to ensure that they understand the purpose of the referral and their role in the I&RS process.
- 5) The I&RS intervention meeting for the referred child is conducted in two stages.
 - First, the school team discusses the referral, and delineates clear, concise and measurable objectives that must be met for the student. Consequently, “concerns/interventions” are discussed as “goals”. Time-frames and the persons who are responsible for supervising the achievement of each objective are to be noted at this meeting. The team member who is responsible and time frames may vary depending on goal. However, the maximum time frame should be no longer than 6 weeks for the follow-up meeting.
 - Secondly, the parent meets with the case manager and the referring teacher to discuss interventions to be put in place at school and to finalize the action plan. This meeting is conducted from a strengths-based perspective and is a collaborative problem-solving process and incorporate goals for both home and school.
- 6) The student’s response to the intervention must include how often the intervention is implemented, by whom, and the time frame. Anecdotal information, as well as objective data, such as grades, test scores, standardized testing, and other assessments (such as DRA) must be considered. This data is recorded for the time specified by the Intervention/Action Plan. Consequently, success of the Intervention plan must include objective information, and must not be based solely on anecdotal information.
- 7) Follow-up meeting will be convened according to the time-frame specified within the action plan. As such, the maximum time between initial intervention meeting and follow-up shall be no longer than 6 weeks. In attendance shall be I&RS committee including the parent and when appropriate the student. Success of plan will be decided as per steps 8 (intervention deemed successful) or Step 9 (intervention deemed not satisfactory).

- 8) If intervention is successful, student will continue to be included on the case load of the Case Manager, whose responsibility it will be to continue to monitor student progress for the time deemed necessary by the committee. Cases shall be monitored for the academic year on a monthly basis. If continued success is demonstrated, case may be closed and file put in closed file container.

- 9) If intervention response is deemed not satisfactory by the IR&S committee (again, including the parent and student), the decision will be made to either continue or revised the intervention, refer the child to outside agencies, or refer to the Child Study Team to be considered for evaluations for Special Education and/or related services.

- 10) Building Administrators shall be involved throughout the IR&S process. More specifically, they will review case files with the case manager regarding the status of students that are in the IR&S process. This includes, but is not limited to, RFA forms, information gathered, parent intervention meetings, response to the intervention, follow-up meetings, and time-frames. The I&RS Data Collection Tool can be used to assist with this process.

The chart on the following page outlines the I&RS process including the time frame.

FLOW CHART OF INTERVENTION & REFERRAL SERVICES PROCESS

Request for Assistance
(With proper documentation)



Information Gathering



Initial parent/guardian contact



I& RS initial meeting held in 2 stages:
 1. School team meets to discuss complete file/case
 2. I&RS team, including parent, conducts a strength- based collaborative problem-solving intervention meeting



Response to intervention;
 measured by documentation, including anecdotal and objective information



I & RS Follow up meeting to determine success of interventions



Was the Intervention Successful?

- Time Frames:**
- **Team Leader** receives the referral and must assign within **5** school days.
 - The assigned **Case manager** has **5** days prior to the initial meeting to gather information and contact the parent.
 - The initialing meeting must take place within **30** days of receiving the referral.
 - A follow – up meeting should occur no less than **8** weeks from the initial meeting.

Yes
 *Continue, Expand or conclude the current intervention(s)
 *Monitor periodically throughout academic year

No
 *Referral to outside agencies
 * revise/ amend the action plan
 * refer to the Child Study Team



REFERRAL TO CHILD STUDY TEAM (6A:14-3.3)

If a child has been receiving interventions from the I&RS committee, and does not demonstrate progress despite the implementation of the interventions, the child should be referred to the Child Study Team. The following summarizes the NJ code 6A:14-3.3.

1. According to the NJ Special Education Code, a child with an obvious disability may be referred immediately and without documented interventions. During referral process, the child should be receiving interventions from the school in the general education classroom.
2. If a child has been receiving interventions from the IR&S committee for a minimum of 6 weeks, and does not demonstrate progress despite the implementation of the interventions, the child should be referred to the Child Study Team.
3. The referral to the Child Study Team must include a statement that the child is being referred to the Department of Special Services for evaluations. The interventions that have been implemented should be attached. Documentation of interventions must include the following: who is responsible for the interventions, date of the intervention, how often interventions were implemented, and the response to the intervention. Interventions must be scientifically and researched-based interventions. Proximity seating, for example, is not considered an adequate intervention. However, after school programs, individual instruction, etc. are examples of interventions. Importantly, retention is NEVER considered to be an intervention.
4. Standardized form cover sheet stating child is referred to CST for evaluations, documented interventions, and health forms from nurse are all included in referral packet. It is also strongly recommended that documentation that supports the need for referring the student be included, (grades, attendance, disciplinary records, etc.).
5. If parent letter is sent, I&RS committee should contact parent and immediately begin a file on the referred child, contact classroom teacher, and document all interventions that have been implemented. These documents may be brought to the Child Study Team Identification meeting.

DATA COLLECTION AND THE I&RS PROCESS

Data collection should be an integral part of your I&RS program. Data is essential for:

- Accurately identifying learning, behavioral, and health concerns.
- Evaluating progress toward achieving goals.
- Developing an accurate picture of the educational environment of a school.
- Supporting recommendations to administration.
- Assessing I&RS team effectiveness in improving student outcomes.
- Providing pre-referral documentation and documentation for when the I&RS team truly believes the child would benefit from an IEP.

Data can provide the foundation for the I&RS team to understand the when, where, who, why, and what of the issue. Data collection should be an embedded part of the school culture, not extra work.

Each of the six phases of the I&RS process involves collecting, analyzing, or synthesizing data, both quantitative and qualitative. This data will provide a more comprehensive understanding of the issue, assist in establishing **SMART**, (Appendix E), objectives that are specific, measurable, agreed upon, realistic and time-based., assist in the monitoring progress and evaluating the effectiveness of interventions. The more comprehensive data obtained, the greater the possibility of successful outcomes for the student.

ANNUAL REVIEW & RECOMMENDATIONS

Per state regulation N.J.A.C. 6A:16-8.2(a)11 each building's I&RS Team is required to 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. This process involves reviewing cases, assessing the effectiveness of action plans and I&RS process, and making recommendations for future programs and/or services geared toward improving the quality of education for all students.

This annual review provides your team with an opportunity to improve the I&RS process and to contribute ideas that can often improve programs and services in your building. The team has unique insight into the culture and needs of your school. It also allows you to review the needs of your team members, plan for professional development, review the resources available to your team, and update the forms used by the team. There are no required standards for the annual review, however, suggested items for review are provided below.

I&RS Team Process:

- Number and types of requests for assistance received compared to the number and types of cases accepted and action plans developed and implemented.
- Number and types of actions taken for non-accepted requests for assistance (e.g., crisis intervention, conduct referral, CST referrals, nurse referral, community resource referrals, other school resource involvement) and the reasons for these actions.
- Number of new cases reviewed per meeting compared to the number of old cases.
- Analysis of sources of requests for assistance.
- Analysis of the types of problems (learning, behavior, health) addressed in action plans.
- Number and percentage of meetings scheduled compared to meetings held indicating the reasons for meeting cancellations or rescheduling.
- Rates of attendance at meetings.

In this area the team will review the level of support and cooperation received from others within the building; the use of the facility and security of information; and the degree to which meeting times are efficiently managed.

Action Plans:

- Number of action plans completed and implemented.
- Degree of effectiveness in the use of school, school district and community resources for achieving the objectives outline in the action plans.
- Resources used in developing and implementing action plans.
- Documentation of opportunities provided for parents to become meaningfully involved in both the development and implementation of action plans indicating how they are involved.
- Documentation of the degree of parent involvement in both the development and implementation of action plans.

In this area the team will review the degree to which action plans are based on measurable data substantiating the problems, and include measurable outcomes for addressing the problems; degree to which evidence-based practices were used in the action plans; degree to which measurable documentation is used to gauge progress toward achieving the desired outcomes in action plans; as well as how satisfied staff was with the services provided.

Team Effectiveness:

- Analysis of progress toward achieving measurable outcomes for action plans. Degree of change in problems organized by type of problem and supported by data.
- Number and percentage of cases where the measurable outcomes (or significant progress toward achieving the outcomes) were achieved.
- Number and percentage of cases where the measurable outcomes were not achieved. Identify reasons such as lack of follow-through by implementer(s), student referred to Child Study Team, insufficient support provided to implementer(s), insufficient cooperation/coordination with other school resources, insufficient parent cooperation, little or no evaluation of how well the plan is working, problems with community services.
- Number and types of cases recommended to be continued in the next grade.
- Number and percentage of cases referred to the Child Study Team. Including the number and percentage of cases referred to the Child Study Team where the student is found eligible for special education programs and services.

Professional Development:

- Number of building-based I&RS training provided for staff.
- Number of grade level meetings attended.
- Number of staff meeting presentations conducted.
- Number of meetings with building administrators conducted to address various issues presented at I&RS meetings.
- Number of workshops and/or trainings attended related to I&RS on the district, state or national level.

Trends:

- Academic by grade and subject matter
- Behavior by grade and/or school-wide
- Health issues by grade and/or school-wide

Coordination of Resources:

- Number of cases referred to other school and district resources
- Number of cases referred to community-based services.
- Number of cases for which appropriate services were not available.
- Types of services utilized

Recommendation and Considerations:

- Recommendations for changes based on the data collected in the areas of curricular, environmental, systemic, professional development needs.
- Suggestions for ways to accommodate more requests
- Suggestions for ways to be more effective (measurably) and efficient
- Team efficiency (consider using a rating tool)

To ensure that there is enough time to complete the annual review and to review all open student files it is recommended that no new referrals be accepted after the first of April. This will allow each team time to complete the mandated requirements as well as thoroughly review open files and either close or make recommendations for the upcoming year.

