

TRENTON SCHOOL DISTRICT

**Intervention & Referral
Services Process**

(I&RS)



2018-2019

Trenton School District
INTERVENTION AND REFERRAL SERVICES (I&RS)

Implementation Guidelines

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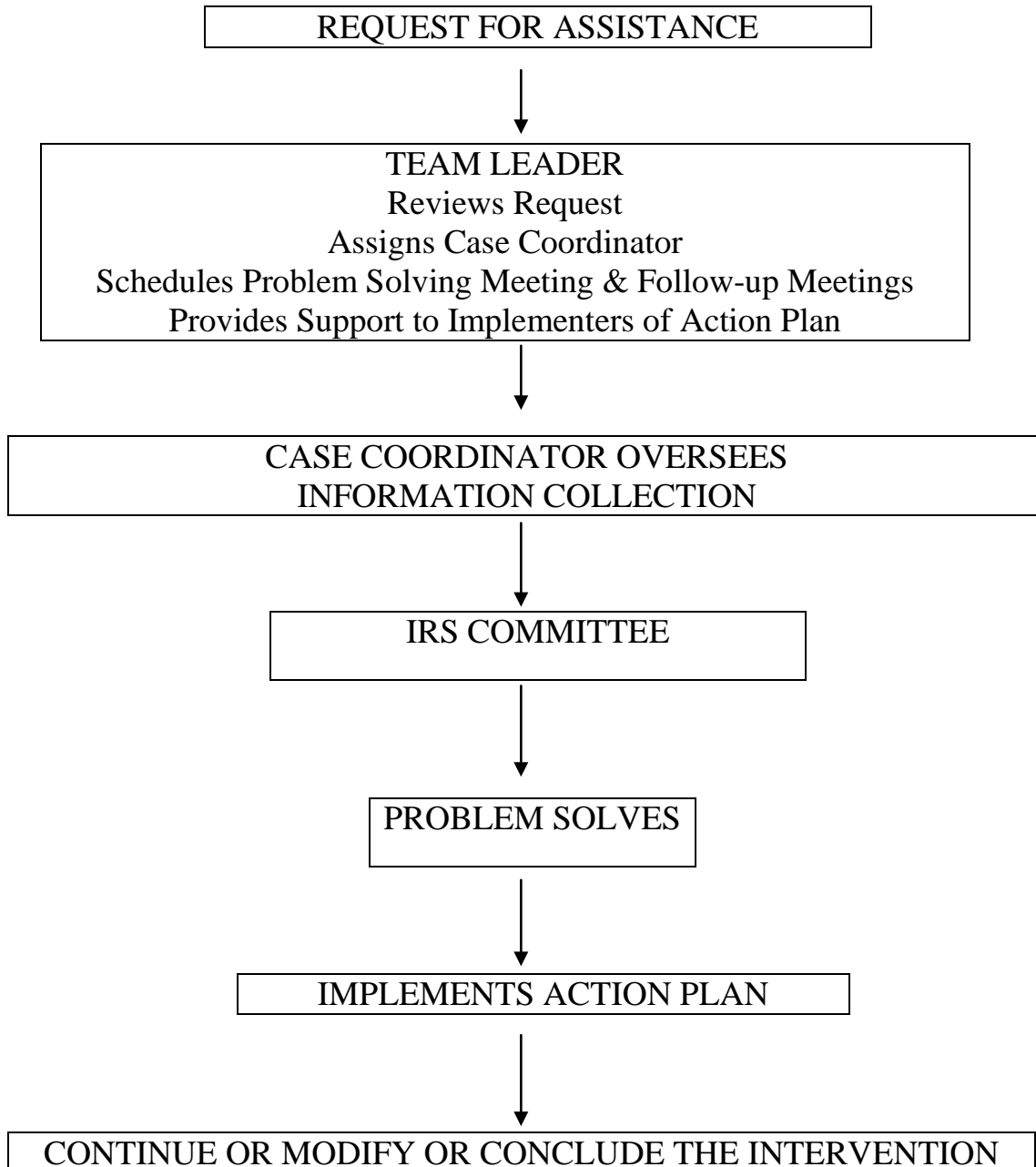
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TRENTON SCHOOL DISTRICT
Intervention and Referral Services Team (I&RS)

The following flowchart represents the process utilized by the Intervention and Referral Services Committee:

7 Step Responses to Intervention



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

INTRODUCTION

In accordance with the requirements forth in the **New Jersey Administrative Code Title 6A:16-7.1-3 (Intervention and Referral Services)**, the Trenton School District Board of Education has established an Intervention and Referral Services Team in each of the district's schools.

The Trenton Board of Education recognizes the importance of the Intervention and Referral Services (I&RS) team concept and believes that each building can benefit from a school-based, collaborative, and multidisciplinary, decision making approach.

The standing Intervention and Referral Services Team (I&RS) will serve as a vehicle to develop and design instructional programs through a collaborative problem-solving approach that impacts on the student who is experiencing academic, behavior and/or health issues, or the staff member who has difficulty in addressing students' academic, behavior and/or health issues.

In addition, through a review and assessment procedures of I&RS Teams shall make recommendations to the principal for improving school programs and services.

The I&RS Team within each building will be selected by the building principal and formulated no later than September 15th of each school year.

Team Composition:

This represents the minimum standing unit for the I&RS Team.
(Additional staff can be added as ad hoc members as needed.)

1. The building administrator (Principal or Vice Principal)
2. An instructional staff member (General Education Teacher).
3. One or more representatives from the following: school counselor, school nurse, CST member (school psychologist, learning consultant, social worker), special education teacher, substance awareness coordinator, school social worker, language arts literacy and/or math intervention specialist, speech/language therapist, ESL/bilingual teacher, climate & culture specialist and others as necessary.
4. The staff person requesting assistance.
5. Requests can be made from individuals that work with students on behalf of the school district as well as parents or other concerned persons may join the team.

Selection

The principal determines the manner of selection of the standing team.

