

Upper Township Middle School
INTERVENTION AND REFERRAL SERVICES
INITIAL REQUEST FOR ASSISTANCE FORM
Confidential

TO: Intervention and Referral Services Team

FROM: _____

DATE: _____

STUDENT: _____

Reasons for Request for Assistance (Must be for school-based issues, i.e., academics, behavior, school health):

Specific and Descriptive Observed Behaviors (Hearsay or subjective comments will not be accepted):

The “Prior Interventions” checklist, on the reverse side of this form, must also be completed for your request to be considered.

*INTERVENTION AND REFERRAL SERVICES
INITIAL REQUEST FOR ASSISTANCE
PRIOR INTERVENTIONS CHECKLIST
Confidential*

Staff Requesting Assistance: _____

Date: _____

Student: _____

Grade: _____

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

1. Explained class rules and expectations. _____
2. Explained my concerns. _____
3. Gave student help after class/school. _____
4. Changed student's seat. _____
5. Spoke with parent on the telephone. Phone number _____
6. Gave student special work at his/her level. _____
7. Checked cumulative folder. _____
8. Held conference with parent in school. _____
9. Sent home notices regarding behavior/school work. _____
10. Arranged an independent study program for student. _____
11. Gave student extra attention. _____
12. Set up contingency management program with student. _____
13. Assigned student detention. _____
14. Referred student to guidance _____, administration _____, other (specify)
_____.
15. Other (Please explain.)