



INTERVENTION AND REFERRAL SERVICES

Link Community Charter School
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LINK COMMUNITY CHARTER SCHOOL

Intervention and Referral Services (I&RS)

An Overview

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.

Link Community Charter School I&RS

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 con't:
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

| | | |
|------------------|----------|--------|
| Student's Name: | | Date: |
| DOB/Age: | Teacher: | Grade: |
| Parent/Guardian: | | |
| Address: | | |
| Phone: (H) | (W) | |

| |
|--|
| 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.

| Subject | Current Grade | Student Strengths | Students Weakness |
|--|---------------|-------------------|-------------------|
| Reading Reading Level: _____ | | | |
| Math Math Level: _____ | | | |
| Language Arts | | | |
| Social Studies | | | |
| Sciences | | | |
| Specials | | | |

B. Positive Qualities

[illegible]

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 expectation
 - 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



INTERVENTION & REFERRAL SERVICES

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:

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

1. ___ Finishes what she/he begins.
2. ___ Does the things I ask her/him to do.
3. ___ 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