ADVERTISEMENT AND MARKETING OF SERVICES PROGRAM

How can your I&RS team market your program, gain support for the process, and help I&RS become part of your school's culture? Here are some ideas from research on best practice and from teams from across New Jersey:

- Present information at staff meetings.
- Make a newsletter.
- Make posters for the staff room.
- Make a brochure for parents.
- “Act out” an I&RS meeting for staff.
- Have staff practice writing specific observable behaviors.
- Present a mini-workshop on targeted interventions in academic and behavior areas.
- Play “I&RS Jeopardy” with staff.
- Develop tip sheets for staff to use when completing a Request for Assistance.
- Present a mini-workshop on various data collection techniques.
- Invite “ad-hoc” team members or standing team members to share their area of expertise with staff at a mini-workshop.
- Hold a meeting for parents or present I&RS at back-to-school night.
- Encourage your administrator to stress the importance of I&RS throughout the year.
- Quiz your staff and award small prizes.
- Enlist staff assistance in developing a community/district/school resource binder.
- Enlist staff assistance in brainstorming interventions for specific academic, behavior, or health issues to compile a building-specific resource binder.
- Develop a Tip of the Week/Month or FAQ and distribute to staff.

The attached brochure is primarily designed to be included in educational and awareness opportunities that the schools host where students and parents are present. It can also serve as a resource that showcase the I&RS program to other groups (e.g., churches, business and industry, foundations, civic or service organizations, volunteer organizations, government offices). See Appendix F

PROFESSIONAL DEVELOPMENT NEEDS AS RELATED TO THE I&RS Teams

All school staff should be afforded regular professional development opportunities that support student achievement of high academic standards. Consistent with this principle, schools are required to provide support, guidance, and professional development *both* to I&RS team members and to school staff who request services of the I&RS team (N.J.A.C. 6A:16-7.2(a)4 and 6A:16-7.2(a)5). Some key areas of professional development for I&RS team success include:

- best practices for effective collaboration;
- problem solving;
- innovative and effective instructional practices;
- behavior management;
- relevant health issues and
- elements of I&RS program development, implementation and maintenance.

All team members need to be sensitive to the issues that prevent and/or enables them to be effective. In addition to above suggested topics there are specific areas based on our needs assessment that our teams provide professional development in:

Students

- Culturally appropriate interventions, students are entering the district from many different countries, ex. Hispanic, Latino, Haitian, etc. Interpreters for different languages need to be accessible (make a list of volunteers)
- Students must be a part of the intervention process (especially at the higher grade levels)
- Needs must be identified as the student sees them and then addressed for example “What do you think you need help with?”

Teachers and Support Staff

- Cultural differences
- Case management
- Home visits
- Action planning
- Gay, Lesbian Transgender students

Parents and Community Members

- Identify concerns of parents and expectations for their child(ren)
- Identify barriers to reaching intended goals
- Identify and involve community members and stakeholders who may assist throughout the process (after school programs, churches, behavioral programs)

**RELATIONSHIP OF I&RS TEAM
TO OTHER BUILDING-BASED TEAMS:
I&RS Teams, 504 Committees and Child Study Teams**

A variety of collaborative teams and committees historically have been adopted by schools in New Jersey either as a result of regulatory requirements or due to the merits of the program(s). The most common of these problem-solving groups are: I&RS Teams; 504 Committees; and Child Study Teams. The following is a comparison of three building-based multidisciplinary teams:

	<i>I&RS Teams</i>	<i>504 Committees</i>	<i>Child Study Team</i>
Regulatory Authority	State - N.J.A.C. 6A:16-7, Intervention and Referral Services.	Federal - 34 CFR 104, Subparts A, C and D, Section 504 of the Rehabilitation Act of 1973.	Federal - 34 CFR 300, Individuals with Disabilities Education Act. State – N.J.A.C. 6A:14, Special Education.
Student Population	Required - Regular Education. Permitted - Special Education, coordinated with student's I.E.P. team, as appropriate.	Required – Regular Education Protected Against Discrimination - Special Education.	Required - Special Education.
Team Composition	Multidisciplinary Team -Any certified staff members, and ad hoc members, as appropriate.	A group of certified persons, including those knowledgeable about the child, the meaning of the evaluation data and the placement options.	School Psychologist, School Social Worker, Learning Disabilities Teacher-Consultant (Speech and Language Specialist or Speech Correctionist, as appropriate).
Case Management Role	Not regulated. Case Coordinators recommended.	Not regulated. Case Coordinators recommended.	Case Manager required.
Assessment	Functional.	Functional and/or Standardized.	Functional and Standardized.
Written Plan	I&RS Action Plan.	504 Accommodation Plan.	Individualized Education Program (I.E.P.).
Review and Follow-up	Required for each I&RS Action Plan.	A one-year review of the accommodation plan would meet the requirements, but the timeline is to be adopted by the district.	Annual review of I.E.P evaluation of I.E.P every three years or sooner, if conditions warrant.
Funding	Local.	Local.	Local and State.
Family's Due Process Rights	No.	Yes.	Yes.
Forms	Not regulated.	Not regulated	Per Regulations.

Since a program of I&RS and the CST are the primary school-based, multidisciplinary problem-solving and decision-making mechanisms, it is informative to identify further distinctions between them. Some of the distinguishing features and characteristics of these two multidisciplinary entities are highlighted in the chart on the following page.

Modified from New Jersey Department of Education IRS Manual

I&RS TEAMS & CHILD STUDY TEAMS

<i>I&RS TEAMS</i>	<i>CHILD STUDY TEAMS</i>
A general education model that permits the provision of services to special education students, as appropriate.	A special education model.
A collegial, collaborative problem- solving model, rather than a diagnostic model, and a coordinating mechanism that addresses global learning, behavior and health issues.	A joint decision-making process that identifies, evaluates and determines the eligibility for and the placement of students with educational disabilities.
Addresses students' specific learning, behavior and health needs in the context in which they occur.	Provides for appropriate placements in the least restrictive environments.
Does not classify student problems.	Determines students' educational disabilities.
Participates in the development of an intervention and referral services action plan.	Participates in the development of an individual education plan (IEP).
Regulated under N.J.A.C. 6A:16-7, and does not fall under the provisions of the Individuals with Disabilities Education Act of 1997.	Regulated under the provisions of the Individuals with Disabilities Education Act of 1997 and N.J.A.C. 6A:14.
Systematically focuses all school and community resources on the resolution of individuals' educational problems, in particular, and school-wide problems, in general.	Focuses special education, general education and other pupil services on the needs of students with educational disabilities.
An adult-centered program, where direct assistance primarily is provided to adults who request assistance for problems encountered in the general education program.	A student-centered program, where direct assistance primarily is provided to students with educational disabilities, and support is provided to school staff and parents.
Schools are required to actively involve parents in the development and implementation of I&RS action plans.	Parents are required to participate in each step of the special education decision-making process.

Modified from New Jersey Department of Education IRS Manual

TRANSITION AND TERMINATION OF I&RS CASES

Transition

Transition services is a coordinated set of activities for a student, designed within an outcome oriented process that promotes movement from school to post-school activities, including post-secondary education. Transition services for students with disabilities may be special education, if provided as specially designed instruction, or related services, if required to assist a student with a disability to benefit from special education.

This process should take place during the month of May for students being promoted to the next grade and can occur within two weeks for students transferring throughout the school year. The transition process for active I&RS cases will go as follows:

- **Step 1:** The action plan will be updated and include any recommended interventions that would benefit the student at the school in which the student is moving to. (Parental permission is required for out of district transfer of I&RS documents.)
- **Step 2:** Correspondence will be provided to the team leader at the receiving school, it will include names of students referred and grades.
- **Step 3:** Complete I&RS file (action plan and all supporting I&RS documents) will be forwarded to the team leader at the receiving school.

Termination

The termination of an I&RS case signifies that all goals and objectives have been met and student is on task and achieving academic success. Termination does not imply that the student does not require any further interventions but the necessity of the team approach is no longer appropriate. A thorough evaluation of the action plan and recommended intervention should occur; all team members, including the student and parent, should agree with the recommendation to terminate I&RS services.

- **Step 1:** Evaluation will be completed and agreed upon by all team members, including parent and student that the goals and objectives of the I&RS plan have been successfully completed
- **Step 2:** The entire file is maintained by the team leader and placed in a file designated for closed cases.
- **Step 3:** Files must be maintained for seven years.

DIRECTIONS FOR COMPLETION OF THE I&RS REFERRAL PACKET

The following is an explanation of the forms that need to be included in all accepted I&RS student files. The goal is to ensure that the team has the necessary information in order to address the needs of the student.

Case Manager Checklist: A tool for the Case Managers to track the of completion paperwork associated with the request packet.

Request for Assistance: This form should be completed by the individual making the referral to the I&RS Team and it documents the frequency of interventions tried prior to the referral to the I&RS Team. Note: If a parent is making the request, than the form should be completed by the Team Leader.

Teacher Intervention Form: This form should be completed by those teachers who have had interactions with the student other then the referring individual. It documents the frequency of interventions tried prior to the referral to the I&RS Team.

Teacher Data Collection Form: This form is designed to give the Team some background on the child's difficulties both academically and behaviorally in school. It is intended to be filled out by the child's teacher who has observed the child in the classroom and knows the child's home life.

Professional School Counselor/Social Worker Form: This form should be filled out by the Professional School Counselor/Social Worker and focuses on the behavioral and social/emotional needs of the student. Please note that not all the information is applicable to all grade levels. When submitting this form the following information needs to be included: 2 years of report cards including most recent one; most recent standardized test scores; summary of attendance; and summary of Disciplinary Infractions & Outcomes

School Nurse Health Form: This form should be completed to determine if there are any health issues that may contribute to the child's lack of success in the classroom.

Parent/Guardian Assessment: As much as possible this form should be used when meeting with a parent either during a home visit or when a parent comes to meet with a I&RS member to discuss their child. However, if this is not possible please have the parent/guardian complete it and return to the case manager prior to the meeting.

Student Assessment: This assessment is designed for the student to give feedback to the I&RS Teams. Please note that this form should only be used for students who have the maturity to answer the questions correctly without becoming anxious with the process.

