

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

REQUEST FOR STAFF ATTENDANCE

To: _____

From: _____

Date: _____

The Intervention & Referral Services (I&RS) team will meeting on _____, at the

(School) in room _____ to discuss the I&RS Action Plan for the following student:

_____.

You are expected to attend. Coverage will be provided if necessary,

Thank you.

I&RS Team Leader

PHASE 3
PROBLEM SOLVING

- 1. Convene Meeting**
- 2. Develop Action Plan**
- 3. Assign case manager to monitor progress/interventions**
- 4. I&RS Meeting Attendance Form**
- 5. I&RS Agenda Form**

TRENTON SCHOOL DISTRICT***Intervention and Referral Services Team (I&RS)*****Team Meeting Protocol**

<u>Task</u>	Minutes
<ul style="list-style-type: none"> ✓ Summarize the problem ✓ Review information collected 	3-4
<ul style="list-style-type: none"> ✓ Negotiate an objective (measurable goal) 	2-3
<ul style="list-style-type: none"> ✓ Brainstorm Solutions 	6-8
<ul style="list-style-type: none"> ✓ Clarify and refine suggestions 	6-7
<ul style="list-style-type: none"> ✓ Select solutions/recommendations ✓ Requesting person; team member pick 3-5 solutions ✓ Coordinate with school and community resources 	6-8
<ul style="list-style-type: none"> ✓ Develop Action Plan utilizing smart goals ✓ Include parent follow-up 	5-7
<ul style="list-style-type: none"> ✓ Determine evaluative criteria ✓ Determine how to evaluate smart goals 	2-3

TRENTON SCHOOL DISTRICT



Intervention and Referral Services Team (I&RS)

INTERVENTION AND REFERRAL SERVICES

ACTION PLAN FORM

Name of School _____

Student Name: _____

Date _____

Grade _____ Teacher _____

Plan of Action: **(List possible strategies to be used)**

Targeted Goal statement **(Must be measurable and specific)**

Does the student have a current 504 plan? _____

Does the student have a current IEP? Y or N

Action Plan Chart

As a result of this I&RS meeting, the following Final Action Plan will be implemented.

Strategies & Interventions	Implementation Start Date	Implementation End Date	Frequency of Actions	Individual Responsible (Name/Title)
1				
2				
3				
4				
5				
6				
7				
8				

A Follow-Up Meeting will be held on _____

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

School _____

Meeting Attendance Form

Date _____ **Time** _____

Student's Name _____ **Grade** _____

Parent _____

School Administrator _____

School Counselor _____

School Nurse _____

General Ed Teacher _____

Referring Teacher _____

Specialist Teacher _____

Disciplinarian _____

CST Team Member (s)

Other (DYFS, FSO, Agency et.al.)

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

CONSENT FORM (AGENCY)

I, _____,
(Parent / Guardian Name)

Authorize _____
(Name of individual/ school/agency disclosing information)

to disclose to _____
(Name or title of individual /Organization to whom the information is to be disclosed)

the following specific information from my record:

This consent to disclose information may be revoked by me at anytime, except to the extent that action has already been taken in reliance thereupon.

This consent, unless expressly revoked earlier, expires upon (specify the date, event and /or condition upon which consent expires):

Date: _____

Event: _____

Condition: _____

Student Signature: _____ Date _____

Witness Signature: _____ Date _____

Parent or Legal Guardian Signature: _____ Date _____

Legal Representative Signature: _____ Date _____

Specify Relationship of Legal Representative _____

PHASE 4

- 1. Progress Report (to be completed by Case Coordinator)**
- 2. Review case at meeting**

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

PROGRESS REPORT

(Confidential)

To Be Completed prior to Follow-up I&RS Meeting

Student: _____

Grade: _____

Staff Completing Progress Report: _____

Date: _____

ACADEMIC PROGRESS

	Math	LAL	Science	Social Studies
Current Academic Performance				
Strengths				
Areas for Improvement				
Benchmark				

BEHAVIORS/OBSERVATIONS

Student has difficulty:	Math	LAL	Science	Social Studies
Maintaining motivation				
Responding appropriately				
Following directions				
Mastering daily routines				
Working with others				
Volunteering/participating				

Additional Comments:

**INTERVENTION AND REFERRAL SERVICES TEAM
PROGRAM EVALUATION**

***To monitor data on referrals, the School Counselor in each school will complete the following:**

- 1. Case Log**
- 2. End-of-year Report**

TRENTON SCHOOL DISTRICT
Intervention and Referral Services Team (I&RS)
CASE LOG

SCHOOL: _____ **PRINCIPAL:** _____ **DATE:** _____
(Signature)

Student	Gr.	RFA Date Rcvd.	Parent Letter - 1	Parent Letter – 2	Initial Meeting Date	Problem Identified Behavior, Academic, Health or Other	Action Plan Develop. Date	Initial (4 week) Follow-up Meeting date	(8 week) Follow-up Meeting date	Outcome

Please submit to the Supervisor of Student Support by June 15th of each year.

TRENTON SCHOOL DISTRICT
School Based Academic and Behavior Resource

