

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

(I&RS)



Updated July 2018

Developed by District I&RS Committee, 2018

Academy for Urban Leadership Charter School
INTERVENTION AND REFERRAL SERVICES (I&RS)

Implementation Guidelines

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ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

Intervention and Referral Services Team (I&RS)

INTRODUCTION

In accordance with the requirements forth in the **New Jersey Administrative Code Title 6A:16-7.1-3 (Intervention and Referral Services)**, the Academy for Urban Leadership Charter School Board of Education has established an Intervention and Referral Services Team in each of the district's schools.

The Academy for Urban Leadership Charter School recognizes the importance of the Intervention and Referral Services (I&RS) team concept and believes that each building can benefit from a school-based, collaborative, and multidisciplinary, decision making approach.

The standing Intervention and Referral Services Team (I&RS) will serve as a vehicle to develop and design instructional programs through a collaborative problem-solving approach that impacts on the student who is experiencing academic, behavior and/or health issues, or the staff member who has difficulty in addressing students' academic, behavior and/or health issues.

In addition, through a review and assessment procedures of I&RS Teams shall make recommendations to the principal for improving school programs and services.

The I&RS Team within each building will be selected by the building principal and formulated no later than September 15th of each school year.

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL
Intervention and Referral Services Team (I&RS)

I&RS Team Composition:

The minimum standing unit for the I&RS Committee shall consist of a team member in each of the following positions:

1. Administrator (Principal or Vice Principal)
2. Special Education Teacher
3. General Education Teacher
4. School Guidance Counselor
5. School Nurse
6. Referring Teacher(s) and/or Staff*
7. Student*
8. Parent(s)/Guardian(s) of student*

*NOTE: The individuals serving these team positions will vary by case.

Additional I&RS Members

Any I&RS Team member may request that one or more representatives from the following areas join the team to provide the committee with input and expertise with regard to individual student needs:

- School disciplinarian
- School social worker,
- HIB specialist
- Speech/language therapist
- ESL teacher
- Support staff
- Coach
- Other school-employed staff and/or Individuals requested by parent (tutor, coach, etc.)

Selection

The principal determines the manner of selection of the standing team.

Staff members should be:

- A. Knowledgeable about district/school policies and procedures of Intervention and Referral Services as well as related school and community policies and resources.
- B. Knowledgeable about the district/school instructional objectives and curricula.
- C. Knowledgeable about traditional, innovative, and culturally sensitive instructional practices and strategies

- D. Knowledgeable about effective classroom management practices, strategic classroom interventions (academic, behavioral, social-emotional), and other support systems
- E. Knowledgeable about teaching to multiple intelligences, differentiation, student engagement, scaffolding, modifications/accommodations, multi-tiered support systems, and other education programs.

Parental/Guardian Involvement

- 1. The teacher, prior to a request for a referral to the I&RS Team for assistance, must demonstrate ongoing communications with parent about academic, behavior and/or health issues. Examples may include: conferences, phone calls, and notices home.
- 2. The parent(s)/guardian(s) shall be involved in academic, behavioral and health planning. A member of the Team shall invite the parent/guardian to participate in the initial meeting.

Community Members

The Team will involve community resources as appropriate.

Team Meetings

- 1. Each building will develop a schedule for Team meetings.
- 2. Such meetings will follow research-based procedures for collaborative problem solving meeting at least monthly and more based upon case load.
- 3. The Schedule of Meetings shall include the team members and a list of the dates for each meeting. This list shall be shared with the district's Superintendent, no later than September 30th of each school year.

Team Member Roles and Responsibilities

Team Leader

- A. Will have the authority of the principal to formalize I&RS Action Plans during meetings.
- B. Will coordinate the general activities of the program; initiates, facilitates, shares responsibility and leads, rather than rules or dictates.
- C. Will have two (2) weeks after receiving initial referral to determine the appropriateness of requests.
- D. Will schedule a meeting no later than two (2) weeks after finding a referral appropriate, and after data collection forms are completed and submitted.
- E. Will perform specific roles and functions as listed below:
 - 1) Logs in and verifies completion of Request For Assistance (RFA).
 - 2) Reviews the appropriateness of cases.