General Release of Information Consent Form: This form is to be used whenever information is being sent out of the district, or when information is received from an outside source. Please be specific in what documentation is being requested.

Summary of Disciplinary Infractions: This form is to be completed for those students who have had multiple disciplinary infractions in order to document behavioral issues and/or concerns. It may be completed by either the Professional School Counselor, School Social Worker or the attendance secretary.

Action Plan Form: This form is to be used to document all strategies that the Team comes up with during their Team meetings. The form should be completed while the meeting is taking place.

Follow-up Meeting Form: This form should be used when reviewing a student's progress. The time period to review a case to establish whether progress is being made with a student should be after interventions have been in place a minimum of six to eight weeks.

End of Year I&RS Progress Review: This form documents the status of a student file and is used to provide recommendations the following school year.

Case Manager Checklist

Date Initiated: _____
 Student Name: _____
 Parent Name: _____
 Address: _____
 School: _____

Grade: _____
 DOB: _____
 Parents' Home Phone: _____
 Parents' Work Phone: _____
 Case Manager: _____

DATE SENT

DATE RECEIVED

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DOCUMENT

Initial Request for Assistance, and
 Data Collection
 School Counselor/Social Worker Form
 School Nurse/Health Form
 Parent Questionnaire
 Student Self-Assessment Sheet
 Release of Information Form

SUPPORTING DOCUMENTATION

Date Received

Document

Current Report Card / Progress Report
 2 Years Prior Report Cards
 Standardized Test Data
 Summary of Attendance
 Summary of Disciplinary Infractions
 Other _____

I&RS PROCESS

Date

Action Taken

Followed-up with staff making the request
 (e.g., interview, observation)
 Reviewed referral with I&RS Team
 Contacted/met with student
 Contacted/met with parent
 I&RS Initial Meeting
 Completed I&RS Action Plan Form
 Completed referrals when appropriate:

 I&RS Follow-up Meeting
 End of Year I&RS Progress Review
 Other: _____

REQUEST FOR ASSISTANCE

TO: I &RS Team Leader

From: _____

Date: _____

Student: _____

School: _____

DOB: _____

Grade Level: _____

Room Number: _____

Reasons for Request for Assistance: (Describe cause/s for concern; must be school based i.e. academic, behavior, emotional issues, school health.)

Please outline specific and descriptive observed Behaviors (hearsay or subjective comments will not be accepted):

Please indicate the types of interventions you have tried prior to this request for assistance. Include how often it was done and for how long (ex: independent studies twice per week for 4 weeks).

Intervention

Frequency / Dates

1. Explained class rules and expectations
2. Arranged independent study program
3. Explained my concerns
4. Changed students seat
5. Gave student help after school/class
6. Spoke with parent on the telephone
7. Checked cumulative folder
8. Held conference with parent in school
9. Set up contract/ behavior modification plan with student
10. Spoke to student privately after class
11. Gave student special work at his/her level
12. Assigned student detention
13. Sent notices home regarding behavior/school work
14. Set up contingency management program with student

REQUEST FOR ASSISTANCE (continued)

Student: _____ **School:** _____

DOB: _____ **Grade Level:** _____ **Room Number:** _____

15. Referred student to guidance _____, administrator _____, other (specify) _____. *(indicate dates and frequency)*

16. Involved in in-house program/after-school program (i.e. Safety Net, School Based Youth Services, Homework Helper) _____

17. Other (Please explain.) _____

Please list all teacher and/specialist with whom this student have contact so that additional information may be requested. _____

Teacher Signature: _____

Date: _____

I&RS Team Use Only

Date Request Received: _____

By Whom: _____

Student accepted: (if accepted tentative date for team meeting) _____

File returned further information needed: (explain) _____

Request denied: (explain why) _____

Student referred directly to CST

_____ **Case Assigned To**

_____ **Date**

_____ **Team Leader**

_____ **Date**

**Use the back of form for additional information.*

TEACHER INTERVENTION FORM

From: _____

Date: _____

Student: _____

Grade: _____

Teacher: _____

Subject: _____

Please return by: _____

Please outline specific and descriptive observed behaviors (hearsay or subjective comments will not be accepted):

Please indicate the types of interventions you have tried prior to this request for assistance. Include how often it was done and for how long (ex: independent studies twice per week for 4 weeks).

Intervention	Frequency / Dates
1. Explained class rules and expectations	_____
2. Arranged independent study program	_____
3. Explained my concerns	_____
4. Changed students seat	_____
5. Gave student help after school/class	_____
6. Spoke with parent on the telephone	_____
7. Checked cumulative folder	_____
8. Held conference with parent in school	_____
9. Set up contract/ behavior modification plan with student	_____
10. Spoke to student privately after class	_____
11. Gave student special work at his/her level	_____
12. Assigned student detention	_____
13. Sent notices home regarding behavior/school work	_____
14. Set up contingency management program with student	_____
15. Referred student to: _____	_____
16. Involved in in-house program/after-school program (i.e. Safety Net, School Based Youth Services, Homework Helper) _____	_____
17. Other (Please explain.) _____	_____

**Use the back of form for additional information.*

TEACHER DATA COLLECTION

Student: _____

School: _____

DOB: _____

Grade Level: _____

Room Number: _____

Please complete and return this form by: _____ To: _____

Subject	Current Academic Performance Levels/Grades	Student Strengths	Student Areas for Improvement

Please place a check before each *behavior or action* listed below that you have *observed*. Remember, only behaviors or actions you have *observed* should be noted.

Classroom Performance

- Failure in one or more subject areas
- Drop in grades, lower achievement
- Needs directions given individually
- Finds it hard to study
- Gives up easily
- Lacks desire to do well in school
- Has demonstrated ability, but does not apply self

- Short attention span, easily distracted
- Poor short-term memory,
- Does not ask for help when needed
- Prefers to work alone
- Does not complete homework
- Does not complete in-class assignments
- Homework is disorganized or incomplete

Other _____

Social Skills

- Tends to stay to self, withdrawn
- Lack of peer relationships
- Appears lonely

- Disrespects or defies authority
- Regularly seeks to be center of attention
- Frequent ridicule from classmates

TEACHER DATA COLLECTION (continued)

Student: _____ School: _____

DOB: _____ Grade Level: _____ Room Number: _____

Social Skills

- | | |
|--|---|
| <input type="checkbox"/> Slow in making friends | <input type="checkbox"/> Appears unhappy/sad |
| <input type="checkbox"/> Disturbs other students | <input type="checkbox"/> Lacks control in unstructured situations |
| <input type="checkbox"/> Negative leader | <input type="checkbox"/> Change in friends |
| <input type="checkbox"/> Unyielding or stubborn on positions | <input type="checkbox"/> Sexual behavior in public |
| <input type="checkbox"/> Argues with teacher | <input type="checkbox"/> Difficulty in relating to others |
| <input type="checkbox"/> Hits and/or pushes other students | <input type="checkbox"/> Talks freely about drugs/alcohol |
| <input type="checkbox"/> Threatens other students | <input type="checkbox"/> Teases other students |
| <input type="checkbox"/> Angered by constructive criticism | <input type="checkbox"/> Demonstrates lack of self-confidence |

Other social *behavior* of concern: _____**Disruptive Behavior**

- | | |
|---|--|
| <input type="checkbox"/> Defiance, violation of rules | <input type="checkbox"/> Obscene language, gestures |
| <input type="checkbox"/> Blaming, denying, not accepting responsibility | <input type="checkbox"/> Noisy, boisterous at inappropriate times |
| <input type="checkbox"/> Crying for no apparent reason | <input type="checkbox"/> Fighting |
| <input type="checkbox"/> Highly active, agitated | <input type="checkbox"/> Cheating |
| <input type="checkbox"/> Erratic behavior | <input type="checkbox"/> Sudden outbursts of anger, verbally abusive to others |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> General changes in behavior patterns |
| <input type="checkbox"/> Lack of impulse control | |

Other disruptive behaviors of concern: _____

Physical Symptoms (*If you check any of the items below please refer student to the school nurse for further assessment*)

- | | |
|---|--|
| <input type="checkbox"/> Underweight | <input type="checkbox"/> Frequent physical injuries |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Deteriorating hygiene |
| <input type="checkbox"/> Smells of tobacco, alcohol marijuana | <input type="checkbox"/> Dramatic change in style of clothes |
| <input type="checkbox"/> Sleeping in class | <input type="checkbox"/> Glassy, bloodshot eyes |
| <input type="checkbox"/> Appears tense, on edge | <input type="checkbox"/> Frequent requests to see nurse |
| <input type="checkbox"/> Slurred or impaired speech | <input type="checkbox"/> Unsteady on feet |
| <input type="checkbox"/> Appears sleepy, lethargic | <input type="checkbox"/> Problems with muscle or hand-eye coordination |
| Impaired vision | <input type="checkbox"/> Impaired hearing |

Other physical symptoms of concern: _____

TEACHER DATA COLLECTION (continued)

Student: _____ **School:** _____

DOB: _____ **Grade Level:** _____ **Room Number:** _____

Positive Qualities

List one or more skills or other positive characteristics and strengths, both personal (e.g., talents, traits, interests, hobbies) and environmental supports (e.g., friends, family members, faith community) that you have observed or that apply for this student:

Skills _____

Positive Characteristics and Strengths _____

Environmental Supports _____

Teacher's Name: _____

Date: _____

PROFESSIONAL SCHOOL COUNSELOR/SOCIAL WORKER FORM

Student: _____ School: _____

DOB: _____ Grade Level: _____ Room Number: _____

Please complete and return this form by: _____ To: _____

We are gathering information on the above-named student. Your input is essential in developing a complete and accurate profile of this student. If there is information you prefer not to commit to in writing or if you have any questions, please immediately contact the case manager.

CONFIDENTIAL INFORMATION

Has a psychological evaluation been conducted on this student? Yes No

If yes, is there a copy of the evaluation in the student's file. Yes No

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? Yes No

If yes, please describe: _____

Has any type of educational testing been conducted on this student? Yes No

If yes, please describe: _____

PARENT CONTACTS

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

GUIDANCE INFORMATION

Please give any additional information you think would be helpful in the team's assessment of the student.

