

Submit to: Orange High School Intervention and Referral Services Team

**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):

Please list all teachers and/or specialists who have contact with this student.

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

*Place the completed forms in a sealed envelope
and deliver to Lyle Wallace or Dana Jones, School Social Workers.*

*By submitting this form, I understand that I will be a full
partner with the I&RS team for the resolution of the
identified concerns*

Submit to: Orange High School Intervention and Referral Services Team

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

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Staff Requesting Assistance: _____ Date: _____

Student: _____ Grade: _____

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

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

Staff Member's Signature: _____ Date: _____