- 3) Distributes all data collection forms to staff members involved in the case.
- 4) Assigns case coordinators and schedules cases.
- 5) Facilitates the problem-solving meetings.
- 6) Ensures parent notifications
- 7) Ensures maintenance of records.
- 8) Clarifies and enforces building level operating procedures and rules.
- 9) Maintains an educational focus for resolving I & RS cases.
- 10) Serves as the liaison to school administrators and case coordinators.

Case Coordinator

- A. The position of case coordinator will be a rotating responsibility shared by all I&RS team members.
- B. Becomes the primary contact with the person requesting assistance.
- C. Will lead the requesting person through the I&RS process, provides support, helps the staff member feel at ease and furnish technical assistance to all individuals responsible for implementing the I&RS Action Plan for the identified educational problem.
- D. Performs the following tasks and functions:
 1. Oversees the completion of all data collection forms.
 2. Collects all completed data collection forms.
 3. Conducts observations of the problem, where possible, for data collection.
 4. Ensures the timely implementation of Action Plan.
 5. Serves as the liaison for all parties involved in the case.

Record Keeper

Becomes responsible for the following tasks and functions:

1. Registers and maintains accurate, written accounts of all meetings.
2. Maintains files in a secure place, accessible to the team.
3. Retains a supply of forms.
4. Keeps a current calendar for the I&RS.
5. Completes the Action Plan during the meeting.

Time Keeper

Maintains efficiency in team proceedings by being responsible for the following task and functions:

1. Ensures the Team adherence to all time limits.
2. Assists the Team Leader in keeping members on task during meetings

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL
Intervention and Referral Services Team (I&RS)

Pre – Intervention Referral Process

- A. Prior to requesting intervention for a child who is experiencing academic, behavior and/or health problems in the educational environment there **must** be documentation of interventions implemented by the teacher/staff member(s) making the request.
- B. Previous interventions to resolve the problem(s) must be documented by the person seeking assistance.

Examples may include:

- 1. Previous teaching strategies that have been employed.
- 2. Teacher/parent conferences in which alternatives have been discussed.
- 3. Teacher/principal conferences regarding the problem and suggested solutions.
- 4. Review of student records, including attendance, educational history, health records, and test scores.

- It would be good practice to:

- 1. Keep a student portfolio with copies of letters sent home.
- 2. Keep a phone log (date, time, brief description of conversation).
- 3. Keep copies of all notices sent home with student as well as mail a copy home.

- C. All existing and suspected medical problems, including vision and hearing should have been referred to the school nurse for evaluation and follow-up.
- D. The principal and/or school counselor should have been consulted by the teacher/staff member for additional suggestions and support.
- E. The Language Arts Literacy and/or Mathematics Intervention Specialist and/or Intervention Teacher should have been consulted by the teacher/team for suggestions and support.
- F. A Diagnostic Reading, Writing, and/or Mathematics Portfolio should be maintained by the classroom teacher with goals and strategies developed, implemented, and reviewed.

Academy for Urban Leadership Charter School
INTERVENTION AND REFERRAL SERVICES

IMPLEMENTATION PHASES

Phase 1: Request for Assistance

A. Problem Identification

A staff member or parent requests that he/she needs assistance with a learning, behavior, or health problem for a student because he/she is experiencing difficulties in addressing students' needs. As an ad hoc member of the team, the member is bound by all applicable rules and standards of privacy and ethics as are standing team members.

B. A staff member, parent, or concerned community agency completes and delivers the appropriate Request for Assistance (RFA) form to the team.

C. Request for Assistance form (RFA) & Prior Intervention Checklist are given to School Counselor (Team Leader)

Phase 2: Data Collection

A. Team Leader & Case Coordinator distributes data collection forms collects data collection forms/complete checklist.

B. Team Leader schedules I&RS meeting.

C. Parent/guardian invited to meeting to be involved in academic, behavioral, and health planning.

D. Staff invited to meeting as appropriate.

Phase 3: Problem-Solving

A. Convene Problem-Solving Meeting.

B. Develop a Written I&RS Action Plan.

C. Implement the Plan of Action.

D. Schedules follow up meeting – 4-6 weeks after implementation.

Phase 4: Monitoring Implementation

A. Evaluate Progress- Pr Parties responsible for implementing components of action plan should monitor the progress of their respective objectives in the action plan.