Staff members should be:

- A. Knowledgeable about the district's and their school's policies and procedures of Intervention and Referral Services as well as related school and community policies and resources.
- B. Knowledgeable about the district's and their school's instructional objectives and curricula.
- C. Knowledgeable about traditional, innovative, and culturally sensitive instructional practices and other education programs.

Parental/Guardian Involvement

1. The teacher, prior to a request for a referral to the I&RS Team for assistance, must demonstrate ongoing communications with parent about academic, behavior and/or health issues. Examples may include: conferences, phone calls, and notices home.
2. The parent(s)/guardian(s) shall be involved in academic, behavioral and health planning. A member of the Team shall invite the parent/guardian to participate in the initial meeting.

Community Members

The Team will involve community resources as appropriate.

Team Meetings

1. Each building will develop a schedule for Team meetings.
2. Such meetings will follow research-based procedures for collaborative problem solving meeting at least monthly and more based upon case load.
3. The Schedule of Meetings shall include the team members and a list of the dates for each meeting. This list shall be shared with the district's Assistant Superintendent of School Support, no later than September 15th of each school year.

Team Member Roles and Responsibilities

In compliance with N.J.A.C. 6A:16-7.1-7.3, school districts must identify the roles and responsibilities of the Team.

Team Leader

- A. Will have the authority of the principal to formalize I&RS Action Plans during meetings.
- B. Will coordinate the general activities of the program; initiates, facilitates, shares responsibility and leads, rather than rules or dictates.
- C. Will have two (2) weeks after receiving initial referral to determine the appropriateness of requests.
- D. Will schedule a meeting no later than two (2) weeks after finding a referral appropriate, and after data collection forms are completed and submitted.
- E. Will perform specific roles and functions as listed below:
 - 1) Logs in and verifies completion of Request for Assistance (RFA).
 - 2) Reviews the appropriateness of cases.
 - 3) Distributes all data collection forms to staff members involved in the case.
 - 4) Assigns case coordinators and schedules cases.
 - 5) Facilitates the problem-solving meetings.
 - 6) Ensures parent notifications
 - 7) Ensures maintenance of records.
 - 8) Clarifies and enforces building level operating procedures and rules.
 - 9) Maintains an educational focus for resolving I & RS cases.
 - 10) Serves as the liaison to school administrators and case coordinators.

Case Coordinator

- A. The position of case coordinator will be a rotating responsibility shared by all I&RS team members.
- B. Becomes the primary contact with the person requesting assistance.
- C. Will lead the requesting person through the I&RS process, provides support, helps the staff member feel at ease and furnish technical assistance to all individuals responsible for implementing the I&RS Action Plan for the identified educational problem.
- D. Performs the following tasks and functions:
 - 1. Oversees the completion of all data collection forms.
 - 2. Collects all completed data collection forms.
 - 3. Conducts observations of the problem, where possible, for data collection.

4. Ensures the timely implementation of Action Plan.
5. Serves as the liaison for all parties involved in the case.

Record Keeper

Becomes responsible for the following tasks and functions:

1. Registers and maintains accurate, written accounts of all meetings.
2. Maintains files in a secure place, accessible to the team.
3. Retains a supply of forms.
4. Keeps a current calendar for the I&RS meetings.
5. Completes the Action Plan during the meeting.

Time Keeper

Maintains efficiency in team proceedings by being responsible for the following task and functions:

1. Ensures the Team adherence to all time limits.
2. Assists the Team Leader in keeping members on task during meetings.

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

Pre – Intervention Referral Process

- A. Prior to requesting intervention for a child who is experiencing academic, behavior and/or health problems in the educational environment there **must** be documentation of interventions implemented by the teacher/staff member(s) making the request.
- B. Previous interventions to resolve the problem(s) must be documented by the person seeking assistance.

Examples may include:

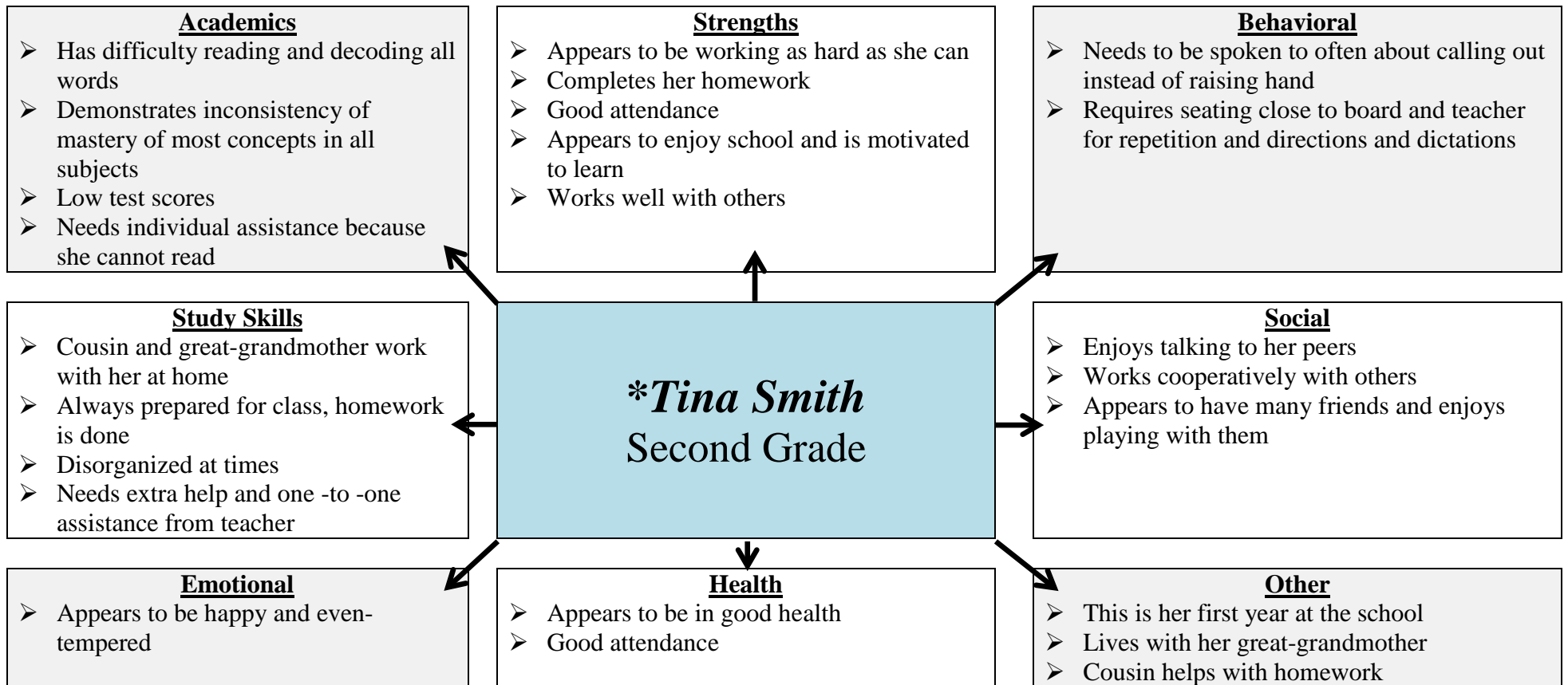
- 1. Previous teaching strategies that have been employed.
 - 2. Teacher/parent conferences in which alternatives have been discussed.
 - 3. Teacher/principal conferences regarding the problem and suggested solutions.
 - 4. Review of student records, including attendance, educational history, health records, and test scores.
- It would be good practice to:
 - 1. Keep a student portfolio with copies of letters sent home.
 - 2. Keep a phone log (date, time, brief description of conversation).
 - 3. Keep copies of all notices sent home with student as well as mail a copy home.
- C. All existing and suspected medical problems, including vision and hearing should have been referred to the school nurse for evaluation and follow-up.
 - D. The principal and/or school counselor should have been consulted by the teacher/staff member for additional suggestions and support.
 - E. The Language Arts Literacy and/or Mathematics Intervention Specialist and/or Intervention Teacher should have been consulted by the teacher/team for suggestions and support.
 - F. A Diagnostic Reading, Writing, and/or Mathematics Portfolio should be maintained by the classroom teacher with goals and strategies developed, implemented, and reviewed.