To your knowledge is the student receiving outside services? If yes please list: _____

Counselor/Social Worker: _____ Date: _____

PROFESSIONAL SCHOOL NURSE HEALTH FORM

Student: _____ School: _____

DOB: _____ Grade Level: _____ Room Number: _____

Please complete and return this form by: _____ To: _____

Health History

Is the student currently taking any medication? [] Yes [] No
If yes please explain unless information should remain confidential: _____

Are you aware of any prior use of medication by the student? [] Yes [] No
If yes please explain unless information should remain confidential: _____

Are you aware of any medical or other condition that could interfere with the student's ability to perform in school? [] Yes [] No
If yes please describe the condition and its implications unless this information should remain confidential: _____

Health Assessment

Height: _____ Weight: _____ Vision: _____

Hearing: _____ Skin: _____ Posture: _____

Socialization

Observable behaviors: _____

Behavioral changes: _____

Physical Appearance (e.g. personal hygiene, fatigue, attire, etc.): _____

Visits to Nurse: Frequency/Number: _____ Reasons: _____

PE Excuses: Number: _____ Reasons: _____

Health Summary (Use additional space, if necessary): _____

School Nurse Signature: _____ Date: _____

PARENT/GUARDIAN ASSESSMENT

As you are aware your son/daughter has been referred to the _____ (school name) Intervention & Referral Services Team. Your participation in this process is of the utmost importance. Therefore, please complete the following information and return it to your son/daughter's school as soon as possible. The information gained along with other school data will determine the best plan of action to help support your child.

Student: _____ **DOB:** _____ **Grade:** _____

Parent/Guardian: _____ **Relationship to student:** _____

Please check all that you believe apply to your child.

Strengths Positive

- | | |
|--|---|
| <input type="checkbox"/> able to work independently | <input type="checkbox"/> joins in extra activities at school or in community |
| <input type="checkbox"/> works well in a group | <input type="checkbox"/> wants to and likes to learn |
| <input type="checkbox"/> displays good logic/reasoning and decision-making | <input type="checkbox"/> demonstrates leadership qualities |
| <input type="checkbox"/> strong communication skills | <input type="checkbox"/> can accept criticism |
| <input type="checkbox"/> possesses good interpersonal skills | <input type="checkbox"/> cooperative |
| <input type="checkbox"/> follows rules | <input type="checkbox"/> displays positive values (responsibility, honesty, equality, caring) |
| <input type="checkbox"/> uses time wisely | <input type="checkbox"/> helps others |
| <input type="checkbox"/> is connected to and likes school and staff | <input type="checkbox"/> strives to achieve their best |

other: _____

Traits at Home

- | | |
|--|--|
| <input type="checkbox"/> generally complies with family rules | <input type="checkbox"/> does household chores |
| <input type="checkbox"/> participates in family activities, meals, etc. | <input type="checkbox"/> cares about appearance, health, etc. |
| <input type="checkbox"/> takes appropriate pride in self and their possessions, keeps room reasonably neat | <input type="checkbox"/> behavior is appropriate with peers and siblings |
| <input type="checkbox"/> generally respectful toward parents/caregiver and others | |

other: _____

Listed below are some common problem areas, as well as changes, that you may have begun to notice in your child. If your child's behavior matches any one of these listed below, please check them off.

Personality

- | | |
|--|---|
| <input type="checkbox"/> noticeable mood swings | <input type="checkbox"/> frequent/extreme highs or lows |
| <input type="checkbox"/> crying seemingly without explanation | <input type="checkbox"/> appearing very irritable or hostile without reason |
| <input type="checkbox"/> extremely apathetic attitude | <input type="checkbox"/> spending a lot more time alone, in room |
| <input type="checkbox"/> exhibiting general loss of energy, motivation, interest or enthusiasm, is increasingly uninterested | |

other changes: _____

PARENT/GUARDIAN ASSESSMENT (continued)**Student:** _____**DOB:** _____**Grade:** _____**School**

- | | |
|--|--|
| <input type="checkbox"/> experiencing more problems in school than usual | <input type="checkbox"/> recent or rapid drop in grades |
| <input type="checkbox"/> stopped participation (or showing less interest) in extra-curricular activities such as sports, clubs, etc. | <input type="checkbox"/> caught forging notes to his/her teacher
excuses for absences from school |
| <input type="checkbox"/> wants to drop out of school | <input type="checkbox"/> having problems getting your child to go to school |

other: _____

Friends/Relationships

- | | |
|--|---|
| <input type="checkbox"/> stopped spending time with old friends | <input type="checkbox"/> hanging out with friends you don't know |
| <input type="checkbox"/> doesn't want you to meet his or her friends | <input type="checkbox"/> friends immediately go to child's room
avoiding contact with family members |
| <input type="checkbox"/> son/daughter receiving many short phone calls | <input type="checkbox"/> spends less time in family activities |
| <input type="checkbox"/> son/daughter not where they tell you they are | <input type="checkbox"/> refusing to take responsibility for self |
| <input type="checkbox"/> is verbally or physically abusive of family members | |
| <input type="checkbox"/> refuses to follow family rules | |

other: _____

Crisis Indicators

- | | |
|--|---|
| <input type="checkbox"/> has expressed desire to die | <input type="checkbox"/> given away personal possessions |
| <input type="checkbox"/> has expressed desire to join someone who has died | <input type="checkbox"/> has made suicidal threats/gestures |
| <input type="checkbox"/> has experienced a recent death of family member or close friend | |

other stressors: (please explain) _____

Physical Traits

- | | |
|--|--|
| <input type="checkbox"/> unsteady on feet | <input type="checkbox"/> noticeable change in weight |
| <input type="checkbox"/> complaining of nausea/ stomach ache | <input type="checkbox"/> glassy/bloodshot eyes |
| <input type="checkbox"/> unexplained physical injuries | <input type="checkbox"/> poor motor skills |
| <input type="checkbox"/> frequent illnesses | <input type="checkbox"/> smelling of alcohol or marijuana |
| <input type="checkbox"/> slurred speech | <input type="checkbox"/> loss of hair |
| <input type="checkbox"/> self-abuse or mutilation | <input type="checkbox"/> doesn't keep self-clean or poor hygiene |
| <input type="checkbox"/> preoccupied with personal health issues | <input type="checkbox"/> fatigue/constantly tired |
| <input type="checkbox"/> disoriented | <input type="checkbox"/> change in sleep habits |
| <input type="checkbox"/> headaches | <input type="checkbox"/> food issues (example: refusal to eat, etc.) Please
explain _____ |

other: _____

PARENT/GUARDIAN ASSESSMENT (continued)**Student:** _____**DOB:** _____**Grade:** _____**Legal/Financial** arrests for drinking/drug use/DUI/possession
of other illegal acts seems to have more possessions than job
or allowance would provide been caught with taking things from home
or neighbors' homes

other: _____

 recently sold personal possessions been caught with drugs and/or alcohol been caught with products associated
with drug use /paraphernalia family members missing money or
items from the home

What are your concerns for your child that may impact his or her learning?

What does your child tell you about his or her school experience?

What are your concerns for your child that may impact his or her behavior?

STUDENT ASSESSMENT

As you are aware you have been referred to the _____ Intervention & Referral Services Team so that an action plan may be developed geared toward meeting your academic needs. Your participation in this process is of the utmost importance. Therefore, please complete the following questionnaire and return it to your classroom teacher as soon as possible.

Student's Name: _____

Grade: _____

How well does each of the following statements describe you? For each statement, please check the appropriate box.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
I really want to learn				
I participate regularly in class.				
I often need extra help with schoolwork.				
It's often hard to pay attention in class because I'm worrying about problems outside of school.				

	Yes	No
Have you ever skipped class or school?		
Have you ever considered dropping out of school?		

If you answered "yes" to either of the above questions, please indicate how often have you ever skipped class or school or considered dropping out of school because of any of the below reasons otherwise skip these questions?

	Never	Once or twice	A few times a year	Several times a year
You did not feel prepared for class.				
You were being bullied or harassed by other students				
You were not getting along with a teacher.				
You did not feel safe at school				
You did not feel safe traveling to and from school.				
School was boring.				
You had family responsibilities.				

How often do your teachers speak with you one-on-one about the following? For each statement, please check the appropriate box.

	Never	Once or twice	A few times a year	Several times a year
Disrupting class.				
Good academic performance.				
Not completing assignments.				
Poor academic performance.				
Interests and things that are important to you.				
Your plans for college or work after high school.				

STUDENT ASSESSMENT (continued)

Student's Name: _____

Grade: _____

How much would the following steps help you to learn? For each statement, please check the appropriate box.

	Help a lot	Help a little	Not at all
More one-on-one attention from teachers.			
More examples of how the things I learn in school matter in the real world.			
Classes that are more challenging			
If other students were more accepting of me.			

In your own words explain any problems that you might be having in school and why?

What do you consider to be your strengths?

What are some areas that you want to improve in order to be successful in school?

What is your favorite subject & why?

What is your least favorite subject & why?

Completed by: _____

Date: _____

Adapted from: whatkidscando.org

(PUT ON SCHOOL LETTERHEAD)
RELEASE OF INFORMATION CONSENT FORM

I, _____, authorize _____
(student or parent/guardian name) (name of individual/school disclosing information)

to disclose to _____
(name or title of individual/organization to whom the information is to be disclosed)

the following specific information from my record: _____

_____.

This consent to disclose information may be revoked by me at any time, except to the extent that action has already been taken in reliance thereupon.

This consent, unless expressly revoked earlier, expires upon (specify the date, event and/or condition upon which consent expires):

Date: _____ Event and/or condition: _____

_____.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Legal Representative Signature: _____

Date: _____

Specify Relationship of Legal Representative: _____

SUMMARY OF DISCIPLINARY INFRACTIONS

Student: _____ School: _____

DOB: _____ Grade Level: _____ Room Number: _____

Please complete and return this form by: _____ To: _____

The number of referrals to date: _____

The number of times parents have been contacted regarding the student's behavior: _____

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

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.? If yes please provide details such as the number of times and why.