B. Collect data and document progress using any of the following: grade reports, attendance records, disciplinary reports, behavioral changes, anecdotal records, conversations, interviews, classroom observations, checklists, or other procedures that will provide important feedback as it pertains to action plan.

C. Review Case- the Case Coordinator and person requesting assistance will review all relevant data, records and documentation of the Action Plan in order to evaluate the effectiveness of the plan.

PHASE 1
REQUEST FOR ASSISTANCE

- 1. Request for Assistance**
- 2. Prior Interventions Checklist**
- 3. Student Work Samples/Portfolio collected**

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

Intervention and Referral Services Team (I&RS)

NEW REQUEST FOR ASSISTANCE

To: AULCS Intervention & Referral Team			
From		Date	
Student		Grade	

Academic	Physical/Health	Behavior	Attendance	Work Habits
-----------------	------------------------	-----------------	-------------------	--------------------

Brief summary of reasons for request for assistance: (describe cause/s for concern; based on academic, behavioral, emotional issues, health)

Academic	Physical/Health	Behavior	Work Habits
Letter/Word Reversal	Hearing	Withdrawn	Working independently
Sight word recognition	Vision	Peer relationships	Working with others
Phonics/Word Attack	Fine Motor	Impulsive	Lacking motivation
Written Expression	Gross Motor	Poor self-concept	Verbal written directions
Oral Expression	Coordination	Temper tantrums	Retaining information
Reading Comprehension	Spatial Orientation	Sensitive	Careless work habits
Spelling	Self-help/Adaptive	Immature	Lacks organization
Fluency	Physical Handicap	Argumentative	Inattentive
Vocabulary	Hygiene	Blaming/Denying	Remaining on task
Grammar (usage)	Frequent trips nurse	Not accept responsibility	Completing class work
Grammar (mechanics)	Other	Threats/violent	Cheating
Study Skills		Bully & Intimidation	Distractible
Speech Language		Profanity/ gestures	Procrastinates
Other		Hyperactivity	Drop in grades
		Hypo activity	Other
Math		Attendance/Tardiness	
Computation		Other	
Understanding Concepts			
Multi Step Problems			
Math Fact Fluency			
Other			

PRIOR INTERVENTIONS CHECKLIST

Check with an X for the interventions you have Not Tried, Successfully tried, or Unsuccessfully tried (NT=not tried) (S=Successful) (U= Unsuccessful)				
Academic Interventions	NT	S	U	Comments
Reduced Assignments				
Recorded Daily Assignments				
Check and sign agenda				
Allowed more time for task				
Positive reinforcement				
Task Broken down				
Used different learning approach (aud./vis/kin.)				
Small group instruction-skill focused				
Individual instruction				
Homework buddy				
Other:				
Behavior Management/Reinforce/Intervention				
Individual conference with student				
“Take a break” in classroom/ recess				
Write call parent guardian				
Behavior Plan /Contract (with examples)				
Discipline Referrals (with dates and incidents)				
Other:				
Learning Environment				
Changed Seat				
Changed group				
Reduced distractions (how)				
Other:				
Intervention Programs				
In school homework assistance				
Peer buddy				
Reading Tutor				
Math tutor				
Special reading classroom				
After school tutoring				
School counseling (Ind./group)				
Outside counseling				
ESL				
Speech language/ artic (CIRCLE ONE)				
Other:				

Intervention & Referral Team Use Only	
Date Request Received:	By Whom:
Student Accepted	(Explain)
Request returned for further information	(Explain)
Request Denied	(Explain)
Student referred directly to CST	(Explain)

Case Assigned to:	
Guidance Counselor/Advisor:	