Trenton School District I&RS: Multidisciplinary Approach

**SAMPLE VISUAL on how to think about identified students*

The I&RS Team is a multidisciplinary group of experts who come together to examine all aspects of the student. An appropriate plan can be developed to address difficulties, while at the same time building on the strengths of each student.

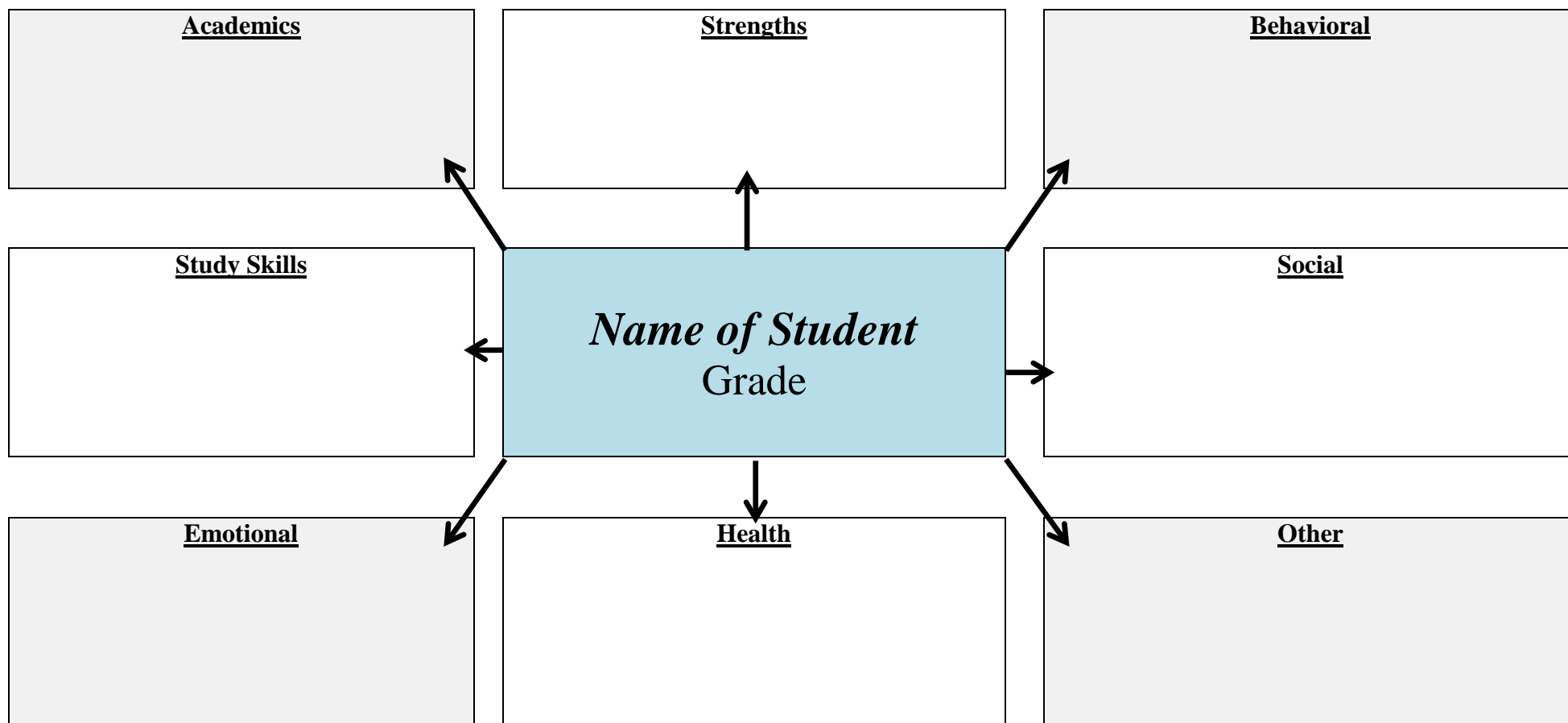
Teacher or team of teachers prepares this form to present the student to the I&RS Team.



