Camden City School District

Intervention and Referral Services Team

Request for Student Assistance

TRACKING PAGE

Student Name: ____ School: _____________________________

Parent Name: ____ Teacher: ____________________________

Please check off each item as it is completed.

(Date)

_________ ☐ The teacher identifies that a student may need assistance in one or more areas.

_________ ☐ The teacher implements classroom interventions to help improve the student's performance. The teacher logs all interventions on the **Documentation of Pre-Referral Interventions** chart.

_________ ☐ If no improvement is noted after pre-referral interventions, the teacher initiates an I&RST referral. On the **Request for Assistance**, the teacher completes:

- ☐ Demographic Info
- ☐ School Info
- ☐ Reason for Identification
- ☐ Description of Problem
- ☐ Student Strengths
- ☐ Academic Info
- ☐ Outside factors

_________ ☐ The teacher obtains:

- ☐ Health History from nurse
- ☐ Parent questionnaire from parent
- ☐ Student Questionnaire (optional) from student

_________ ☐ The teacher makes a copy of the packet and submits the original to the I&RST. The packet includes:

- ☐ Request for Assistance
- ☐ Documentation of Pre-Referral Interventions
- ☐ Health History
- ☐ Parent Questionnaire
- ☐ Student Questionnaire

_________ ☐ The I&RST Chairperson schedules a meeting including

- ☐ Student's teacher
- ☐ Parent
- ☐ Administrator
- ☐ I&RST members

_________ ☐ The I&RST recommends interventions and strategies to improve student performance. The interventions and strategies must be specific, measurable, and ongoing. Each intervention and strategy should have:

- ☐ Baseline data
- ☐ Specific instructional guidelines
- ☐ A person responsible for implementing the intervention
- ☐ A begin and end date
- ☐ Final data

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(Continued on Page 2)

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TRACKING PAGE (Page 2)

(Date)

__________ ☐ After the interventions have been implemented for the specified amount of time, the I&RST reconvenes to discuss the overall outcome of the interventions. At this meeting, the team can decide to:
- ☐ Continue the current interventions for a specified amount of time
- ☐ Modify the current interventions, or develop new interventions for a specified amount of time
- ☐ Discontinue all interventions (the student has achieved his goals)
- ☐ Refer the student for Child Study Team consideration

__________ ☐ If the student is being referred for Child Study Team consideration, the I&RST completes Page 2 of the Request for Student Assistance.

__________ ☐ The I&RST submits the referral packet to the Child Study Team including:
- ☐ Request for Student Assistance
- ☐ Parent Questionnaire
- ☐ I&RST Interventions
- ☐ Student work samples
- ☐ Pre-Referral Interventions
- ☐ Student Questionnaire (Optional)
- ☐ Health History

__________ ☐ The Child Study Team schedules an Evaluation Planning Meeting within 20 days of receiving the completed referral.

Notes: ____

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____

Please keep copies of all paperwork for your records.

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Camden City School District

Intervention and Referral Services Team

Request for Student Assistance

Date of Referral: _______ Date of I&RST Meeting: _______

DEMOGRAPHIC INFO:

Student Name: ____

Student ID #: __________________ DOB: _________________ Race: ____________________ ☐ Male ☐ Female

Student Primary Language: ____________________________ Parent Primary Language: ______________________________

Residing with: ____ ☐ Mother ☐ Father ☐ Guardian/Other

Address: ____

Home Phone: ____________________________________ Cell Phone: ____

SCHOOL INFO: School: _________________________________ Teacher(s): ____

Grade: _____________ Room: ___________________ Grade(s) Repeated: ____________________ # Days Absent: _________

REASON FOR IDENTIFICATION:

Academics
- ☐ Difficulty retaining information
- ☐ Difficulty answering questions[1]
- ☐ Poor comprehension[1]
- ☐ Poor vocabulary[1]
- ☐ Low test scores

Behavior
- ☐ Defiant
- ☐ Aggressive
- ☐ Emotional
- ☐ Disruptive
- ☐ Withdrawn
- ☐ Immature