PHASE 2
DATA COLLECTION

Forms	Completed by
Team Leader Checklist	Team Leader
Multidisciplinary Approach Form	Teacher/Team
Information Collection Form	Teacher
Disciplinary Referral Form	Administration/Disciplinarian
School Health Form	School Nurse
Student Self-Assessment	Students (if applicable)
School Counselor Form	School Counselor
Parent Interview	Parent
Meeting Letters	Team Leader

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

Intervention and Referral Services Team (I&RS)

TEAM LEADER CHECKLIST

Confidential

Student Name: _____ Grade/Team: _____
 Date of Birth: _____
 Parent Name: _____ Parents' Home Phone: _____
 Address: _____ Parents' Work Phone: _____
 City/State/Zip: _____ Case Manager: _____

DATE SENT	DATE RECEIVED	DOCUMENT
		Request For Assistance
		Prior Interventions Checklist
	Information Collection Forms	
		School Nurse/Health Form
		Discipline Form
		Release of Information Form
		Parent Letter—copy
		Parent Interview Form
		Request for Staff Attendance (Letter)
		Student Self-Assessment Sheet
		School Counselor Form
	Cumulative Folder Information:	
		Academic/Social Record Sheets
		Current / 2 Years Prior Report Cards
		Academic Achievement Data Form
		Attendance Information(PowerSchool)
		Most Recent Interim Report
		Student Schedule

ACADEMY FOR URBAN LEADERSHIP Charter School
INTERVENTION AND REFERRAL SERVICES

INFORMATION COLLECTION FORM

Confidential

Student Name: _____ Date: _____
 Date of Birth: _____ Homeroom Teacher: _____
 Grade Level: _____ Reason for Request for Assistance:
 Days Absent to Date: _____ Academic ____ Behavioral ____ Social

Student:	Math	LAL	Science	Social Studies
<u>CLASSROOM PERFORMANCE</u>				
Failure in one or more subject areas				
Drop in grades, lower achievement				
Needs directions given individually				
Does not ask for help when needed				
Prefers to work alone				
Does not do homework				
Does not complete in-class assignments				
Homework is disorganized or incomplete				
Short attention span, easily distracted				
Poor short-term memory, e.g., can't remember one day to the next				
Finds it hard to study				
Gives up easily				
Lacks desire and motivation to do well				
Difficulty in participating in group activities				
Difficulty with organizational skills				
Has demonstrated ability, but does not apply self				
<u>SOCIAL SKILLS</u>				
Tends to stay to self, withdrawn				
Inappropriate comments				
Lacks control in unstructured situations				
Slow in making friends				
Disturbs other students				
Negative leader				
Unyielding or stubborn on positions				
Argues with teacher				

Hits and/or pushes other students				
Threatens and /or teases other students				
Student:	Math	ELA	Science	Social Studies
SOCIAL SKILLS---CONTINUED				
Change in friends				
Angered by constructive criticism				
Demonstrates lack of self-confidence				
Disrespects or defies authority				
Regularly seeks to be center of attention				
Frequent ridicule from classmates				
Appears unhappy/sad				
Lacks control in unstructured situations				
Inappropriate comments				
Talks freely about drugs/alcohol or sex				
Inappropriate physical contact				
New to School				
Language Barrier*				
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				
Obscene language, gestures				
Noisy, boisterous at inappropriate times				
Crying for no apparent reason				
Highly active, agitated				
Erratic behavior				
General changes in behavior patterns				
Frequent classroom disruptions				

Other concerns and observations:

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

Intervention and Referral Services Team (I&RS)

DISCIPLINE REFERRAL FORM

Confidential

Student Name _____ Student ID _____
 Referring Staff _____ Date _____

Repeated Minor Infractions (3 Infractions needed)		Major Infractions	
<i>Date</i>	<i>Infraction</i>	<i>(Check all that apply)</i>	
		<i>Infraction</i>	
	Out of seat		Fighting/Physical Aggression
	Not following directions		Blatent Disrespect
	Frequent class disruption		Physical Assault
	Interrupting lesson		Terroristic Threats
	Leaving the classroom without permission		Inappropriate Sexual Assault
	Late to class/Cutting class		Indecent Exposure
	Poor attitude		Inciting a Riot
	Negative comments		Starting a Fire/Arson
	Sleeping in class		Harassment & Bullying
	Cheating		Vandalism
	Sudden outburst of Anger		Forgery/Theft
	Highly active		Weapons Possession
	Erratic Behavior		Electronics Abuse
			Extortion
			Tobacco/Drug/Alcohol Possession