Trenton School District I&RS: Multidisciplinary Approach

The I&RS Team is a multidisciplinary group of experts who come together to examine all aspects of the student. An appropriate plan can be developed to address difficulties, while at the same time building on the strengths of each student.

Teacher or team of teachers prepares this form to present the student to the I&RS Team.



Trenton School District
INTERVENTION AND REFERRAL SERVICES

IMPLEMENTATION PHASES

Phase 1: Request for Assistance

- A. Problem Identification
A staff member or parent requests that he/she needs assistance with a learning, behavior, or health problem for a student because he/she is experiencing difficulties in addressing students' needs. As an ad hoc member of the team, the member is bound by all applicable rules and standards of privacy and ethics as are standing team members.
- B. A staff member, parent, or concerned community agency completes and delivers the appropriate Request for Assistance (RFA) form to the team.
- C. Request for Assistance form (RFA) & Prior Intervention Checklist are given to School Counselor (Team Leader)

Phase 2: Data Collection

- A. Team Leader & Case Coordinator distributes data collection forms collects data collection forms/complete checklist.
- B. Team Leader schedules I&RS meeting.
- C. Parent/guardian invited to meeting to be involved in academic, behavioral, and health planning.
- D. Staff invited to meeting as appropriate.

Phase 3: Problem-Solving

- A. Convene Problem-Solving Meeting.
- B. Develop a Written I&RS Action Plan.
- C. Implement the Plan of Action.
- D. Schedules follow up meeting – 4 weeks after implementation.

Phase 4: Monitoring Implementation

- A. Provide Support - assistance can take the form of conversations, interviews, classroom observations, checklists, demonstration teaching, professional development opportunities, or other procedures that will ensure full implementation and an objective assessment of the I & RS Action Plan.
- B. Evaluate Progress.
- C. Review Case- the Case Coordinator and person requesting assistance will review all relevant data, records and documentation of the Action Plan in order to evaluate the effectiveness of the plan.

PHASE 1

REQUEST FOR ASSISTANCE

- 1. Request for Assistance**
- 2. Academic Achievement Form**
- 3. Prior Interventions Checklist**
- 4. Parent Information**
- 5. Student Work Samples/Portfolio collected**

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

REQUEST FOR ASSISTANCE (RFA)

Student: _____ DOB: _____ Grade: _____

Parent/Guardian: _____ Phone: _____

School Counselor: _____ Request Date: _____

1. Reason for Referral:

- Academic
- Behavioral
- Social
- Health
- Other

Explain _____

2. *Specific & Descriptive Observed Behavior(s): Please check 2 areas of main concern.*

READING

- Student has difficulty with decoding/word attack skills
- Student has difficulty with oral reading fluency
- Student has difficulty maintaining their place during reading
- Student has difficulty with reading comprehension
- Student has difficulty vocabulary knowledge

SPELLING

- Student has difficulty spelling

WRITTEN EXPRESSION

- Student has difficulty composing complete sentences or expressing complete thoughts
- Student has difficulty organizing a cohesive paragraph
- Student has difficulty with mechanics of capitalization and punctuation
- Student reverses letters and numbers when writing

MATH CALCULATION

- Student has difficulty mastering basic facts
- Student has difficulty solving numerical operations (+, -, X, fractions, etc.)

MATH REASONING

- Student has difficulty solving mathematical word problems

RFA p. 2

AUDITORY PROCESSING

- Student has difficulty following directions when presented orally
- Student has difficulty responding to questions when presented orally
- Student has difficulty filtering out background noise

VISUAL PROCESSING

- Student reverses/inverts letter or numerals
- Student has difficulty copy information accurately
- Student has difficulty remembering left to right sequencing
- Student has difficulty writing in a given amount of space

MEMORY

- Student difficulty recalling information presented visually and/or auditorally
- Student has difficulty writing sentences from dictation

BEHAVIOR

- Student does not complete daily assignments and/or homework
- Student has difficulty staying on task. (*Inability to stay on task may be due to visual or auditory distractions*)
- Student has difficulty with organization skills.
- Student has difficulty taking tests.
- Student has difficulty staying in their seat.
- Student has difficulty maintaining motivation.
- Student has difficulty maintaining self-control.
- Student has difficulty transitioning between tasks, subjects or classes.
- Student has difficulty responding appropriately in social situations.
- Student engages in inappropriate, disruptive behavior (e.g. calling out, bothering other students, following
 - Student has difficulty following class rules, makes inappropriate comments.
- Student has difficulty maintaining appropriate personal space.
- Student has difficulty participating during group related activities.
- Student has difficulty working independently.
- Student has difficulty mastering daily routines

CLASSROOM PERFORMANCE

- Failure in one or more subject area (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
 - Short attention span, easily distracted
 - Poor short-term memory, e.g. can't remember one day to the next
 - Finds it hard to study

RFA p.3

- Gives up easily
- Lacks desire to do well in school
- Has demonstrated ability, but does not apply self

RELATED SERVICES

- School Counselor
- School Social Worker
- Child Study Team
- Other Specialists or Services

COMMUNITY BASED (IF KNOWN)

- CARES
- GTBH
- PEI KIDS
- MILL HILL
- OTHER _____
- OTHER _____

SCHOOL BASED

- Behavior Specialist
- Reading Specialist
- Safe/Healthy Schools
- Speech and Language Therapy
- Gifted and Talented Program
- Substance Awareness Coordinator
- Physical/OT Therapy
- 504 Related Services
- Behavior Therapist

OTHER:

Explain _____

3. Student Strengths & Weaknesses:

4. Previous Interventions & Outcomes (Must be completed):

RFA p.4

5. Background Information:

	Current MP Grades				Student Strengths	Needs Improvement
	1	2	3	4		
Language Arts						
Math						
Science						
Social Studies						
Other						