Please provide any other comments or important information regarding disciplinary issues and consequences; student's reaction when being disciplined; as well as skills, positive characteristics and environmental supports:

*In lieu of filling out this form, information can be obtained from other sources. (Genesis, Code of Conduct Reports, etc.)

MEETING ATTENDANCE FORM

Student's Name: _____ **DOB:** _____ **Grade:** _____

Date: _____ **Time:** _____ **School:** _____

Purpose of Meeting: Initial Team Meeting Parent Meeting Follow-up Meeting

Title	Signature
Building Administrator/Designee	
Social Worker/Health & Human Services Coordinator	
Certified School Nurse	
Professional School Counselor	
Referring Person	
General Education Teacher	
Special Education Teacher/Child Study Team Representative	
Parent/Guardian	
Student	
School Based Youth Services Member (secondary level only)	
Support Staff:	
Support Staff:	
Support Staff:	
Community Representative:	

ACTION PLAN FORM

Student's Name: _____ **DOB:** _____ **Grade:** _____

Date: _____ **Time:** _____ **School:** _____

1) Student Strengths

a) Personal (include academic and social/emotional strengths):

b) Environmental (include both internal and external support system):

2) Reason(s) for Request for Assistance (presenting educational problems[s] that is specific, observable, descriptive and objective):

3) Desired Goal[s] (attach additional sheets if needed):

4) Objectives [short-term, achievable, measurable] (attach additional sheets if needed):

ACTION PLAN (continued)

Student's Name: _____ **DOB:** _____ **Grade:** _____

Date: _____ **Time:** _____ **School:** _____

5) Implementation Steps (attach additional sheets if needed)

Interventions	Resources Needed	Responsible Person	Target Date

6) Follow-Up Meeting Date: _____

FOLLOW-UP MEETING

Student's Name: _____ **DOB:** _____ **Grade:** _____

Case Manager: _____ **Meeting Date:** _____

1) Outcome of I&RS Action Plan

Objectives	Achieved

2) Recommended Action:

No Further Action Required

Continue Original I&RS Action Plan

Modify Original I&RS Action Plan (if check complete the following information)

3) Objectives [short-term, achievable, measurable] (attach additional sheets if needed):

4) Implementation Steps for Case Manager (attach additional sheets if needed)

Specific Tasks	Resources Needed	Responsible Person

Follow-up Meeting Date (if modification to plan is completed):

END OF YEAR I&RS PROGRESS REVIEW

Student: _____ DOB: _____ Grade: _____

School: _____ Date of Review: _____

The above student was reviewed by the I&RS team this year. It is important to know how the student is progressing at this time to plan for accommodations for next year.

1) Academic Progress: Up to grade level Needs improvement in (identify subjects):**2) Social/Emotional Behavioral Progress** Well-adjusted in all areas Needs improvement with:**3) Student referred to CST:** Yes No PendingFound Eligible for Special Education Services: Yes No**4) The following is recommended for next year:** No special accommodations will be needed Review in the fall CST Evaluation should be considered. Student has had _____ interventions over a period of _____ weeks/months. Regular education accommodations to be considered by new teacher: (See attached information) Student Transitions to another school. Case Management

**INTERVENTION & REFERRAL SERVICES
DATA COLLECTION TOOL ON REFERRED STUDENTS**

I&RS Team Leader: _____

Month: _____

Student	Grade	Rm#	Racial/ Ethnic Background	Gender	# of Interventions	Frequency	Duration	Referral Source			Reason for Referral			Outcome		Outcome of CST Referral		Found Eligible By CST
								T	P	O	A	B	H	Accepted	Denied	Referred to CST Directly	Accepted By CST	

Referral Source

- T:** Teacher
- P:** Parent
- O:** Other

Reason for Referral

- A:** Academic
- B:** Behavioral
- H:** Health Related

Administrator's Signature: _____

Date: _____

ANNUAL REVIEW FORMAT

1. Team Membership

NAME	POSITION

2. Review of Cases

	Pre-K	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
Total Cases:													
Males													
Females													
Caucasian													
African-American													
Hispanic													
Other													
SED													
CST Referred													
Qualified for Special Educ.													

3. Intervention and Referral Services Analysis Summary

4. I and RS Team Process

A) Number of referrals accepted	_____
B) Number of referrals for	_____
Learning	_____
Behavior	_____
Health	_____
Combination	_____
C) Number of scheduled I and RS meetings	_____
D) Number of I and RS Meetings held	_____
E) Reasons for cancellation of I and RS meetings	_____

ANNUAL REVIEW FORMAT

5. Action Plans

A) Number of action plans developed and implemented	_____
B) Number of action plans achieving measurable outcomes	_____
C) Number of parents involved in the development and implementation of action plans	_____

6. Team Effectiveness

A) Number and/or percentage of cases where the measurable outcomes were not achieved	_____
B) Please list the reasons	_____ _____
C) Please identify the reasons for positive outcomes	_____
D) Number of cases recommended to continue in the next grade	_____
E) Number and/or percentage of cases referred to the child study team (CST)	_____
F) Number and/or percentage of cases referred to CST where the student is found to be eligible for special education programs and services	_____

7. Professional Development

A) Number of I and RS trainings conducted	_____
B) Number of staff presentations	_____
C) Number of meetings with Building Administrator	_____
D) Number of workshops and/or training related to I and RS (district, state and local)	_____

Annual Review Format

8. Coordination of Resources

A) Number of cases referred to other school and district resources _____

B) Number of cases referred to community based services _____

Please list community based services and resources _____

C) Number of cases for which appropriate services were not available _____

Identify services needed _____

9. Pupil Progression Services

A) Number of career activities _____

B) Please list the career activities: _____

C) Number of transitional activities _____

D) Number of college and/or University tours _____

E) Number of classroom Presentations:
 (Please list by grade)

1 st _____	5 th _____	9 th _____
2 nd _____	6 th _____	10 th _____
3 rd _____	7 th _____	11 th _____
4 th _____	8 th _____	12 th _____

Please list topic of presentations: _____

Total number of students who failed one or more core subjects (i.e. Math, English,)

1 st _____	5 th _____	9 th _____
2 nd _____	6 th _____	10 th _____
3 rd _____	7 th _____	11 th _____
4 th _____	8 th _____	12 th _____

Annual Review Format

10. Intervention and Strategies

A) Please list services available to support those students who failed one or more core subjects

B) Compilation of Feedback from End of the Year Meeting

C) Future Goals/Recommendations/Programming Ideas

Supplemental Forms

The following supplemental forms can be used to collect additional information. Included are sample letters and questions that can be used during parent interviews.

Home Visitation Form: This form is used to document any home visit by the I&RS Team.

I&RS Team Effectiveness Rating Scale: This can be used when assessing the effectiveness of team during the annual review process.

I&RS Idea Generator Exercise: This form can be used to generate discussion about specific concerns that the Team may have and possible solutions to these concerns.

Building Team Coordination Plan: This form can be used to identify other teams that operate within a building and to determine ways that these teams can best coordinate their activities with the I&RS Team

I&RS Survey: As with the I&RS Effectiveness Rating Scale this survey can be used to obtain data on the I&RS process and its impact on students academic achievement.

Parent or Guardian Letter: This sample letter is a guide as to how you might want your letter to the parents of the child referred to the I&RS Team.

Parent Interview: Sample questions that can be used as a way to gather background information on students when meeting with parents/guardians.

Home Visitation Form

Student's Name: _____

DOB: _____

Grade: _____

School: _____

1. Date of home visit(s)? _____

2. Purpose of home visit? _____

3. Who was present? _____

4. Are the family's basic needs being met (i.e. electricity, heat and hot water, adequate food and clothing, etc.)? _____

5. What issues were discussed at the home visit? _____

6. Were any recommendations/suggestions given to parent/family? _____

a.) What were they? _____

b.) Who is responsible for follow up? _____

1. Next Steps?

Action

**Target
Date**

Responsible Person

Action	Target Date	Responsible Person
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person Conducting Home Visit

Date

PARENT OR GUARDIAN LETTER

NOTE: A personal interview with the student's parent or guardian is always the preferred method of contact. A personal conversation provides the opportunity for the I&RS team to achieve the following objectives: 1) Provide support to the parent, 2) Obtain important data, and 3) Develop a personal relationship. The Sample Parent Questionnaire and Sample Parent Interview provides suggested questions to be explored during the interaction. If personal notification is not possible, the district might consider corresponding on school letterhead, accompanied by the Parent Questionnaire.

Dear Mr. and Mrs. Parent:

We have a opportunity to provide assistance to your (*daughter/son*), (*student's full name*), through the school's Intervention and Referral Services Team. Working in cooperation with families, such as yours, enables the team to better understand how to provide appropriate help to all of our students. Your knowledge and information regarding (*student's first name*) is most valuable to us in determining the best way to proceed to support you and your child.

We invite you to either call (*school representative for this case,*) at (*school representative's phone number*) to discuss the matter, contact us to schedule a school visit, or notify us of the best way to reach you. You can reach us between the hours of _____ a.m. and _____ p.m.

You can also help us by completing the attached Parent Questionnaire and returning it in the enclosed envelope as soon as possible. The information you provide will help us to determine a positive course of action, and will be strictly held in confidence.

Together, we can be more effective in helping your child achieve (*his/her*) potential. Thank you for joining with us in this effort. We look forward to hearing from you.

Sincerely,

School Representative

Enclosure
c:

PARENT INTERVIEW

The following questions can be used as a way to gather background information on students when meeting with parents/guardians. Please note that not all questions need to be asked but rather as a guide for gathering information.

