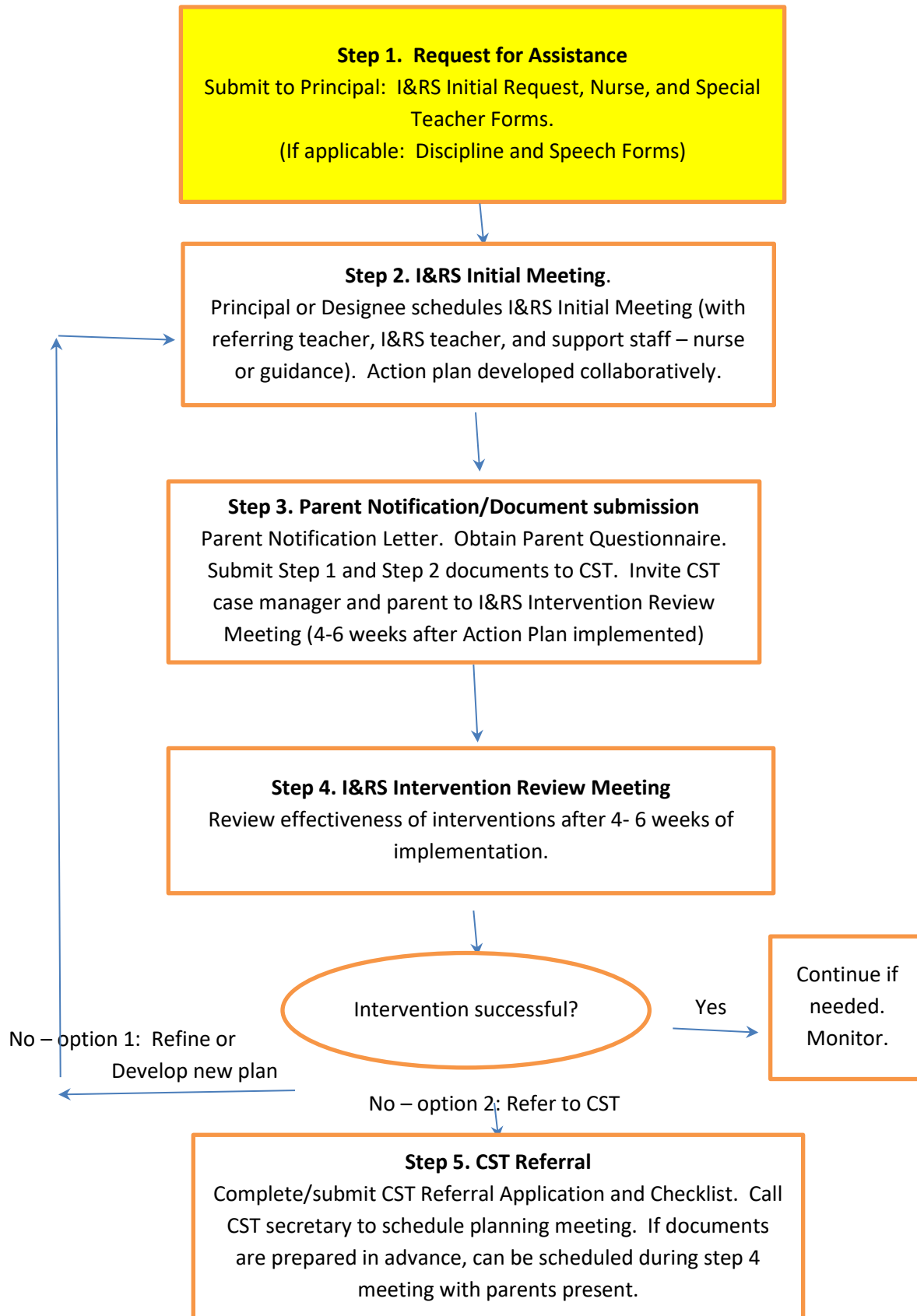


FAIRVIEW PUBLIC SCHOOLS  
FLOWCHART OF I&RS PROCESS



Step1

Fairview Public Schools  
2021-2022

Intervention and Referral Services  
Packet for all Teachers

**Step 1**

(Request for assistance)

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Step1

Please place the completed forms along with sufficient amount of student work, if applicable in a sealed envelope and deliver to the building administrator's mailbox.

