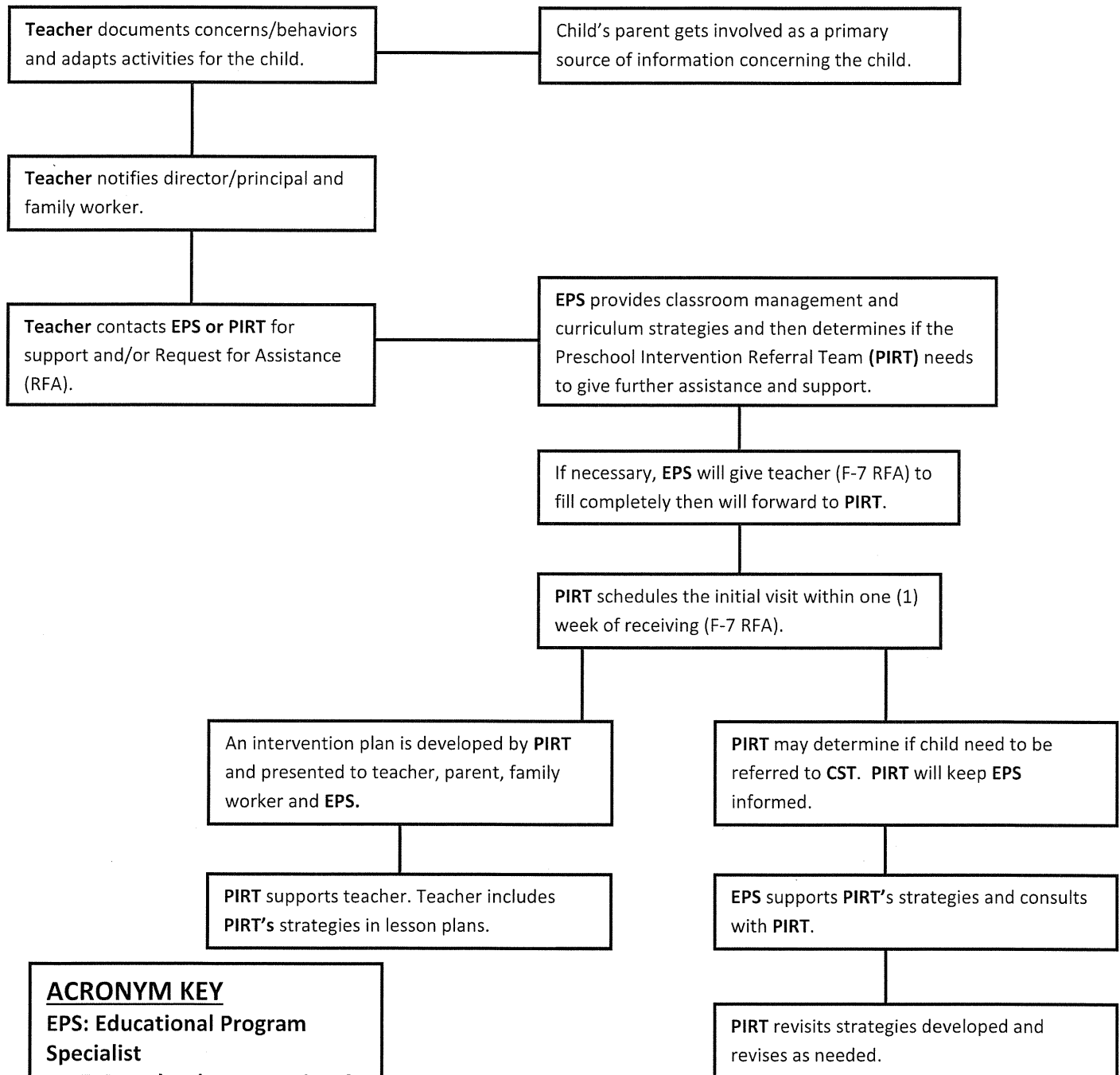


FLOW CHART FOR REQUEST FOR ASSISTANCE (RFA)



ACRONYM KEY
 EPS: Educational Program Specialist
 PIRT: Preschool Intervention & Referral Team
 CST: Child Study Team
 CPIS: Community Parent Involvement Specialist

Camden City School District

F-7 RFA

Office of Early Childhood

201 N. Front Street
Camden, N.J. 08102

Telephone: 856-966-2342

Fax: 856-536-3479

PRESCHOOL INTERVENTION and REFERRAL TEAM (PIRT)
REQUEST FOR ASSISTANCE (RFA)

Student's Name: D.O.B. Gender:
Mother's Name: Address: Phone:
Father's Name: Address: Phone:
Student ID#: Ethnicity: Home Language:
Teacher's Name: School/Center Phone:
ESI-R Score: ESI-R Date: Circle One: OK/Rescreen/Refer
Attendance: Good Poor Fair Tardiness: Frequent Infrequent
Vision Screening Completed? Pass Fail Date: Hearing Screening Completed? Pass Fail Date:

WHAT ARE YOUR CONCERNS?

Academic:
Communication:
Behavior:
Health:
Student's strengths:
Student's weaknesses:

Please describe your conference with this student's parents:

Date parent was notified of Request for Assistance (RFA):

Based upon child observations and documentation, under what circumstances is the problem situation likely to occur (environment, activity, person(s) or type of instruction)?

List all of the interventions you have tried to assist this student in your classroom (i.e. talked to child at eye level, changed the type of class work, one-on-one with teacher/paraprofessional, notes home, etc.). You must fill out this section of the form.

- 1.
2.
3.

List what you would like to see changed. Describe what an improved situation would look like. (Please use the back, if necessary.)

What additional circumstances do you feel are important for us to know in order to assist you and make school a positive experience for this child?

Teacher's Signature: Date:
Educational Program Specialist's Signature: Date:
PIRT Member's Signature: Date received:

*Note: Failure to complete any part of this form will cause the form to be returned. Please attach a copy of your daily schedule.

PIRT Intervention Implementation Form

Date of Implementation: _____ Today's Date: _____

Student Name: _____ D.O.B. _____ ID # _____

Center/School: _____ Teacher Name: _____

PIRT Member: _____ Ed. Program Specialist: _____

Long-Term Goal: _____

Short-Term Goal: _____

Intervention/Strategies(s):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Week 1: Intervention #

- Significant improvement noted
- Moderate improvement noted
- Inconsistent improvement noted
- No improvement noted

Week of _____ Setting: _____

Example: _____

Week 2: Intervention #

- Significant improvement noted
- Moderate improvement noted
- Inconsistent improvement noted
- No improvement noted

Week of _____ Setting: _____

Example: _____

Week 3: Intervention #

- Significant improvement noted
- Moderate improvement noted
- Inconsistent improvement noted
- No improvement noted

Week of _____ Setting: _____

Example: _____

Week 4: Intervention #

- Significant improvement noted
- Moderate improvement noted
- Inconsistent improvement noted
- No improvement noted

Week of _____ Setting: _____

Example: _____

Ongoing Concerns: _____