- 1) Who are the people living in the home with the child? (NOTE: If the family is not a “traditional,” nuclear family, follow-up on details.)
- 2) What, if any, important changes have occurred in the family structure & how did child react?
- 4) What, if any, serious illness or injury has your child had? Please identify and explain.
- 5) Is your child on medication? If so, please identify and explain the reason.
- 6) Have you noticed any significant changes in your child’s behavior?
- 7) Have you noticed any changes in your child’s eating &/or sleeping habits?
- 10) Has there been any change in your child’s physical appearance?
- 11) How does your son/daughter spend his/her time?
- 12) Does your child share his/her thoughts regularly and openly with you? If not then who?
- 14) Who initiates conversation between you and your child?
- 15) Does your child seem sad, moody or angry?
- 16) Have you ever had reason to suspect that your child has ever experimented with alcohol or other drugs? Explain.
- 17) Has your child ever talked about suicide? Please explain.
- 18) Have any of your son’s/daughter’s friends or any family members attempted or committed suicide?
- 19) Has your child intentionally inflicted injury upon himself or others? Please clarify.
- 20) Has your child given away any of his/her important possessions lately?
- 21) Have you noticed any changes in your child’s room?
- 22) In the past few months, have you noticed any money, alcohol, prescription or over-the-counter medications missing?
- 23) Has any member of your family (including grandparents, uncles, aunts, etc.) ever had a substance abuse problem?
- 24) Who assumes primary responsibility for discipline in your family?
- 25) How do you discipline your child? What works best? What do you find doesn’t work?
- 26) What do you see as your child’s strengths?
- 28) What does your child do that causes you the most concern?
- 29) Has your child been seen by a health professional for any physical or emotional?
- 30) Is there anything you can think of that is going on that might be affecting your child?
- 31) Is there anything else you would like to share?

SAMPLE EVALUATION TOOLS

Even teams that have been working together for a long time will feel the need to occasionally reflect on their overall effectiveness. Teams may find the following forms useful to identify areas in their functioning that need improvement and to generate possible solutions for these gaps.

I&RS Team Effectiveness Rating Scale

I&RS Effectiveness Rating Scale: This rating scale looks at ‘critical items’ in team functioning and provides the I&RS Team with invaluable information about areas that the team is doing well in as well as those in which the team is struggling. Teams may choose to either (1) fill out this scale as an entire team and reach consensus on each item, or (2) to have each member fill the scale out independently and then compare surveys. Teams may then want to complete the *I&RS Idea Generator Exercise and Building Team Coordination Plan* below.

1-Strongly Disagree

2-Disagree

3-Agree

4-Strongly Agree

Team Organization

Our Team:

Is Multidisciplinary	1	2	3	4
Has written guideline for roles and responsibilities from the board of education	1	2	3	4
Has a clearly defined role in the school	1	2	3	4

Scope of Service: Coordinating Meetings

Our Current I&RS Team is effective in...

Scheduling meetings	1	2	3	4
Inviting person requesting assistance	1	2	3	4
Finding substitutes (if necessary) for team members and referring teachers	1	2	3	4
Inviting appropriate “ad hoc” members	1	2	3	4

Data Collection Issues (“How well do we collect and use thorough information”)

Collecting relevant information from teachers, parents and other resources	1	2	3	4
Analyzing and summarizing information for ease of use during problem-solving	1	2	3	4
Identifying specific, observable targeted behaviors	1	2	3	4
Establishing measurable objectives	1	2	3	4

Meeting Issues (“How well do we stick to a problem-solving framework and make referring teachers feel welcome & supported?”)

Having team members follow a ‘problem-solving’ format and avoid digressions	1	2	3	4
Creating an atmosphere in which the referring teacher(s) feel welcome and supported	1	2	3	4
Taking good meeting notes	1	2	3	4

Interventions (“How well do we prepare for, document, and monitor interventions?”)

Identifying school-wide resources available for use in team interventions	1	2	3	4
Identifying district-wide resources available for use in team interventions	1	2	3	4
Identifying community-wide resources available for use in team interventions	1	2	3	4
Recording interventions thoroughly in clearly outlined steps	1	2	3	4

Documenting intervention 'follow-through' by teachers	1	2	3	4
Assessing the effectiveness of interventions in achieving desired outcomes	1	2	3	4

Communication and the I&RS Team (“How well do we communicate our purpose and role to our audiences?”)

Publicizing the purpose and role of I&RS to faculty and other staff	1	2	3	4
Publicizing the purpose and role of I&RS to parents	1	2	3	4
Sharing information about meeting results, interventions with parents	1	2	3	4

I&RS ‘Process’ Issues (“How well do we share our feelings and attitudes about I&RS?”)

Encouraging team members to share honest opinions about I&RS’s direction, overall success	1	2	3	4
Encouraging team members to identify positive, negative events occurring at meetings	1	2	3	4
Reserving sufficient time for team ‘debriefings’ to communicate about ‘process’ issues	1	2	3	4

I&RS Assessment and Recommendations (“How well do we annually evaluate team effectiveness and make recommendations for change to building administration?”)

Reviewing I&RS team effectiveness on an annual basis	1	2	3	4
Making written recommendations to building administration to improve school programs and services.	1	2	3	4
Reserving sufficient time for team ‘debriefings’ to communicate about ‘process’ issues	1	2	3	4

Additional Topics

Recruiting future members for the I&RS Team	1	2	3	4
Finding ways to save time in the I&RS process	1	2	3	4
Coordinating I&RS, Special Education referrals	1	2	3	4
Observing appropriate confidentiality with team, teacher, and student information	1	2	3	4
Other:	1	2	3	4

I&RS Idea Generator Exercise

I&RS Idea Generator Exercise: This form can be used to generate discussion about specific concerns that the Team may have. Teams can then brainstorm possible solutions to these concerns.

Concern:**Possible Solutions:****Concern:****Possible Solutions:****Concern:****Possible Solutions:****Concern:****Possible Solutions:**

Building Team Coordination Plan

Building Team Coordination Plan: Within each building there are typically many groups or teams (e.g., multi-disciplinary Special Education Team, Building Leadership Team) that must coordinate with each other to best serve students.

Having several teams within a school can generate confusion and at times result in ‘turf’ issues. I&RS Teams may find this Coordination Planning Form useful to identify other teams that operate within a building and to determine ways that these teams can best coordinate their activities with the I&RS Team.

Team	What I&RS needs from this team is:	What this team needs from I&RS is:

I&RS SURVEY

Role on I&RS Team: _____ **School:** _____

It is the goal of this survey to obtain data on the I&RS process and its impact on students academic achievement. This is a confidential survey that aims to do the following: examine how the team views the I&RS process, how the team supports the need for appropriate interventions for students, and how the team maintains continuity and collaboration as the student achieves their goals and/or transitions into high school. It is important to answer all the questions and return the survey in a sealed envelope to:

_____.

1. What is the composition of your I & RS Team? Check all that apply.

_____ Building Principal _____ Teacher _____ Health & Human Service Coordinator
 _____ Social Worker _____ Guidance Counselor _____ Nurse
 _____ Community Members _____ Child Study Team Member _____ student _____ Parent
 _____ Other (write in who they are)

2. Are parents invited to the I&RS meetings?

_____ Yes _____ No _____ Sometimes

3. Are community members that are involved in student academic growth invited to I&RS meetings?

_____ Yes _____ No _____ Sometimes

4. How often does your team meet?

_____ more than once a week _____ weekly _____ every other week
 _____ monthly _____ other (briefly describe)

5. How do you document your I&RS meeting?

_____ SIFSS Forms _____ Minutes _____ Notes
 _____ Other (Please state briefly)

6. Who serves in the role of the facilitator (the person that is responsible for organizing the meeting, establishing the meeting format, assuring there is a follow up meeting)? Check all that apply.

_____ Building Principal _____ Teacher _____ Health & Human Service Coordinator
 _____ Social Worker _____ Guidance Counselor _____ Nurse
 _____ Community Members _____ Child Study Team Member

7. Is an action plan designed for the student at I&RS meetings?

_____ Yes _____ No _____ Sometimes

I&RS SURVEY (continued)**8. Check the below items that are included in the action plan for the student.**

_____ Strategy that will be implemented _____ Timeframe to implement the strategy

_____ Person responsible for implementing/or assuring implementation

_____ Follow up meeting date for next meeting

_____ Other (other items included in your action plan that are not listed above)

2. What is the format for the follow up I & R S meetings (an I&RS meeting that occurs on a student that had a previous I & R S meeting)? Check all that apply.

_____ Update of original action plan

_____ Review of original action plan; noting interventions that were achieved or not

_____ Checking timelines and noting if they were achieved

_____ Review of academic growth

_____ Student input _____ parent input _____ teacher input

_____ Other

APPENDIX A**GLOSSARY**

Accommodations: Techniques and materials that allow disabled individuals to complete school or work with greater ease and effectiveness. Examples include spellcheckers, tape recorders, and expanded time for completing assignments.

Action Plan: A written action plan is a crucial component of the I&RS process. After the team completes the brainstorming step in the problem-solving process, the next step is to evaluate and refine possible intervention strategies for achieving the desired behavioral objective. The action plan should list the chosen intervention strategies and also detail who will be responsible for implementation of each strategy, a timeline for implementation, and the person(s) responsible for supporting the implementers. Any staff that will be responsible for implementing the action plan should be included in the action planning process.

Annual Review: The I&RS files are a significant collection of comprehensive data on educational issues in the building. An analysis of these data can facilitate an objective review of educational concerns. For example, based on a review of I&RS data a team might discover that it was able to review 24 cases out of 63 total requests for assistance in the previous school year. Based on this information, the team might consider examining the following areas: the efficiency of its practices; whether all appropriate resources were appropriately utilized; whether school staff were timely in their responses to requests for information; or whether additional meeting time, added staff or an adjusted meeting schedule is necessary to address a larger portion of the requests for assistance next school year.

Core Team: Are consistent members of the I&RS team and serve in the roles of team leader, case manager, record keeper and timekeeper.

General Education: An educational program which follows the general education programs which follow the core curriculum content standards.

I & RS: Intervention and Referral Services is a coordinated system in each school building where general education students are served that uses a multidisciplinary team approach for the planning and delivery of

GLOSSARY

services to assist students experiencing learning, behavior or health difficulties and to assist staff who have difficulties in addressing student's learning, behavior or health needs.

