INTERVENTION AND REFERRAL SERVICES

Link Community Charter School
23 Pennsylvania Avenue
Newark, NJ 07114
973-642-0529
Intervention and Referral Services, commonly known as I&RS, is a process by which we support teachers’ and students’ needs in the general education environment, in collaboration with families. The process is directed by an interdisciplinary team of professionals within the school community (known as the I&RS Team), who come together throughout the school year to gather relevant data, formulate coordinated services and team delivery systems to address a full range of student learning, behavior, social and health problems that students may encounter. The team provides professional support, guidance and most importantly strategies to school staff who identify students in need of support.

The team or committee consists of an administrator, the dean of students, the nurse, social worker and grade level teachers (1 for each grade) and the referral teacher.

Collectively, the team develops and implements action plans which provide time limited strategies/interventions to teachers as well as referrals to school and community based resources. The action plans are individual in nature and address students’ needs, providing appropriate interventions. The I&RS team monitors the implementation of these time limited interventions and assesses the effectiveness of the interventions and referral services. The I&RS is a process which requires time and often necessitates revisiting and modifying the plan.

Parents and guardians are given the opportunity to be actively involved in the development and implementation of interventions and action plans and encouraged to support the plan from home. (reminders, rewards/consequences, ongoing communication with school).

In most cases, a successful intervention plan which is created and shaped over a period of time proves to be a powerful tool for the student at risk. If strategies are not effective, further action may be taken in the form of:

1. A new time limited plan with additional interventions may be developed.
2. A Child Study Team (CST) referral is made.
Intervention and Referral Services Process

1. Teacher(s) identifies student(s) with severe academic and/or behavioral/health concern.

2. The I&RS Coordinator (School Social Worker) is notified via email by the teacher. The teacher notifies the parent of I&RS referral. The I&RS Coordinator will contact the parent to discuss the I&RS process.

3. The teacher questionnaire is emailed to the teacher and I&RS parent fact sheet and parent questionnaire are sent home with the student. (due back to the Coordinator in 1 week)

4. Teacher/Parent questionnaires are submitted to the I&RS Coordinator and a meeting is scheduled. The parent is notified via phone of the meeting date and time.

5. During the meeting, the team reviews questionnaires, outlines strategies and develops an action plan.

6. An action plan is emailed to teachers and sent home with the student. Teachers implement the action plan and collect data.

7. The action plan is reviewed after 4-6 weeks by the team and teacher(s) to determine:
   a. Action plan is working and no revisions are needed,
   b. Action plan should be revised
   c. After two unsuccessful cycles of I&RS, the Coordinator may refer the student to the Child Study Team.
Step 1: Teacher identifies student having academic, health and/or behavior difficulties. Teacher implements general, academic, and behavioral interventions without success.

Step 2: Teacher emails the IRS team with student referral.

Step 2 cont': Teacher is sent the I&RS teacher questionnaire to be completed and returned in 1 week.

Step 3: Parent is contacted about the I&RS referral and sent a fact sheet and parent questionnaire to be returned in 1 week.

Step 4: The teacher/parent questionnaires are submitted to the I&RS Coordinator and a meeting is scheduled. The teacher/parent are notified of the meeting date and time. Action plan created.

Step 5: Teacher implements the action plan and collects data.

Step 6: 4-6 weeks I&RS coordinator schedules a review meeting with the teacher and data is reviewed.

A. Action plan is working and requires no revisions.

B. Action plan requires some revisions; if necessary, decisions are made to modify strategies.

C. After 2 unsuccessful cycles of I&RS the I&RS coordinator may refer the student to the child study team.
**INTERVENTION AND REFERRAL SERVICES**

*Teacher Questionnaire*

<table>
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<tr>
<th>Student’s Name:</th>
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<tr>
<th>DOB/Age:</th>
<th>Teacher:</th>
<th>Grade:</th>
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<th>Parent/Guardian:</th>
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I. **Reason for Request for Assistance:**

II. **Specific Areas of Concern:**

A. Describe area of academic concerns:

B. Describe social and behavioral concerns:
### III. Student Abilities:

Directions: Please provide the information requested in the appropriate spaces below. Please also attach a copy of the student’s report card.

#### A.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Current Grade</th>
<th>Student Strengths</th>
<th>Students Weakness</th>
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<tbody>
<tr>
<td>Reading</td>
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<tr>
<td>Reading Level</td>
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<td>Math</td>
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<td>Language Arts</td>
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<td>Social Studies</td>
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<td>Specials</td>
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#### B. Positive Qualities

List 1-3 or more skills or other positive characteristics and strengths, both personal (i.e. talents, traits, hobbies and interests) and environmental (i.e. friends, family members, faith and community) that you have observed or that apply for this student:
C. Observed Behaviors:

Directions: 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.