Attendance ___#of absences to date ___# of days tardies

Discipline Referrals ___# of referrals

6. *Staff Member's Signature:*

Staff Member's Name (please print):

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

Academic Achievement Data

Name: _____

Grade: _____

School Year	NJ ASK LAL Score	NJ ASK Math Score	ACCESS Score	Special Needs Student (YES or NO)	Benchmark LAL Score	Benchmark Math Score	DRA2	
2014-2018								
2013-2014								
2012-2013								
2011-2012								
2010-2011								
2009-2010								

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

PRIOR INTERVENTIONS CHECKLIST

Confidential

Student: _____ Grade: _____

Staff Requesting Assistance: _____ Date: _____

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

- 1. Spoke to student privately after class and
 - a) Explained class rules and expectations _____
 - b) Explained my concerns _____
- 2. Gave student help after/before class/school _____
- 3. Changed student's seat closer to board or teacher _____
- 4. Spoke with parent on the telephone/number _____
- 5. Gave student special work at his/her level _____
- 6. Checked cumulative folder/ PowerSchool _____
- 7. Held conference with parent in school _____
- 8. Sent home notices regarding behavior/school work _____
- 9. Modify assignments or requirements _____
- 10. Gave student extra attention _____
- 11. Consulted with ELA/ Math/ Intervention teachers as needed _____
- 12. Assigned student detention for behavior _____
- 13. Enrichment periods during the school day _____
- 14. Provided enrichment activities for the home. _____
- 15. Referred student to _____ School Counselor _____ Disciplinarian _____
 _____ SAC, _____ Principal, other (specify) _____

Staff member's signature/s:

PHASE 2
DATA COLLECTION

Forms	Completed by
Team Leader Checklist	Team Leader
Multidisciplinary Approach Form	Teacher/Team
Information Collection Form	Teacher
Disciplinary Referral Form	Administration/Disciplinarian
School Health Form	School Nurse
Student Self-Assessment	Students (if applicable)
School Counselor Form	School Counselor
Parent Interview	Parent
Meeting Letters	Team Leader

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

TEAM LEADER CHECKLIST

Confidential

Student Name: _____ Grade/Team: _____
 Date of Birth: _____
 Parent Name: _____ Parents' Home Phone: _____
 Address: _____ Parents' Work Phone: _____
 City/State/Zip: _____ Case Manager: _____

DATE SENT	DATE RECEIVED	DOCUMENT
		Request For Assistance
		Prior Interventions Checklist
	Information Collection Forms	
		School Nurse/Health Form
		Discipline Form
		Release of Information Form
		Parent Letter—copy
		Parent Interview Form
		Request for Staff Attendance (Letter)
		Student Self-Assessment Sheet
		School Counselor Form
	Cumulative Folder Information:	
		Academic/Social Record Sheets
		Current / 2 Years Prior Report Cards
		Academic Achievement Data Form
		Attendance Information(PowerSchool)
		Most Recent Interim Report
		Student Schedule

Trenton School District
INTERVENTION AND REFERRAL SERVICES

INFORMATION COLLECTION FORM

Confidential

Student Name: _____ Date: _____
 Date of Birth: _____ Homeroom Teacher: _____
 Grade Level: _____ Reason for Request for Assistance:
 Days Absent to Date: _____ ___ Academic ___ Behavioral ___ Social

Student:	Math	LAL	Science	Social Studies
<u>CLASSROOM PERFORMANCE</u>				
Failure in one or more subject areas				
Drop in grades, lower achievement				
Needs directions given individually				
Does not ask for help when needed				
Prefers to work alone				
Does not do homework				
Does not complete in-class assignments				
Homework is disorganized or incomplete				
Short attention span, easily distracted				
Poor short-term memory, e.g., can't remember one day to the next				
Finds it hard to study				
Gives up easily				
Lacks desire and motivation to do well				
Difficulty in participating in group activities				
Difficulty with organizational skills				
Has demonstrated ability, but does not apply self				
<u>SOCIAL SKILLS</u>				
Tends to stay to self, withdrawn				
Inappropriate comments				
Lacks control in unstructured situations				
Slow in making friends				
Disturbs other students				
Negative leader				
Unyielding or stubborn on positions				
Argues with teacher				
Hits and/or pushes other students				
Threatens and /or teases other students				

Student:	Math	LAL	Science	Social Studies
SOCIAL SKILLS---CONTINUED				
Change in friends				
Angered by constructive criticism				
Demonstrates lack of self-confidence				
Disrespects or defies authority				
Regularly seeks to be center of attention				
Frequent ridicule from classmates				
Appears unhappy/sad				
Lacks control in unstructured situations				
Change in friends				
Inappropriate comments				
Talks freely about drugs/alcohol or sex				
Inappropriate physical contact				
New to School				
Language Barrier*				
<u>DISRUPTIVE BEHAVIOR</u>				
Defiance, violation of rules				
Blaming, denying, not accepting responsibility				
Fighting				
Cheating				
Sudden outbursts of anger, verbally abusive to others				
Lack of impulse control				
Obscene language, gestures				
Noisy, boisterous at inappropriate times				
Crying for no apparent reason				
Highly active, agitated				
Erratic behavior				
General changes in behavior patterns				
Frequent classroom disruptions				

Other concerns and observations:

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

DISCIPLINE REFERRAL FORM

Confidential

Student Name _____ Student ID _____
 Referring Staff _____ Date _____

Repeated Minor Infractions (3 Infractions needed)		Major Infractions	
<i>Date</i>	<i>Infraction</i>	<i>(Check all that apply)</i>	
	Out of seat		Fighting/Physical Aggression
	Not following directions		Blatent Disrespect
	Frequent class disruption		Physical Assault
	Interrupting lesson		Terroristic Threats
	Leaving the classroom without permission		Inappropriate Sexual Assault
	Late to class/Cutting class		Indecent Exposure
	Poor attitude		Inciting a Riot
	Negative comments		Starting a Fire/Arson
	Sleeping in class		Harassment & Bullying
	Cheating		Vandalism
	Sudden outburst of Anger		Forgery/Theft
	Highly active		Weapons Possession
	Erratic Behavior		Electronics Abuse
			Extortion
			Tobacco/Drug/Alcohol Possession