Prior Interventions

Administrative Actions (For Administrator Only)

<i>Action Taken</i>	<i>Date</i>	<i>Action Taken</i>	<i>Date</i>
Redirection		Student Conference	
Change Seating assignment		Parent Conference	
Student Conference		Peer Mediation	
Sent to Buddy Classroom		School Detention	
Teacher Detention		ISS (#days)	
		OSS (#days)	

		Other	
--	--	-------	--

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

Intervention and Referral Services Team (I&RS)

SCHOOL HEALTH FORM

Confidential

STUDENT: _____ GRADE: _____

DATE: _____ DOB: _____

Please complete and return this form to the I&RS Team by: _____

Health History

Is the student currently taking any medication? If yes, please identify. _____

Are you aware of any prior use of medication by the student? If yes, identify each medication and condition treated. _____

Are you aware of any medical or other condition that could interfere with the student's ability to perform in school? If yes, please describe the condition and its implications.

Health Assessment

Height: _____	Weight: _____
Vision: _____	Hearing: _____
Skin: _____	Posture: _____
Comments: _____	

Socialization

Observable behaviors: _____
Behavioral changes: _____
Comments: _____

Current Health

Visits to Nurse

Frequency/Number: _____

Reasons: _____

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

Intervention and Referral Services Team (I&RS)

STUDENT SELF-ASSESSMENT SHEET

Confidential

Student Name: _____ Date: _____

Check the column that most NEARLY applies to how you view yourself. There are no right or wrong choices, so check what you REALLY do.

	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>
Volunteers in class					
Demonstrates appropriate hall behavior					
Arrives to class on time					
Follows directions					
Behave for substitute teachers					
Talks in class when appropriate					
Works well with others					
Leans back in chairs					
Chews gum in class					
Throws objects in class					
Hits or fights with other students					
Has all materials for class					
Help teacher when asked					
Shows respect toward others					
Pays attention in class					
Cleans up desk area					
Accepts extra duties in class					
Uses bathroom time properly					
Turns in found objects to teacher or office					
Obeys the bus driver/crossing guard					
Copies work from others					
Uses abusive language					
Destroys property					
Takes responsibility for own actions					
Seeks help when needed					
Breaks school rules					

Respects people's property					
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ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

Intervention and Referral Services Team (I&RS)

SCHOOL COUNSELOR/SOCIAL WORKER FORM

Confidential

STUDENT: _____ GRADE: _____

DATE: _____ Attached _____ Past Report Cards
 (Power School): _____ Current Report Card
 _____ Current Interim Report
 _____ Student Schedule
 _____ Attendance Record

Background Information (if known)

- | | |
|---|---|
| <input type="checkbox"/> Attendance problems
<input type="checkbox"/> Latchkey child
<input type="checkbox"/> Involvement with community agencies
<input type="checkbox"/> Death in the immediate family
<input type="checkbox"/> Chronic illness in immediate family
<input type="checkbox"/> Divorce or separation
<input type="checkbox"/> Unemployment in immediate family
<input type="checkbox"/> Adjudicated for a juvenile offense
<input type="checkbox"/> Family member incarcerated or adjudicated | <input type="checkbox"/> Lives with someone other than parent
<input type="checkbox"/> Known medical problem
<input type="checkbox"/> Takes medication
<input type="checkbox"/> Previously involved with counseling
<input type="checkbox"/> Currently involved with counseling
<input type="checkbox"/> Previously identified for I&RS
<input type="checkbox"/> Previously identified for drug/alcohol use
<input type="checkbox"/> Discusses concerns regarding drug/alcohol use in the home |
|---|---|

Confidential Information:

- Yes • No Has a psychological evaluation been conducted on this student? If yes, please describe: _____
- 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? If yes, please describe: _____
- Yes • No Has any type of educational testing been conducted on this student? If yes, please describe: _____

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

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

Intervention and Referral Services Team (I&RS)

PARENT INFORMATION

What is the I&RS Team?