1. Classroom Performances

___ Failure in one or more subject area
___ Drop in grades, lower achievement
___ Needs directions given individually
___ Does not ask for help when needed
___ Prefers to work alone
___ Does not complete homework
___ Does not complete in-class assignments
___ Homework is disorganized or incomplete
___ Short attention span, easily distracted
___ Poor short-term memory
___ Finds it hard to study
___ Gives up easily
___ Lacks desire to do well in school
___ Has demonstrated ability, but does not apply self
___ Other ________________________________

2. Social Skills

___ Tends to stay to self, withdrawn
___ Lack of peer relationships
___ Appears lonely
___ Slow in making friends
___ Disturbs other students
___ Unyielding or stubborn on positions
___ Argues with teacher
___ Hits and/or pushers other students
___ Threatens other students
___ Teases other students
___ Angered by constructive criticism
___ Demonstrates lack of self-confidence
___ Disrespects or defines authority
___ Regularly seeks to be center of attention
___ Frequent ridicule from classmates
___ Appears unhappy/sad
___ Lacks control in instrumental situations
___ Change in friends
___ Difficulty in relating to others
___ Wears clothes that challenge the dress code or are inappropriate
___ Other social behaviors of concern: ________________________________
3. **Disruptive Behavior**

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

4. **Physical Symptoms**

- Underweight
- Overweight
- Appears tense, on edge
- Slurred or impaired speech
- Appears sleepy, lethargic
- Impaired vision
- Impaired hearing
- Frequent physical injuries
- Sleeping in class
- Frequent requests to see the nurse
- Clumsy
- Problems with muscle or hand-eye coordination

5. **Background Information**

- Attendance problems
- Involvement with community agencies
- Death in immediate family
- Chronic illness in immediate family
- Divorce or separation
- Unemployment
- Single parent household
- Lives with someone other than a parent
- Known medical problem
- Takes medication
- Previously involved with counseling
- Currently involved with counseling
- Previously identified for assistance
IV. **Student Intervention Plan**

Please indicate the types of interventions you have tried prior to the request for assistance:

____ Spoke to student privately after class
   a. Explained class rules and expectations
   b. Explained my concern

____ Provided student with after school help

____ Changed student’s seat

____ Spoke with parents/guardians on the telephone. Date(s) ____________________________

____ Emailed parents/guardians regarding concerns. Date(s) ____________________________

____ Held a conference with parents/guardians in school. Date(s) _________________________

____ Gave student special work at his/her level

____ Checked cumulative folder

____ Sent home notices regarding behavior/school work.

____ Arranged an independent study program for student

____ Gave student extra attention

____ Set up contingency management plan with student

____ Assigned student detention

____ Referred student to social worker ____ administrator ____ dean ____ other: _______________

____ Other interventions (please explain):
______________________________________________________________________________

V. **Related School Services**

____ Student has an IEP

____ Speech and Language Therapist

____ Physical/Occupational Therapy

____ School counseling

____ Wilson Reading Program

____ Tutoring

____ Teacher consult Math Coach

____ Teacher consult ELA Coach

____ Other: _____________________________________________________________________
______________________________________________________________________________

VI. **Educational History**

A. Attach a copy of most recent progress report and report card; include pertinent work samples

B. Attach a copy of any school specific assessments

VII. **Parental notification of referral to Intervention and Referral Services (I&RS) team:**

Date parent/guardian notified: ______________________________

How was parent/guardian notified: __________________________

By whom: ______________________________________________

Parent/guardian concerns: ___Yes ___No

This meeting was requested by parent /guardian ___Yes ___No

__________________________________________
Signature of Requesting Staff

__________________________________________
Title/Position

__________________________________________
Date of Request
Dear Parent/Guardian(s):

The New Jersey Department of Education has established a requirement that schools establish a program of Intervention and Referral Services (I&RS). I&RS addresses the individual needs of a student(s) in order to provide additional academic/behavioral support.

I&RS is an assembled committee of the principal, teachers and social worker. The program was created and designed to be an additional resource for teaching staff. I&RS explores and develops strategies to manage student’s needs that have not adequately improved with previous methods.

The way it works is, teachers state their concerns regarding a student(s) and ask their colleagues, who have formed as the I&RS committee for help in addressing the concerns. I ask that you complete the parent questionnaire and provide any additional information that may be helpful. We know that the best solutions are those that are developed with families and schools together. If you have any questions or concerns, please feel free to contact me.

Sincerely,

Mrs. Yris Acevedo, MSW
I&RS Coordinator
973-642-0529 ext. 18
yacevedo@linkschool.org
INTERVENTION AND REFERRAL SERVICES

Parent Questionnaire

Student’s Name:__________________________________ Date:___________________

Parent’s Name:___________________________________

1. What do you see as your child’s strengths? __________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

2. What makes you proud of your child? ______________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

3. What does your child do that causes you the most concern? ____________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

4. What strategies have worked when dealing with your child’s behavior? ___________________
   ______________________________________________________________________________
   ______________________________________________________________________________

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

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

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

8. List and describe your child’s interests and after school activities: ______________________
   ______________________________________________________________________________
   ______________________________________________________________________________
9. What other information about your child or your family situation would be helpful for the school to know? _____________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Always (4)</th>
<th>Most of the Time (3)</th>
<th>Hardly Ever (2)</th>
<th>Never (1)</th>
</tr>
</thead>
</table>
1. __ Finishes what she/he begins.
2. __ Does the things I ask her/him to do.
3. __ Is happy.
4. __ Gets along with her/his friends.
5. __ Takes good care of her/his belongings.
6. __ Helps at home.
7. __ Listens and follows directions.
8. __ Shares.
9. __ Cries easily.
10. __ Talks back.
11. __ Hits.
12. __ Lies.
13. __ Is afraid.
14. __ Must be reminded to do things.
15. __ Gets hurts often.
16. __ Feels sick often.
17. __ Fights, aggressive.
18. __ Ruins things.
19. __ Teases.
20. __ Has trouble remembering things.
21. __ Accepts criticism.
22. __ I know what to expect from my child.
23. __ Threatens others.
24. __ I trust my child.

Please return completed questionnaire to

Yris Acevedo, MSW
School Social Worker