Prior Interventions

**Administrative Actions
(For Administrator Only)**

<i>Action Taken</i>	<i>Date</i>	<i>Action Taken</i>	<i>Date</i>
Redirection		Student Conference	
Change Seating assignment		Parent Conference	
Student Conference		Peer Mediation	
Sent to Buddy Classroom		School Detention	
Teacher Detention		ISS (#days)	
		OSS (#days)	
		Other	

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

SCHOOL HEALTH FORM

Confidential

STUDENT: _____ GRADE: _____

DATE: _____ DOB: _____

Please complete and return this form to the I&RS Team by: _____

Health History

Is the student currently taking any medication? If yes, please identify. _____

Are you aware of any prior use of medication by the student? If yes, identify each medication 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

Height: _____

Weight: _____

Vision: _____

Hearing: _____

Skin: _____

Posture: _____

Comments: _____

Socialization

Observable behaviors: _____

Behavioral changes: _____

Comments: _____

Current Health

Visits to Nurse

Frequency/Number: _____

Reasons: _____

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

STUDENT SELF-ASSESSMENT SHEET

Confidential

Student Name: _____ Date: _____

Check the column that most NEARLY applies to how you view yourself. There are no right or wrong choices, so check what you REALLY do.

	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>
Volunteers in class					
Demonstrates appropriate hall behavior					
Arrives to class on time					
Follows directions					
Behave for substitute teachers					
Talks in class when appropriate					
Works well with others					
Leans back in chairs					
Chews gum in class					
Throws objects in class					
Hits or fights with other students					
Has all materials for class					
Help teacher when asked					
Shows respect toward others					
Pays attention in class					
Cleans up desk area					
Accepts extra duties in class					
Uses bathroom time properly					
Turns in found objects to teacher or office					
Obeys the bus driver/crossing guard					
Copies work from others					
Uses abusive language					
Destroys property					
Takes responsibility for own actions					
Seeks help when needed					
Breaks school rules					
Respects people's property					

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

SCHOOL COUNSELOR FORM

Confidential

STUDENT: _____ GRADE: _____

DATE: _____ Attached _____ Past Report Cards
(Power School): _____ Current Report Card
_____ Current Interim Report
_____ Student Schedule
_____ Attendance Record

Background Information (if known)

- Attendance problems
Latchkey child
Involvement with community agencies
Death in the immediate family
Chronic illness in immediate family
Divorce or separation
Unemployment in immediate family
Adjudicated for a juvenile offense
Family member incarcerated or adjudicated
Lives with someone other than parent
Known medical problem
Takes medication
Previously involved with counseling
Currently involved with counseling
Previously identified for I&RS
Previously identified for drug/alcohol use
Discusses concerns regarding drug/alcohol use in the home

Confidential Information:

- Yes No Has a psychological evaluation been conducted on this student? If yes, please describe:
Yes No In addition to your role, are you aware of any kind of counseling or therapy (current or past) that has been provided to the student? If yes, please describe:
Yes No Has any type of educational testing been conducted on this student? If yes, please describe:

Please provide information on the number, purposes and outcomes of parent contacts regarding this student.

Four horizontal lines for providing parent contact information.

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

PARENT INFORMATION

What is the I&RS Team?

The I&RS Team is a school based problem-solving group that assists teachers by designing and implementing strategies for children who are experiencing learning, behavior, health problems, or any other problem that is interfering with a student's academic achievement.

Who can serve on the I&RS Team?

The I&RS Team in your child's school will be represented by school staff who have different abilities and experience so that the best strategies can be developed to help your child. The following people will be members of the I&RS Team:

1. The principal, vice-principal, or his/her designee.
2. A regular education teacher or regular education staff member.
3. The teacher who needs assistance with the student.
4. Any person deemed necessary to assist the team.
5. The parent shall be asked to participate.

What will the I&RS Team do to help?

The members of the I&RS Team will gather all the information available on your child and will meet to discuss his/her areas of strengths and weaknesses and will then develop an Action Plan to address those areas in which he/she is experiencing difficulties in school.

What is an Action Plan?

The Action Plan is a *limited number of suggestions* that are considered to be helpful to the student and teacher. It is a thoughtful, planned approach to accommodate and enhance your child's functioning in school.

What is the Parent's Role?

You must be notified that your child will be discussed by the I&RS Team. The I&RS Team shall invite you to participate and may request that you provide information that will be helpful in developing different ways to help your child in school.

TRENTON SCHOOL DISTRICT

*Servicios de Intervención y Referidos
Escuela Primaria y Escuela Intermedia*

INFORMACIÓN PARA PADRES

¿Qué es el equipo de I&RS?

El equipo de I & RS es un grupo que está situado en la escuela y que ayuda a los maestros a través del diseño y la implementación de estrategias para los estudiantes que están pasando por problemas de aprendizaje, de comportamiento, de salud, o de cualquier otro problema que interfiere con el rendimiento académico del estudiante.

¿Quiénes forman parte del equipo de I & RS?

El equipo de I & RS en la escuela de su hijo está representado por un personal docente que tienen diferentes habilidades y experiencias para que las mejores estrategias se puedan desarrollar y así ayudar a su hijo. Las siguientes personas forman parte del equipo de I & RS:

1. El director, vice director o su designado / a.
2. Un maestro de educación regular o un miembro de educación regular.
3. El maestro del estudiante que necesita ayuda.
4. Alguna persona que se considere necesario para ayudar al equipo.
5. Los padres deben ser invitados para asistir.

¿De qué manera ayuda el equipo de I & RS?

Los miembros del equipo de I & RS recopilará toda la información disponible sobre su hijo y se reunirán para hablar sobre las áreas débiles y fuertes de su hijo(a) y luego ellos desarrollará un plan de acción para abordar esas áreas en las que él o ella está experimentando dificultades en la escuela.

