

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 in order 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 FORM
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. _____
 - a) Explained class rules and expectations. _____
 - b) 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 _____ Student Assistance Coordinator _____
 Administration _____ Other (specify) _____.
14. Other (Please explain.) _____

Staff Member's Signature: _____ Date: _____



ORANGE TOWNSHIP PUBLIC SCHOOLS
ORANGE HIGH SCHOOL

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Phone: (973) 677 - 4050
Website: http://www.orange.k12.nj.us

Mr. Ronald C. Lee
Superintendent of Schools

Jason Belton and Kalisha Morgan

Mohammed Abdelaziz, Assistant Principal
Dana Gaines, Assistant Principal
Stephanie Matthews, Assistant Principal
Vernon Pullins, Jr., Supervisor of Guidance

Intervention and Referral Services
SECONDARY TEACHER INFORMATION COLLECTION FORM
Confidential

Please return this form, in a sealed envelope, to the I&RS Team mailbox by _____ . (date)

TO: I&RS Team
FROM: _____
DATE: _____
REFERENCE: _____

Classes in which the above-named student is enrolled: _____

Period(s) of the day you see the student: _____

Please check each of the following items that are of concern to you or that you have noticed regarding the student.

Class Attendance:

_____ Frequent requests to leave class to see: _____ Frequent tardiness
_____ Advisor _____ Frequent absences
_____ Nurse _____ Class cuts
_____ Other _____

Academic Performance:

_____ Drop in grades, lower achievement _____ Present grade (approximately)
_____ Failure to complete in-class assignments _____ Decrease in class participation
_____ Failure to complete homework assignments _____ Short attention span, easily
_____ Cheating distracted

Disruptive Behavior:

_____ Attention-getting behavior _____ Violating rules _____ Extreme negatives
_____ Blaming, denying _____ Fighting and/or sudden outbursts of anger
_____ Hyperactivity, nervousness _____ Obscene language, gestures and/or verbal abuse toward others

Physical Symptoms:

_____ Sleeping in class _____ Unsteady on feet
_____ Unexplained, frequent physical injuries _____ Slurred speech
_____ Deteriorating personal appearance _____ Frequent cold-like symptoms

- Frequent complaints of nausea or vomiting
- Smelling of alcohol or marijuana
- Glassy, bloodshot eyes

Atypical Behavior:

- Change in friends, change in behavior
- Sudden popularity
- Older or significantly younger social group
- Sexual behavior in public
- Talks freely about substance abuse
- Withdrawn, difficulty in relating to others
- Inappropriate responses
- Erratic behavior
- Constant adult contact
- Disoriented
- Unrealistic goals
- Depression
- Defensive
- Unexplained crying

Home/Social/Family Problems:

- Family problems
- Runaway
- Family alcohol/drug problems
- Peer problems
- Job problems

Policy/Discipline Code Violations:

- Involvement in thefts and assaults
- Carrying a weapon
- Possession of drug paraphernalia (e.g., roach clips, bong, rolling paper)
- Vandalism
- Selling Drugs
- Possession of drugs/alcohol

Extra-Curricular Activities

- Missed athletic practice without substantial/acceptable reason
- Missed club/group meeting without substantial/acceptable reason
- Loss of eligibility acceptable reason
- Dropped out of activity (name of activity): _____

Please feel free to offer comments (positive or corrective) that you think will be helpful in addressing this student's needs. Remember, only comments that are school-based, school-focused and specific, descriptive, objective/factual and observable are acceptable.

Skills: _____

Positive Characteristics, Strengths, Interests: _____

Environmental Supports: _____

Thank you for your cooperation, caring and concern!