Medical/Other
- ☐ Poor attention
- ☐ Hyperactivity
- ☐ Poor handwriting[2]
- ☐ Poor self-help skills[2, 3]
- ☐ Uncoordinated[2, 3]
- ☐ Medical Diagnosis: _________________

Speech*
- ☐ Articulation[1]
- ☐ Fluency[1]
- ☐ Voice[1]

DESCRIPTION OF PROBLEM: (Be specific; use additional pages if necessary) ______________________________

____

____

____

____

____

STUDENT STRENGTHS: ____

____

____

ACADEMIC INFO:

Grade	K	1	2	3	4	5	6	7	8	9	10	11
Reading Level												

	Instructional Level	Independent Level	Current Year Report Card Grades				Test Name/Score	Test Name/Score
Reading								
Math								
Social Studies								
Science								
Behavior/Conduct								

IF REFERRED TO CHILD STUDY TEAM:

*If **no other areas of concern** are checked, this can be considered a speech-only referral and forwarded to the Speech-Language Specialist.

[1] **Speech Therapist must be invited to CST meeting**

[2] **Occupational Therapist must be invited to CST meeting**

[3] **Physical Therapist must be invited to CST meeting**

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In your opinion, what factors outside of school are affecting the child's behavior: ______________________________

____
____
____
____
____

Results of I&RST intervention strategies, staff observations, and parent conferences:

[Date**]** Teacher: ____
____
____
____
____
____________________________________ Signature: ____________________________________

[Date**]** Counselor: ____
____
____
____
____
____________________________________ Signature: ____________________________________

[Date**]** Principal: ____
____
____
____
____
____________________________________ Signature: ____________________________________

After I&RST interventions, refer to CST? ☐ No ☐ Yes **Date of CST Meeting: ________________**
(To be completed by CST)

Please note: New Jersey Administrative Code NJAC 6A:14-3.3(c2) requires that interventions in the general education program to alleviate educational problems shall be provided to the student. The staff of the general education shall maintain written documentation of the implementation and effectiveness of the interventions.

Therefore, the following documents must be attached to this form:

[ ] Written documentation on intervention strategies (NJAC 6:26; NJAC 6A:14-3.3a)
[ ] Written documentation that parents have been informed of intervention strategies and received copies of those interventions. (NJAC 6A:14)
[ ] Audiometric screening (NJAC 6:26; NJAC 6A:14-3.3g)
[ ] Vision screening (NJAC 6:26; NJAC 6A:14-3.3h)

A. All CST Referrals are to be directed through the principal's office to the Director of Special Services, Attn: Referral Clerk
B. A conference with the IEP team (teacher, person referring the student, parent, and Child Study Team) twenty days after the receipt of the referral by the CST will be required.
C. Medical reports may be required as part of a Child Study Team evaluation when parental consent is received.

I&RST Case Manager: ____

CST Case Manager (If referred): ____

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Intervention and Referral Services Team
Request for Student Assistance

School Nurse Health History

Student Name: ____ School: ______________________________
School Nurse: ____ Teacher: ______________________________
Date: ______________________________

Hearing: Hearing aid or amplification device used?
☐ No ☐ Yes ____________________
Screening: [Date]____________________
☐ Within Normal Limits
☐ Not WNL ______________________

Vision: Glasses or visual device used?
☐ No ☐ Yes ____________________
Screening: [Date]____________________
☐ Within Normal Limits
☐ Not WNL ______________________

Current Medications:
☐ None
☐ Unknown
☐ Yes

Medication	Frequency	Medication	Frequency

Allergies:
☐ None
☐ Unknown
☐ Yes

Allergen	Medication	Allergen	Medication

Are you aware of any medical or other condition that could interfere with the student's ability to perform in school?
☐ No
☐ Yes

Condition	Possible effect on school performance

Other pertinent health information: ____
____
____
____

School Nurse Signature: ____ Date: ______________________

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Parent Questionnaire

Student Name: ____ School: ______________________________

Parent Name: ____ Teacher: _____________________________

Date: ______________________________ Contact Phone Number: ___________________

Please answer the following questions to the best of your ability.