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.

Fairview Public Schools

Intervention and Referral Services

Initial Request for Assistance Prior Interventions Checklist

Staff Requesting Assistance: \_\_\_\_\_

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

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

Grade: \_\_\_\_\_

Student's home/native language: \_\_\_\_\_

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

\_\_\_ Gave student extra attention  
folder

\_\_\_ Checked cumulative

\_\_\_ Referred to ESL

\_\_\_ Consulted PRIM Manual

\_\_\_ Referred to Guidance

\_\_\_ Behavior plan (attach)

\_\_\_ Gave student help before/after school

\_\_\_ Changed student's seat

\_\_\_ Referred student to administrator

\_\_\_ Sent parent notes (attach)

\_\_\_ Gave student special work at his/her level

\_\_\_ Spoke to parent on phone

\_\_\_ Allowed more time for tasks

Dates: \_\_\_\_\_

\_\_\_ Chunked assignments

\_\_\_ Tasks broken down

\_\_\_ Held parent conferences

\_\_\_ Reduced assignments

Dates: \_\_\_\_\_

\_\_\_ Modified assignments

\_\_\_ Spoke to student privately after class

\_\_\_ Other \_\_\_\_\_

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\_\_\_Other\_\_\_\_\_

\_\_\_Other\_\_\_\_\_

**Summarize or Attach Prior Test Scores/Assessments (if available/applicable).**

**PARCC/NJSLA-S:**

**Observation Survey:**

**F&P level:**

**Running record:**

**Prior Report Card:**

**Learning Behavior Checklist**

***In the area of ORGANIZATION, student has difficulty:***

- \_\_\_ keeping track of materials and/or assignments
- \_\_\_ staying on task
- \_\_\_ completing tasks on time
- \_\_\_ working in groups
- \_\_\_ managing time
- \_\_\_ preparing for tests
- \_\_\_ completing homework
- \_\_\_ handing assignments in on time

***In the area of LISTENING/SPEAKING, student has difficulty:***

- \_\_\_ maintaining sustained attention
- \_\_\_ maintaining attention (without looking to classmates for clues)
- \_\_\_ following simple directions
- \_\_\_ following multi-step directions
- \_\_\_ demonstrating auditory recall
- \_\_\_ using age appropriate vocabulary
- \_\_\_ recalling/naming specific words
- \_\_\_ using appropriate facial expressions, body language and/or tone of voice
- \_\_\_ controlling vocal quality (e.g. pitch, volume, excessive hoarseness)

***In the area of READING/WRITING, student has difficulty:***

- \_\_\_ reading for meaning
- \_\_\_ reading fluently
- \_\_\_ expressing thoughts in writing

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- \_\_\_ responding to text
- \_\_\_ using grade appropriate mechanics (capitalization, punctuation, spelling)
- \_\_\_ grasping pen/pencil appropriately for age
- \_\_\_ writing legibly

***In the area of BEHAVIOR, student has difficulty:***

- \_\_\_ interrupts or talks in class
- \_\_\_ is verbally disrespectful
- \_\_\_ uses inappropriate language
- \_\_\_ abuses property
- \_\_\_ becomes easily victimized
- \_\_\_ appears to daydream often
- \_\_\_ appears tired or lethargic
- \_\_\_ demands a great deal of personal help and attention
- \_\_\_ cries easily
- \_\_\_ is unusually active
- \_\_\_ gives up easily