Learning Styles: The ways in which a student best understands and retains information, e.g., vision, hearing, movement, kinesthetic, or a combination. Learning style-specific approaches to assessment or instruction emphasize the variations in temperament, attitude, and preferred reflective/impulsive, or verbal/spatial dimensions.

Modifications: is to make an adjustment or change to something.

Objective: is a joint action by a group of people, putting efforts or actions to attain or accomplish a goal. The most effective teamwork is produced when all the individuals involved harmonize their contributions and work towards a common goal.

Parent Involvement: It is the participation of parents in regular, two-way, meaningful communication involving student academic learning and other social activities that play an integral role in assisting their child's learning.

Prior Interventions: A procedure in which staff members and parents develop intervention strategies to assist a student who is having difficulty in learning, behavior or socialization to function in the general education classroom.

Problem solving: The act of identifying and defining a problem, exploring options, and selecting possible solutions; the skills students need to become proficient as they read, write and interact.

Questionnaires: Questionnaires are a commonly used measure of outcomes. The particular questions used to measure an outcome must be chosen with care.

SMART Goals: Goals that is specific, measurable, agreed upon, realistic and time-based.

GLOSSARY

Special Education: Special education is the education of students with special needs in a way that addresses the students' individual differences and needs. It is designed for students whose learning needs cannot be met by a standard school curriculum.

Transition: A coordinated set of activities for a student, designed within an outcome oriented process, that promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. Transition services for students with disabilities may be special education, if provided as specially designed instruction, or related services, if required to assist a student with a disability to benefit from special education.

APPENDIX B

**PLAINFIELD PUBLIC SCHOOLS
All Schools I&RS Survey Results 2010**

1. What is the composition of your I&RS Team? Check all that apply.

22 Building Principal	32 Teacher	5 Health & Human Service Coordinator
14 Social Worker	21 Guidance Counselor	33 Nurses
0 Community Members	29 Child Study Team Member	
14 Parents	1 Student	

Comments: All of the right individuals are on the team at most of our schools. The involvement of students and parents need to improve across the board.

2. Are parents invited to the I&RS meetings?

32 Yes	0 No	2 Sometimes
---------------	-------------	--------------------

Comments: On most occasions parents are invited but are not viewed as a member of the team. Teams will need to be creative when thinking about how to involve parents in the process.

3. Are community members that are involved in student academic growth invited to I&RS meetings?

8 Yes	18 No	17 Sometimes
--------------	--------------	---------------------

Comments: On most occasions the community member is not invited to the meeting. Community agencies and organizations that work with our students have a wealth of knowledge and experience with our students and need to be included in the process.

4. How often does your team meet?

3 more than once a week	9 weekly	11 by-weekly
3 monthly	2/3 times per month	

Comments: Most of the teams meet weekly or every other week. This demonstrates good standards of intervention.

5. How do you document your I&RS meeting?

29 SIFSS Forms	32 Minutes	23 Notes
-----------------------	-------------------	-----------------

Comments: Most teams report using SIFSS forms and/or minutes along with notes. The use of too many forms of documentation can lead to duplication and may slow down the process.

I&RS Survey Results 2010

6. Who serves in the role of the facilitator (the person that is responsible for organizing the meeting, establishing the meeting format, assuring there is a follow-up meeting)?

2 Building Principal	2 Teacher	6 Health & Human Service Coordinator
22 Social Worker	18 Guidance Counselor	
2 Nurse	2 Child Study Team Member	

Comments: Majority of the schools report that the HHS/Social Worker or Guidance Counselor serves as the facilitator. This trend is seen within model programs and throughout our state within other school districts.

7. Is an action plan designed for the student at I&RS meetings

35 Yes	0 No	2 Sometimes
--------	------	-------------

Comments: Overall, all schools report using an Action Plan. This is viewed as excellent practice. It gives the team direction; with clear goals and objectives.

8. Check the items below that are included in the action plan for the student.

36 Strategy that will be implemented	32 Timeframe to implement the strategy
44 Person responsible for implementing/or assuring implementation	
31 Follow-up meeting date for next meeting	

Comments: All schools report having the ingredients for a comprehensive Action Plan. These ingredients are notes as best practices.

9. What is the format for the follow-up I&RS meetings (an I&RS meeting that occurs on a student that had a previous I&RS meeting)?

19 Update of original action plan	30 Review of original action plan; noting interventions that were achieved or not
21 Checking timelines and noting if they were achieved on schedule	21 Review of academic growth
13 Student input	30 Parent input
27 Teacher input	

Comments: Overall, our schools lack the involvement of students input during the follow-up meetings. This is an area that requires improvement; the input from the student is vital in determining what steps should be taken next.

APPENDIX C

I&RS TEAM REVIEW

I. I&RS Meeting Observation Checklist

Site: _____ Date: _____ Time: _____ to _____ Observer: _____

Indicator	Strongly Disagree	Disagree	Can Not Determine	Strongly Agree	Agree	N/A	Comments
Attendance							
All "core" team members attended.							
The individual(s) requesting assistance attended.							
Team meeting included "ad hoc" participants (if applicable).							
Communication/Relationships							
Seating was conducive to open communication.							
All participants were provided opportunities to contribute.							
Requestor was given specific opportunities to contribute and react to proceedings.							
Participants freely shared ideas and information.							
Participants listened to one another.							
Participants were receptive to ideas and changes.							
Reciprocity and support (cooperation and collaboration) was evident.							
Conflict was managed constructively (if applicable).							
Participant contributions were on topic.							
Participant contributions not on topic were efficiently and effectively redirected.							
Participants were satisfied with the proceedings.							
Efficiency/Time Management							
All participants arrived on time.							
Meeting began on time.							
Meeting agenda was provided.							
Participants remained on task.							
Tasks were completed in appropriate amounts of time.							
No outside interruptions.							
Meeting ended on time.							
Roles and Responsibilities							
The following functions were performed:							
- Team leadership							
- Time keeping							
- Record keeping							
- Other							

I&RS TEAM REVIEW

Site: _____

Date: _____

Indicator	Strongly Disagree	Disagree	Can Not Determine	Strongly Agree	Agree	N/A	Comments
A standard problem-solving procedure was used.							
The problem-solving procedure included the following elements:							
- Thorough description of the learning, behavior or health difficulty.							
Problem Solving/ Action Planning							
- Factual documentation of the learning, behavior or health difficulty that included.							
- Student weaknesses							
- Student strengths							
- Parental input (if applicable).							
- Student input (if applicable)							
- Selected a priority problem.							
- Selected a target behavior.							
- Developed a measurable behavioral objective.							
- Reviewed prior interventions.							
- Brainstormed a variety of possible solutions before decision making.							
- Objectively analyzed and evaluated each suggested solution.							
- Mutually agreed on the selected solution(s).							
- Selected solution(s) based on documented data.							
- Selected solution(s) clearly aligned with the objective.							
- Requestor participated in solution selection.							
Developed an action plan to implement and evaluate the solution(s).							
The action plan, at a minimum, included:							
- Anticipated measurable behavioral outcome.							
- Baseline data on the target behavior for comparison purposes.							
- Strategies for achieving the behavioral objective.							
- Strategies for parents (if applicable).							
- Persons responsible for completing each strategy.							

I&RS TEAM REVIEW

Site: _____

Date: _____

Indicator	Strongly Disagree	Disagree	Can Not Determine	Strongly Agree	Agree	N/A	Comments
- Beginning, follow-up and ending dates for the plan.							
- Plans for supporting implementers.							
- Plans for objectively evaluating progress.							
- Plans for follow-up meeting.							
Team evaluated their effectiveness.							
Team evaluated their satisfaction with the plan.							

Other Comments/Observations: _____

Meeting Strengths	Area(s) for Improvement

II General I&RS Team Information: Additional information (to be gathered before or after the team meeting):

I&RS Team Members:

Name	Position	# of years on the team	At meeting
			Y N
			Y N
			Y N
			Y N
			Y N
			Y N
			Y N
			Y N

I&RS TEAM REVIEW

Other Participants who attended the meeting:

Name	Position	Reason for attending the meeting

I&RS Meeting Information

The team meets:

Before School ___ After School ___ During School: ___ No regular meeting time ___

If the team meets during the school day, indicate the meeting times: _____ to _____

If the team meets during the school day, indicate how the time is accounted for (e.g., is it an assignment, voluntary, scheduled duty):

Indicate how often the team meets: Daily/Weekly/Biweekly/Monthly/Bimonthly/As Needed Other: _____

	Yes	No	Comments
Location			
Team has an established I&RS meeting place.			
I&RS records are kept in a locking cabinet.			
Procedures			
Case file was completed before the meeting.			
Interviews were conducted with:			
- Requestor			
- Other staff involved with the student			
- Student			
- Parent(s)			
Coordination			
Coordination with special education (if appropriate).			
- Coordination with special education is collaborative and productive.			
Coordination of school resources (e.g., consultations, observations, programs and services)			
Coordination of community resources (e.g., agreements with service agencies, referrals, consultations).			
Planning, Reporting and Evaluation			
Existing action plans are reviewed and modified, as appropriate.			
Metric tools (e.g., charts, graphs, frequencies) used to measure achievement of behavioral objective.			
System in place to manage the transition of cases from year to year.			
There is an annual I&RS program development plan.			
There is an annual, written report of findings and recommendations to the building principal based on I&RS actions taken and data collected throughout the year.			
Governance			
There are written, board-approved roles and responsibilities for the:			
- Team members			
- Requestors			
- Other staff participating in I&RS meetings and action plans			

I&RS TEAM REVIEW

- Community members			
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III. ADDITIONAL INFORMATION NEEDED?