The I&RS Team is a school based problem-solving group that assists teachers by designing and implementing strategies for children who are experiencing learning, behavior, health problems, or any other problem that is interfering with a student's academic achievement.

Who can serve on the I&RS Team?

The I&RS Team in your child's school will be represented by school staff who have different abilities and experience so that the best strategies can be developed to help your child. The following people will be members of the I&RS Team:

1. Administrator.
2. Special Education Teacher
3. Regular Education Teacher
4. Guidance Counselor
5. School Nurse
6. The referring Teacher(s) or staff member(s).
7. Any person deemed necessary to assist the team.
8. The parent shall be asked to participate.

What will the I&RS Team do to help?

The members of the I&RS Team will gather all the information available on your child and will meet to discuss his/her areas of strengths and weaknesses and will then develop an Action Plan to address those areas in which he/she is experiencing difficulties in school.

What is an Action Plan?

The Action Plan is a *limited number of suggestions* that are considered to be helpful to the student and teacher. It is a thoughtful, planned approach to accommodate and enhance your child's functioning in school.

What is the Parent's Role?

You must be notified that your child will be discussed by the I&RS Team. The I&RS Team shall invite you to participate and may request that you provide information that will be helpful in developing different ways to help your child in school.

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

Intervention and Referral Services Team (I&RS)

**ACADEMY FOR URBAN LEADERSHIP
CHARTER SCHOOL**

Date: _____

Dear Parent (s) of _____.

We have a new opportunity to provide assistance to your child, _____, 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 your child is most valuable to us in determining the best way to proceed to support your and your child.

Our next meeting is scheduled for (date) _____ at (time) _____ in (room/office) _____. I invite you to call me at (848) 203-3742 to discuss the matter. I can be reached between regular school hours of 8:00 am and 4:00 pm. Together, we can be more effective in helping your child achieve his/her potential. Thank you for joining us in this effort. I look forward to hearing from you.

Sincerely,

I&RS Team Leader

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

Intervention and Referral Services Team (I&RS)

PARENT LETTER/ACTION PLAN

To: _____

From: _____

Date: _____

Dear Parent / Guardian:

As you may recall, the Intervention and Referral Services Team held a meeting on _____, and as a result an Action Plan was developed to assist your child to improve his/her school performance. Please review the enclosed Action Plan and feel free contact the School Counselor at _____ if there are any questions. Your cooperation with implementing and monitoring this plan will benefit your child. Thank you.

Sincerely,

The Intervention and Referral Services Team

Principal

Team Leader

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

Intervention and Referral Services Team (I&RS)

PARENT INTERVIEW

Confidential

STUDENT'S NAME: _____

PARENT'S NAME: _____

DATE: _____

1) Who are the people living in the home with the child?

2) What, if any, important changes have occurred in the family structure? Reaction?

3) Does your child seem sad, moody or angry?

4) Have you ever had reason to suspect that your child has ever experimented with alcohol or other drugs? Please explain.

5) What do you see as your child's strengths?

6) Who assumes primary responsibility for discipline in your family?

What works best? _____

What do you find doesn't work? _____

7) What does your child do that causes you the most concern?

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

Intervention and Referral Services Team (I&RS)

REQUEST FOR STAFF ATTENDANCE

To: _____

From: _____

Date: _____

The Intervention & Referral Services (I&RS) team will be meeting on _____, at

(time) _____ in room _____ to discuss the I&RS Action Plan for the

following student: _____.

You are expected to attend. Coverage will be provided if necessary,

Thank you.