***In the area of SOCIAL INTERACTION/SOCIAL, student has difficulty:***

- \_\_\_ withdraws from peers
- \_\_\_ is argumentative with peers
- \_\_\_ is bossy or authoritative with peers
- \_\_\_ teases peers
- \_\_\_ is physically aggressive
- \_\_\_ does not follow rules when playing
- \_\_\_ has difficulty making friends
- \_\_\_ threatens other students
- \_\_\_ seeks to be the center of attention
- \_\_\_ has difficulty initiating social conversations
- \_\_\_ has difficulty sustaining a conversation
- \_\_\_ has difficulty staying on topic
- \_\_\_ does not respect personal space of others

**Student Currently Receives:**

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\_\_\_\_ ESL                      \_\_\_\_ Resource Center                      \_\_\_\_ Guidance  
\_\_\_\_ Title 1 Math                      \_\_\_\_ OT/PT                      \_\_\_\_ Speech  
\_\_\_\_ Title 1 Reading                      \_\_\_\_ Self-Contained Class

\_\_\_\_ Student has previously been referred to I &RS – Date(s) \_\_\_\_\_

**List complete Educational History, including all schools attended for each grade and any grades repeated:**

**Additional Comments:**

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

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

Step1

**Fairview Public Schools**

**Intervention and Referral Services**

**Special Teacher Feedback Form**

Student:

Date:

Grade:

Homeroom teacher:

Special Area Teacher Report:

Academic level and progress (include effort, work habits, etc.)

Behavior (be specific and give concrete examples.)

General Traits (vitality, enthusiasm, apathy, etc.)

Peer-Group Relationships

Attitude Toward Teacher

Return to: \_\_\_\_\_

By: \_\_\_\_\_

Special Teacher's Signature: \_\_\_\_\_ Subject: \_\_\_\_\_

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Step1

Required

Intervention and Referral Services  
School Nurse/School Health Form

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

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

Please complete and return this form to \_\_\_\_\_ by \_\_\_\_\_

**Health History**

Is the student taking medication? If yes, please identify medication type and condition treated.

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

Is there a history of medication use? If yes, identify medication type 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**

Date of birth: \_\_\_\_\_

Height: \_\_\_\_\_

Vision: \_\_\_\_\_

Skin: \_\_\_\_\_

Comments: \_\_\_\_\_

Weight: \_\_\_\_\_

Hearing: \_\_\_\_\_

Posture: \_\_\_\_\_

**Socialization**

Observable behaviors: \_\_\_\_\_

Behavioral changes: \_\_\_\_\_

Comments: \_\_\_\_\_

Physical Appearance (e.g., personal hygiene, fatigue, attire)

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

Step1

**Visits to Nurse**

Frequency/Number: \_\_\_\_\_

Reasons: \_\_\_\_\_

**Physical Education Excuses**

Number: \_\_\_\_\_

Reasons: \_\_\_\_\_

Comments: \_\_\_\_\_

**Student Strengths**

Skills \_\_\_\_\_

\_\_\_\_\_

Positive Characteristics \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Other \_\_\_\_\_

**Other Pertinent Information**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Nurse Name/Signature

\_\_\_\_\_  
Date

Step1

Intervention and Referral Services  
Discipline Form- optional  
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Student: \_\_\_\_\_ Date: \_\_\_\_\_

Number or frequency of referrals for behavior issues: \_\_\_\_\_

Number of times parents have been contacted regarding student's behavior: \_\_\_\_\_

Dates and reasons for being sent to the office, assigned restricted lunch, restricted from recess/special, detention:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dates and reasons for suspensions:

_____	_____
_____	_____
_____	_____
_____	_____

Please provide any other comments or important information regarding disciplinary issues and consequences, as well as skills, positive characteristics and environmental supports:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Step1

## Speech and Language Referral- optional Teacher Questionnaire

Student \_\_\_\_\_

Birth Date \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

Teacher \_\_\_\_\_

### Native language/home language

*Your observations and responses concerning the above student will help determine if a communication problem exists which adversely affects educational performance. Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance.*

**I. Areas of concern:** *Please check those characteristics that you have observed and are concerned about in this student, as he/she compares to same-aged peers. Feel free to insert comments.*

### **Articulation and Phonology (Can submit for services to speech therapist for concerns in this area)**

This child's speech is difficult for classmates or teachers to understand.

