

RIVERSIDE ELEMENTARY SCHOOL  
INTERVENTION AND REFERRAL SERVICES

**INITIAL REQUEST FOR ASSISTANCE FORM**

*CONFIDENTIAL*

To: Intervention and Referral Services

From: \_\_\_\_\_

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Reasons for request for assistance (i.e., academics, behavior, school health) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific and descriptive observed behaviors :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please complete the PRIOR INTERVENTIONS CHECKLIST on the back of this 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 the 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 after-school detention. \_\_\_\_\_
- 13) Referred student to \_\_\_ counselor, \_\_\_ administrator, \_\_\_ other. \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Staff Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RIVERSIDE ELEMENTARY SCHOOL  
INTERVENTION AND REFERRAL SERVICES  
**TEACHER INFORMATION COLLECTION FORM**  
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Student Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Number: \_\_\_\_\_

Grade child entered Riverside: \_\_\_\_\_

Previous school attended: \_\_\_\_\_

Has student been retained? \_\_\_\_\_

*Please provide the information requested in the appropriate spaces below. Also, please attach a copy of the student's current report card.*

SUBJECT	GRADES/SCORES
Reading	
Language Arts	
Math	
Science	
Social Studies	
Spelling	
DRA Level	
NJ PASS	
NJ ASK	

Please check off the school support services that are currently being provided and report how frequently. (Please give any support teacher an I & RS support teacher for, to complete and bring it with you to the meeting.)

Basic Skills Math _____	How frequent? _____
Basic Skills Reading _____	How frequent? _____
Basic Skills Writing _____	How frequent? _____
Reading Intervention Group _____	How frequent? _____
Speech/Language _____	How frequent? _____
After-School Reading _____	How frequent? _____
School Counseling _____	How frequent? _____



Please place a check before each behavior or action listed below that you have observed.

### Classroom Performance

- Failure in one or more subject areas  
Identify \_\_\_\_\_
- Drop in grades, lower achievement
- Needs directions given individually
- Does not ask for help when needed
- Prefers to work alone
- Does not complete homework
- Does not complete in-class assignments
- Homework is disorganized or incomplete
- Other
- Short attention span (easily distracted)
- Poor short-term memory
- Finds it hard to study
- Gives up easily
- Lacks desire to do well in school
- Has demonstrated ability, but does not apply self

### Social Skills

- Tends to stay to self, withdrawn
- Lack of peer relationships
- Appears lonely
- Slow in making friends
- Disturbs other students
- Negative leader
- Unyielding or stubborn
- Argues with teacher
- Hits and/or pushes other students
- Threatens other students
- Teases other students
- Demonstrates lack of self-confidence
- Disrespects or defies authority
- Regularly seeks to be the center of
- Frequent ridicule from classmat
- Appears unhappy/sad
- Lacks control in unstructured
- Change in friends
- Difficulty in relating to others

### Disruptive Behavior

- Defiant
- Fighting
- Cheating
- Sudden outbursts of anger
- Lack of impulse control
- Obscene language
- Boisterous
- Crying for no reason
- Highly active, agitated
- Mood swings

### Physical Symptoms

- Underweight
- Overweight
- Wears clothes that are inappropriate
- Appears tense
- Slurred speech
- Appears sleepy, lethargic
- Impaired vision
- Impaired hearing
- Frequent injuries
- Bad hygiene
- Sleeping in class
- Glassy, bloodshot eyes
- Frequent visits to the nurse
- Problems with coordination

Background Information (If known, please DO NOT ask the child or family)

- Attendance problems
- Latchkey
- Involvement with community agencies
- Death in the immediate family
- Chronic illness in the immediate family
- Divorce or separation
- Unemployment
- Single parent household
- Identified drug/alcohol use in the home
- Lives with someone other than the parent
- Known medical problem
- Takes medication
- Previously involved with counseling
- Currently involved with counseling
- Family member in jail

Positive Qualities

List 1-3 (or more) skills or other positive characteristics and strengths, both personal (e.g. talents, traits, interests and hobbies) and environmental supports (e.g. friends, family members, faith community) that you have observed or apply to this student:

Skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Environmental Supports \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_