IV. RECOMMENDATIONS

Recommended technical assistance and training:	
<p>Professional Development: Basic I&RS team training ___ Academic strategies ___ Behavioral strategies ___ Team Development ___ Communication skills ___ Problem-solving ___ Data Collection and Utilization ___ Evaluation ___ Other: _____</p>	<p>Assistance with: Case management (e.g., triage) ___ Team management ___ Evaluation methods and strategies ___ Collecting and analyzing data ___ Developing or modifying I&RS forms ___ Conducting interviews ___ Effective classroom observation ___ Communication methods ___ Annual review and report ___ Increasing organizational support ___ Problem-solving ___ Program planning & development ___ Coordination of school and/or community resources ___ Other: _____</p>
Other Consultation and Technical Assistance for: 	
Organizational needs. Describe: 	Implementation needs. Describe:

Comments: _____

Signature: _____
Observer

Date: _____

If you disagree with any of the observer's comments or would like to clarify a point please attach an addendum.

Signature: _____
Team Leader

Date: _____

Signature: _____
Building Administrator

Date: _____

APPENDIX D**STUDENT AND FAMILY SUPPORT SERVICES
FOR GENERAL EDUCATION PUPILS**

N.J.A. C. 6:26-1.1

SUBCHAPTER 1. GENERAL PROVISIONS.**6:26-1.1 Purpose**

The purpose of these rules is to provide standards for the district boards of education for the delivery of Student and Family Support Services for pupils in the general education program.

SUBCHAPTER 2. DISTRICT PROCEDURES**6:26-2.1 District procedures**

- a) District boards of education shall establish Intervention and Referral Services, known as (I and RS) and implement procedures in each school building for the delivery of Student and Family Support Services for pupils who are experiencing difficulties in their classes and who have not been determined to be in need of special education programs and services pursuant to N.J.S.A 18A:46-18.1 et seq. and NTAC. 6:28 by September 1994. The district shall:
1. Identify pupils in need, and plan and provide for appropriate intervention and/or referral services to school and community resources, based on desired outcomes;
 2. Identify the roles and responsibilities of the building and district staff who participate in planning and providing Student and Family Support Services, through the Intervention and Referral Services;
 3. Provide support, guidance, and professional development to school staff who identify and refer pupils and to school staff who participate in planning and providing Student and Family Support Services;
 4. Actively involve parents or guardians in the development and implementation of Student and Family Support Services plans;
 5. Coordinate the access to and delivery of school services for identified pupils;
 6. Coordinate the services of community-based social and health provider agencies; and
 7. Annually review and assess the effectiveness of the services provided in achieving the outcomes identified in the students and families support plans.

Modified from NJ Department of Education IRS Manual

APPENDIX E

CREATING S.M.A.R.T. GOALS

Specific
Measurable
Attainable
Realistic
Timely

Specific - A specific goal has a much greater chance of being accomplished than a general goal. To set a specific goal you must answer the six "W" questions:

- *Who: Who is involved?
- *What: What do I want to accomplish?
- *Where: Identify a location.
- *When: Establish a time frame.
- *Which: Identify requirements and constraints.
- *Why: Specific reasons, purpose or benefits of accomplishing the goal.

EXAMPLE: A general goal would be, "Get in shape." But a specific goal would say, "Join a health club and workout 3 days a week."

Measurable - Establish concrete criteria for measuring progress toward the attainment of each goal you set. When you measure your progress, you stay on track, reach your target dates, and experience the exhilaration of achievement that spurs you on to continued effort required to reach your goal.

To determine if your goal is measurable, ask questions such as.....How much? How many? How will I know when it is accomplished?

Attainable - When you identify goals that are most important to you, you begin to figure out ways you can make them come true. You develop the attitudes, abilities, skills, and financial capacity to reach them. You begin seeing previously overlooked opportunities to bring yourself closer to the achievement of your goals.

You can attain most any goal you set when you plan your steps wisely and establish a time frame that allows you to carry out those steps. Goals that may have seemed far away and out of reach eventually move closer and become attainable, not because your goals shrink, but because you grow and expand to match them. When you list your goals you build your self-image. You see yourself as worthy of these goals, and develop the traits and personality that allow you to possess them.

Realistic - To be realistic, a goal must represent an objective toward which you are both *willing* and *able* to work. A goal can be both high and realistic; you are the only one who can decide just how high your goal should be. But be sure that every goal represents substantial progress. A high goal is frequently easier to reach than a low one because a low goal exerts low motivational force. Some of the hardest jobs you ever accomplished actually seem easy simply because they were a labor of love.

Your goal is probably realistic if you truly *believe* that it can be accomplished. Additional ways to know if your goal is realistic is to determine if you have accomplished anything similar in the past or ask yourself what conditions would have to exist to accomplish this goal.

Timely - A goal should be grounded within a time frame. With no time frame tied to it there's no sense of urgency. If you want to lose 10 lbs., when do you want to lose it by? "Someday" won't work. But if you anchor it within a timeframe, "by May 1st", then you've set your unconscious mind into motion to begin working on the goal.

T can also stand for **Tangible** - A goal is tangible when you can experience it with one of the senses, that is, taste, touch, smell, sight or hearing. When your goal is tangible you have a better chance of making it specific and measurable and thus attainable.

Top Achievement founder Gene Donohue: <http://www.topachievement.com/smart.html>

APPENDIX F
Sample Brochure

APPENDIX G

SUGGESTED RESOURCES FOR INTERVENTION AND REFERRAL SERVICES TEAMS

- Benjamin, A. (2002). Differentiated Instruction: A guide for middle and high school teachers. Larchmont, NJ: Eye on Education.
- Bos, C.S. & Vaughn, S. (2006). Strategies for Teaching Students with Learning and behavior Problems. Boston, MA: Allyn and Bacon.
- Boudett, K.P., City, E.S. & Murnane, R.J. (Eds.). (2005) Data Wise: A Step-by-Step Guide to Using Assessment Results to Improve Teaching and Learning. Cambridge, MA: Harvard Education Press.
- Chapman, C. & King, R. (2005), Differentiated Assessment Strategies: One tool doesn't fit all. Thousand Oaks, CA: Corwin Press, Inc.
- Choate, J.S. (2000). Successful Inclusive Teaching: Proven Ways to Detect and Correct Special Needs. Boston, MA: Allyn and Bacon.
- Fisher, D., & Frey, N. (2010). Enhancing RTI: How to Ensure Success with Effective Classroom Instruction and Intervention. Alexandria, VA: Association for Supervision and Curriculum Development.
- Flynn, K. & Hill, J. (2006) Classroom Instruction that Works with English Language Learners. Alexandria, VA: Association for Supervision and Curriculum Development.
- Forsten, C., Grant, G. & Hollas, B. (2003). Differentiating Textbooks: Strategies to Improve Student Comprehension & Motivation. Peterborough, NH: Crystal Springs Books.
- Frey, N., Fisher, D., & Everlove, S. (2009). Productive Group Work: How to Engage Students, Build Teamwork and Promote Understanding. Alexandria, VA: Association for Supervision and Curriculum Development.
- Gregory, G.H. & Chapman, C. (2002), Differentiated Instructional Strategies: One Size Doesn't Fit All. Thousand Oaks, CA: Corwin Press, Inc.
- Herrell, A. & Jordan, M. (2006). Fifty Strategies for Teaching English Language Learners. Upper Saddle River, NJ: Merrill/Prentice Hall.
- Marzano, R.J., Pickering, D.J., & Pollock, J.E. (2001). Classroom Instruction that Works: Research-Based Strategies for Increasing Student Achievement. Alexandria, VA: Association for Supervision and Curriculum Development.

- Marzano, R.J., Marzano, J.S. & Pickering, D.J. (2002). Classroom Management that Works: Research-Based Strategies for every Teacher. Alexandria, VA: Association for Supervision and Curriculum Development.
- Mastropieri, M.A. & Scruggs, T.E. (2007). The Inclusive Classroom: Strategies for Effective Instruction. Upper Saddle River, NJ: Pearson.
- McCarney, S.B., Wunderlich, K.C., & Bauer, A.M.. (1993), Pre-Referral Intervention Manual, 2nd Edition. Hawthorne Educational Services, Inc: Columbia, MO.
- New Jersey Department of Education, Division of Student Services/Office of Educational Support Services. Resource Manual for Intervention & Referral Svices, 2002.
- Salend, S. J. (2011), Creating Inclusive Classrooms: Effective and Reflective Practices. Upper Saddle River, NJ: Pearson.
- Silver, H.F., Strong, R.W., & Perini, M.J. (2000). So Each May Learn: Integrating Learning Styles and Multiple Intelligences. Alexandria, VA: Association for Supervision and Curriculum Development.
- Solomon, G. & Schrum, L. (2010), Web 2.0: How to for Educators. Washington, D.C.: International Society for Technology I Education (ISTE).
- Romlinson, C.A., Brimijoin, K. & Narvaez, L. (2008). The Differentiated School: Making Revolutionary Changes in Teaching and Learning. Alexandria, VA: Association for Supervision and Curriculum Development.
- Tomlinson, C.A. & Imbeau, M.B. (2010). Leading and Managing a Differentiated Classroom. Alexandria, VA: Association for Supervision and Curriculum Development.
- Tovani, C. (2000). I Read it, but I Don't Get It: Comprehension Strategies for adolescent readers. Portland, ME: Stenhouse Publishers.
- Vatterott, C. (2009). Rethinking Homework: Best Practices that Support Diverse Needs. Alexandria, VA: Association for Supervision and Curriculum Development.
- Willis, J. (2007), Brain-Friendly Strategies for the Inclusive Classroom. Alexandria, VA: Association for Supervision and Curriculum Development.

The following web-sites provide strategies that can be used in implementing measurable objectives for students action plans.

Learning Strategies:

- Intervention Central: www.interventioncentral.org
- Read Write Think: <http://www.readwritethink.org>
- Reading Rockets: <http://www.readingrockets.org>

Behavior Strategies

- Intervention Central: www.interventioncentral.org
- Behavior Advisor: www.behavioradvisor.com
- Discipline Help: <http://www.disciplinehelp.com>

APPENDIX H**BIBLIOGRAPHY**

New Jersey Department of Education, Division of Student Services/Office of Educational Support Services. *Resource Manual for Intervention & Referral Services*, 2002.

Donohue, G., Top Achievement: <http://www.topachievement.com>

www.whatkidscando.org