This child mispronounces or leaves off sounds in words.

This child's articulation errors are also seen in his/her writing/spelling

This child avoids speaking in class

This child's speech distracts listeners from what he/ she is saying?

This child has expressed concerns about his/ her speech.

This student appears frustrated or embarrassed by his/ her speech errors

**\*\*Rate the impact of the student's speech errors on his/ her social, emotional, and/or academic function. *Check one:***

\_\_\_ does not interfere \_\_\_ minimal impact \_\_\_ interferes \_\_\_ seriously interferes

**Receptive Language (If there are language concerns, an I&RS referral is required following Step 2 in order to receive Language Therapy Services)**

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This child takes a long time to process verbal information.

This child **cannot** follow verbal directions during individual and/ or group instruction.

This child **cannot** follow classroom routines.

This child **does not** answer questions appropriately.

This child **does not** understand the meaning of grade-appropriate vocabulary.

This child has a difficult time following spoken directions.

This child **does not** retain new information and/ or recall old information.

### **Expressive Language (If there are language concerns, an I&RS referral is required following Step 2 in order to receive Language Therapy Services)**

This child often has a hard time expressing his ideas, asking for help, or making his wants known to others.

This child **does not** use age-appropriate vocabulary

When speaking in sentences, this child leaves off small words (“the,” “is,” “to”) or word endings such as plurals, “ed” ending s, possessives.

This child appears to have a difficult time finding words, even when they are words he is familiar with.

This child uses jumbled or unusual word order when speaking.

### **Voice (Can submit for services to speech therapist for concerns in this area)**

This child has an unusually loud or soft speaking voice (**circle one**)

This child has an unusual quality to his voice (hoarseness, strained, breathy, or “stuffy nose” sound).

### **Speech Rate and Fluency (Can submit for services to speech therapist for concerns in this area)**

This child frequently stutters when speaking.

This child uses excessive “um,” “uh,” “you know,” or other interjections when speaking.

This child appears to be unable to get a sound or word out, possibly with signs of tension (eye blinks, hand clenching).

This child speaks in a very fast, slow, or uneven rate (**circle one**).

### **Pragmatic Language (If there are language concerns, an I&RS referral is required following Step 2 in order to receive Language Therapy Services)**

This child does not show age-appropriate conversational skills (turn taking, asking/answering questions, staying on topic, initiating conversation).

This child does not interact in an age-appropriate manner with peers.

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This child does not participate in discussions

This child does not attend to speaker- maintain eye contact appropriately

This child does not ask for clarification when a message is not understood

**Written Language/Phonemic Awareness (If there are language concerns, an I&RS referral is required following Step 2 in order to receive Language Therapy Services)**

This child cannot segment sounds within a word

This child cannot blend sounds orally to form words

Can identify initial consonant sounds in words presented orally

Can identify final consonant sounds in words presented orally

Has reading difficulty

Has trouble producing written language.

**II. Student Awareness:**

Is this student aware of his/her communication difficulties? *Please circle one:* **Yes No I don't know**

**IV. Other Programs or Interventions:** *Please circle all that you are aware of.*

Early Intervention/ Birth-3 program.

Reading assistance \_\_\_\_\_

Tutoring

Special Education, including OT and PT

Individual aide

Behavior plan

ELL Services

Counseling

Other

\_\_\_\_\_

**V. Hearing:** Has this child's hearing recently been tested?

I don't know

Yes, results were normal

Yes, hearing loss is documented (or suspected upon screening and referred for further testing).

It is my opinion that these behaviors noted above:

\_\_\_ **do not** adversely affect education performance

\_\_\_ **do** adversely affect educational performance

**Additional Comments/Concerns:**

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Questionnaire Completed by \_\_\_\_\_  
Teacher Name/Signature

\_\_\_\_\_  
Date