I&RS Team Leader

PHASE 3
PROBLEM SOLVING

- 1. Convene Meeting**
- 2. Develop Action Plan**
- 3. Assign case manager to monitor progress/interventions**
- 4. I&RS Meeting Attendance Form**
- 5. I&RS Agenda Form**

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

Intervention and Referral Services Team (I&RS)

Team Meeting Protocol

<u>Task</u>	Minutes
<ul style="list-style-type: none"> √ Summarize the problem √ Review information collected 	3-4
<ul style="list-style-type: none"> √ Negotiate an objective (measurable goal) 	2-3
<ul style="list-style-type: none"> √ Brainstorm Solutions 	6-8
<ul style="list-style-type: none"> √ Clarify and refine suggestions 	6-7
<ul style="list-style-type: none"> √ Select solutions/recommendations √ Requesting person; team member pick 3-5 solutions √ Coordinate with school and community resources 	6-8
<ul style="list-style-type: none"> √ Develop Action Plan utilizing smart goals √ Include parent follow-up 	5-7
<ul style="list-style-type: none"> √ Determine evaluative criteria √ Determine how to evaluate smart goals 	2-3

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

Intervention and Referral Services Team (I&RS)

Action Plan

Student: _____ **Grade:** _____

Meeting Date: _____ **Referred By:** _____

Reason(s) for Referral:

Meeting Participants:

Name	Role
	Administrator
	Guidance Counselor
	Special Education Teacher
	General Education Teacher
	Parent/Guardian
	Referring Teacher
	School Nurse

Current Academic Functioning:

Student Strengths:

Behavioral Concerns:

Target Behavior	Antecedent

Behavioral Objective:

Proposed Interventions: (Rate progress 0: no progress, 1: minimal progress, 2: moderate progress, 3: goal successfully achieved)

Goal	Action Steps & Frequency / Duration	Monitored By	Review Date/Progress

Student: _____

Date: _____

Action Plan Chart

As a result of this I&RS meeting, the following Final Action Plan will be implemented.

Strategies & Interventions	Implemen- tation Start Date	Implemen- tation End Date	Frequ- ency of Acti- ons	Individual Respon- sible (Name/T itle)
1				
2				
3				
4				
5				
6				
7				
8				

A Follow-Up Meeting will be held on _____

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

Intervention and Referral Services Team (I&RS)

School _____

Meeting Attendance Form

Date _____ **Time** _____

Student's Name _____ **Grade** _____

Parent _____

School Administrator _____

School Counselor _____

School Nurse _____

General Ed Teacher _____

Referring Teacher _____

Special Education Teacher _____

Student _____

Additional Team Members (s)

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

*Intervention and
Services Team*

*Referral
(I&RS)*

CONSENT FORM (AGENCY)

I, _____,
(Parent / Guardian Name)

Authorize _____
(Name of individual/ school/agency 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 anytime, 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: _____

Condition: _____

Student Signature: _____ Date _____

Witness Signature: _____ Date _____

Parent or Legal Guardian Signature: _____ Date _____

Legal Representative Signature: _____ Date _____

Specify Relationship of Legal Representative _____

PHASE 4

- 1. Progress Report (to be completed by Case Coordinator)**
- 2. Review case at meeting**

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

Intervention and Referral Services Team (I&RS)

PROGRESS MONITORING REPORT

(Confidential)

To Be Completed 1 week prior to Follow-up I&RS Meeting

Student: _____

Grade: _____

Staff Completing Progress Report: _____

Date: _____

ACADEMIC PROGRESS

	Math	ELA	Science	SS or other _____
Current Academic Performance				
Strengths				
Areas for Improvement				
Benchmark				

BEHAVIORS/OBSERVATIONS

Student has difficulty:	Math	ELA	Science	SS or other _____
Maintaining motivation				
Responding appropriately				
Following directions				
Mastering daily routines				
Working with others				
Volunteering/participating				

Additional Comments:

**INTERVENTION AND REFERRAL SERVICES TEAM
PROGRAM EVALUATION**

***To monitor data on referrals, the guidance counselor in each school will complete the following:**

- 1. Case Log**
- 2. End-of-year Report**

ACADEMY FOR URBAN LEADERSHIP CHARTER SCHOOL

Intervention and Referral Services Team (I&RS)

END OF YEAR REPORT

School: _____ **Date:** _____

Number and Reason for Referral to The I&RS Team:

Grade	Academic	Behavioral	Health	Other
7				
8				
9				
10				
11				
12				

Please submit to the Principal(s) and Superintendent by June 15th of each year