1. What are your child's biggest strengths?
   a. ____
   b. ____
   c. ____

2. In what ways would you like to see your child improve?
   a. At Home: ____
   ____
   b. At School: ____
   ____

3. Does your child have behavior problems at home? ☐ No ☐ Yes
   If yes, please describe the problems: ____
   ____
   ____
   How do you usually deal with behavior: ____
   ____
   ____

4. Does your child have difficulty completing homework? ☐ No ☐ Yes
   If your child does have difficulty, why? ☐ It's too hard ☐ My child doesn't pay attention
   ☐ My child doesn't sit still ☐ My child just doesn't want to do it
   ☐ Other: ____

5. Does your child have any health concerns, including mental health? ☐ No ☐ Yes
   If yes, please describe the concerns: ____
   ____
   ____

6. What other information about your child or family situation would it be helpful for the school to know? ___________
____
____
____
____
____
____
____

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Intervention and Referral Services Team

Request for Student Assistance

Student Questionnaire (Optional)

Student Name: ____ School: ______________________________

Date: ____ Teacher: ______________________________

Person Assisting Student with this form: ____

Please answer the following questions to the best of your ability.

1. **I like to answer questions in class:** ☐A lot! ☐A little bit. ☐Not at all.

2. **When I'm at school I think my behavior is:** ☐ Really good! ☐ Not perfect, but I'm trying to be good. ☐ It's okay. ☐ Terrible.

3. **My teacher would probably say my behavior is:** ☐ Great! ☐ Pretty good. ☐ It's okay. ☐ Not very good.

4. **I think Math is:** ☐ Easy and fun! ☐ It's hard, but I like it. ☐ It's hard and I hate it.

5. **I think Reading is:** ☐ Easy and fun! ☐ It's hard, but I like it. ☐ It's hard and I hate it.

6. **When my work is too hard I usually:** ☐ Ask for help. ☐ Look at other kids' work to see what to do. ☐ Stop paying attention. ☐ Get mad.

7. **At home I do my homework:** ☐ Right away. ☐ I try to put it off, but eventually I do it. ☐ I do it when my mom makes me, but I whine and complain the whole time. ☐ I don't do homework at all.

8. **I think other kids at school:** ☐ Almost all the kids like me a lot. ☐ Most kids like me, a few don't. ☐ Most kids don't like me. ☐ Nobody likes me.

9. **My favorite subject or time period at school is**: ____

My least favorite subject or time period at school is: ____

10. **When I grow up, I want to be:** ____

Bonus Question:
If I had three wishes, I would wish for

a. ____

b. ____

c. ____

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Documentation of PRE-REFERRAL Interventions

To be completed by the classroom teacher prior to an I&RST Referral

Student Name: ____ DOB: ______________________ School: _________________________ Grade: ________

Parent/Guardian: ______________________________________ Teacher: ____________________ Implementing Staff: ______________________________

Area of Weakness	Intervention Implemented	Implemented By	Begin Date	End Date	Overall Outcome

Staff Completing Form: ____

(Print) (Signature) (Date)

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Intervention and Referral Services Team

Documentation of I&RST Interventions

Student Name: ________________________ DOB: ______________ School: ________________ Grade: ______

Parent/Guardian: ________________________ Teacher: ____________ Implementing Staff: __________________

Specific Targeted Goal	Baseline Data	Intervention Implemented	Implemented By	Begin Date	End Date	Final Data	Overall Outcome

Staff Completing Form: ____
(Print) (Signature) (Date)

Parent/Guardian: ____
(Print) (Signature) (Date)

Parent/Guardian Signature serves as an assurance that the parent/guardian has received a copy of the interventions as per NJAC 6:28-3.2 (h).

After interventions, refer to Child Study Team? ☐ No ☐ Yes Rationale: ____

____

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