¿Qué es un Plan de Acción?

El Plan de Acción es un *número limitado de sugerencias* que se consideran útiles para el estudiante y el maestro. Es una forma reflexiva y bien planificada para acomodar y mejorar el funcionamiento de su hijo en la escuela.

¿Cuál es el papel de los padres?

Usted deberá ser notificado cuando el equipo de I&RS estará hablando sobre su hijo. El equipo de I & RS lo invitara a participar y le podría pedir información que sería útil en desarrollar diferentes formas de ayudar a su hijo en la escuela

August 2018

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

SAMPLE LETTER – USE SCHOOL LETTERHEAD

TRENTON BOARD OF EDUCATION
“Children come first, Los Ninos son Primero”

Francisco Duran
Superintendent of Schools



Principal
Your School
Telephone/Fax
email address

October 4, 2018

Dear Parent (s) of John Smith,

We have a new opportunity to provide assistance to your child, John Smith, through the school's **Intervention and Referral Services Team**. Working in cooperation with families, such as yours, enables the team to better understand how to provide appropriate help to all of our students. Your knowledge and information regarding your child is most valuable to us in determining the best way to proceed to support your and your child.

Our next meeting is scheduled for _____ in my office Room _____. I invite you to call me at (609) 656-_____ to discuss the matter. I can be reached between regular school hours of 8:45 and 3:20pm. Together, we can be more effective in helping your child achieve his/her potential. Thank you for joining us in this effort. I look forward to hearing from you.

Sincerely,

Your name
Counselor & I&RS Team Leader

August 2018

TRENTON SCHOOL DISTRICT
Servicios de Intervención y Referidos (I&RS)

SAMPLE LETTER (ESPAÑOL) – USE SCHOOL LETTERHEAD

TRENTON BOARD OF EDUCATION
“Children come first, Los Niños son Primero”

Francisco Duran
Superintendent of Schools



Principal
Your School
Telephone/Fax
email address

October 4, 2014

Fecha

Estimados Padre(s) de _____,

Tenemos una nueva oportunidad de proveer asistencia a su hijo/hija, _____, con el programa del Equipo de Servicios de Intervención y Referir de la escuela. Trabajando en cooperación con familias como la suya, le permite al equipo tener mejor entendimiento de cómo proveerle los servicios apropiados para todos nuestros estudiantes. Con el entendimiento e información que usted tiene acerca de su hijo/hija nos ayudara a nosotros a determinar cual es la mejor manera para continuar apoyando a usted y su hijo.

Nuestra próxima reunión esta para el *Día:* _____
Fecha: _____ *Hora:* _____ en mi oficina, salón # 306. Si desea llamarme al (609) _____ para dialogar este asunto, se puede comunicar conmigo durante el día escolar de 8:45 hasta las 3:20. Juntos, podemos ser efectivos en ayudar que su hijo/hija obtenga mejor potencial. Gracias por unirse con nosotros en este esfuerzo. Espero recibir su respuesta.

Sinceramente,

Your name
Consejera & Líder del Equipo I&RS

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

PARENT LETTER/ACTION PLAN

To: _____

From: _____

Date: _____

Dear Parent / Guardian:

As you may recall, the Intervention and Referral Services Team held a meeting on _____, and as a result an Action Plan was developed to assist your child to improve his/her school performance. Please review the enclosed Action Plan and feel free contact the School Counselor at _____ if there are any questions. Your cooperation and assistance with implementing and monitoring this plan will benefit your child. Thank you.

Sincerely,

The Intervention and Referral Services Team

Principal

Team Leader

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

DISTRITO ESCOLAR DE TRENTON

Grupo de Intervención y Servicios de Referencias
(I&RS)

Escuela Intermedia y Primaria

CARTA A LOS PADRES / PLAN DE ACCIÓN

A: _____

De Parte de: _____

Fecha: _____

Estimados Padres de Familia / Encargados:

Una reunión del Grupo de Intervención y Referencias se llevara cabo el día _____, en esta reunión se desarrollara un plan de acción para que su hijo/a mejore su rendimiento escolar. Llame por favor al Consejero de la escuela si usted puede asistir a esta reunión. Si usted no puede asistir a esta reunión, usted puede solicitar una copia del Plan de Acción de su hijo lla mando al teléfono que aparece en la parte de debajo de esta carta.

Sinceramente,

El Grupo de Intervención y Servicios de Referencias

Consejero de la Escuela

Team Leader

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

PARENT INTERVIEW

Confidential

STUDENT'S NAME: _____

PARENT'S NAME: _____

DATE: _____

1) Who are the people living in the home with the child?

2) What, if any, important changes have occurred in the family structure? Reaction?

3) Does your child seem sad, moody or angry?

4) Have you ever had reason to suspect that your child has ever experimented with alcohol or other drugs? Please explain.

5) What do you see as your child's strengths?

6) Who assumes primary responsibility for discipline in your family?

What works best? _____

What do you find doesn't work? _____

7) What does your child do that causes you the most concern?

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

Intervention and Referral Services Team (I&RS)

END OF YEAR REPORT – Page 1

School: _____ **Date:** _____

Number and Reason for Referral to The I&RS Team:

Grade	Academic	Behavioral	Health	Other
Pre K				
Kindergarten				
First				
Second				
Third				
Fourth				
Fifth				
Sixth				
Seventh				
Eighth				
Ninth				
Tenth				
Eleventh				
Twelfth				

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

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

END OF YEAR REPORT – Page 2

School: _____ **Date:** _____

Summary of Strategies Most Frequently Used:

Grade	Strategies
Pre K	
Kindergarten	
First	
Second	
Third	
Fourth	
Fifth	
Sixth	
Seventh	
Eighth	
Ninth	
Tenth	
Eleventh	
Twelfth	

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

TRENTON SCHOOL DISTRICT

Intervention and Referral Services Team (I&RS)

END OF YEAR REPORT – Page 3

School: _____ Date: _____

Number and Reason for Referral to the Child Study Team:

Grade	Academic	Behavioral	Health	Other
Pre K				
Kindergarten				
First				
Second				
Third				
Fourth				
Fifth				
Sixth				
Seventh				
Eighth				
Ninth				
Tenth				
Eleventh				
Twelfth				

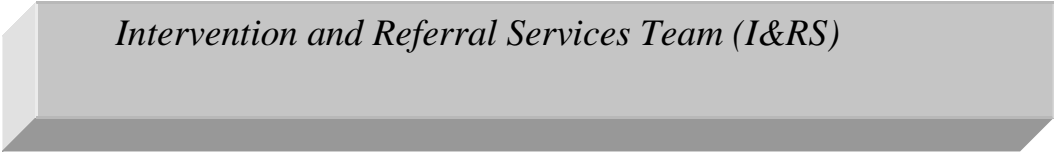
Please attach comments regarding the following or write on the back of this form:

Describe the overall effectiveness of the I&RS Team in addressing the diverse needs of students at-risk.

Based on the analysis of I&RS and CST data, what recommendations for professional development can be made?

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

TRENTON SCHOOL DISTRICT



Meeting Agenda/Minutes

Submitted by: _____

Agenda/Date

Student Name	Status of Case (circle one)	Time Scheduled	Notes
	Intervention Planning or Follow-up		
	Intervention Planning or Follow-up		
	Intervention Planning or Follow-up		
	Intervention Planning or Follow-up		
	Intervention Planning or Follow-up		
	Intervention Planning or Follow-up		
	Intervention Planning or Follow-up		
	Intervention Planning or Follow-up		

Other Agenda Items: _____



COMMUNICATION LOG

Student _____ Parent Name _____

Home Phone _____ Work Phone _____

Family Data (Siblings in School) _____

Health Data (of concern) _____

Date	Concern	Response

Appendix Resources

TRENTON SCHOOL DISTRICT *School Based Resources for Math and Literacy*

Classroom Teachers (s):

The classroom teacher is the primary source of information regarding the student and his or her progress academically, socially, emotionally, and behaviorally. He or she is responsible for Tier 1 instruction, differentiation, scaffolding, and preventative interventions. He or she is responsible for communicating with parents/guardians, collaborating with grade level or department colleagues, collaborating with supervisors, support staff, and administrators with an eye on student achievement data at the classroom, school and district levels. At each grade level each department should have a liaison to the building I&RS Team.

Special Education Teacher(s):

Special educators are a valuable resource to the I&RS Team and provide input on alternative instructional strategies and resources that would be appropriate for at-risk students in the general education environment.

Benchmarks

Language Arts Literacy

DRA (K-5) Instructional Text Level Goals (Fountas and Pinnell)

Grade	Months of the Year									
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
K				A	A/B	B	B	C	C	C
1	C/D	D	E	E/F	F	G	G./H	H	I	I
2	I/J	J	J	J/K	K	K/L	L	L	M	M
3	M/N	N	N	N	O	O	O	P	P	P
4	P/Q	Q	Q	Q	R	R	R	S	S	S
5	S/T	T	T	T	U	U	U	V	V	V

Each level indicates the instructional level: that is, the level that the student can read with instructional support. The instructional level is the highest level a student can read with 90% accuracy and satisfactory comprehension (Level A-K) or 95% accuracy and satisfactory comprehension (Levels L-Z). The student's instructional independent reading level will be one or two levels lower. The independent level is one at which the student can read without teacher support.

If the student's instructional level matches the indicated level at the particular point in time, the student can be considered to be reading on grade level. If the student's level is higher, then the student can be considered to be reading above grade level.

Scholastic Reading and Math Inventories (SRI & SMI)

These will be administered to help inform instruction and intervention decision-making. When making decisions teachers and administrators will use the following charts to determine program placement.

Scholastic SRI Proficiency Bands-Lexile Grade-Level Performance Bands

Grade	Below Basic	Basic	Proficient	Advanced
6	OL-499L	500-799L	800-1050L	1051 L+
7	OL-549L	550-849L	850-1100L	1101 L+
8	OL-599L	600-899L	900-1150L	1151 L+
9	OL-649L	650-999L	1000-1200L	1201 L+
10	OL-699L	700-1024L	1025-1250L	1251 L+
11 & 12	OL-799L	800-1049L	1050-1300L	1301 L+

Scholastic Math Inventory (SMI)- Scholastic Math Performance Standards

Grade	Below Basic	Basic	Proficient	Advanced
2	At or Below 100Q	101-215Q	216-424Q	At or Above 425 Q
3	At or Below 215Q	220-395Q	396-524Q	At or Above 525 Q
4	At or Below 350Q	351-465Q	466-724Q	At or Above 725 Q
5	At or Below 550Q	551-675Q	676-824Q	At or Above 825 Q
6	At or Below 640Q	641-775Q	776-954Q	At or Above 955 Q
7	At or Below 700Q	701-885Q	886-1044Q	At or Above 1045 Q
8	At or Below 800Q	801-1025Q	1026-1144Q	At or Above 1145 Q

At grades 3-11, the district also considers NJASK data, marking period grades, and other assessments when making decisions regarding the need for academic intervention. A 4th grade child who is identified

for academic intervention in language arts literacy would typically have scores such as these: 3rd gr. NJASK LAL: 190 or below; Guided Reading Level: L or below DRA score: 20 or below.

Trenton Public Schools
Menu of Suggested Reading and Math Interventions

Grades	Reading One or more levels BELOW	Math One or more levels BELOW
K-5	<p>Strategies</p> <ul style="list-style-type: none"> • Guided Reading & Writing • Word Study <p>Programs</p> <ul style="list-style-type: none"> • Houghton-Mifflin Interventions • Read 180 • Systems 44 • Lexia • Waterford • Wilson • Fountas & Pinnell (LLI Kits) 	<p>Strategies</p> <ul style="list-style-type: none"> • Guided Math • Academic Language Development <p>Programs</p> <ul style="list-style-type: none"> • First In Math • Reflex • MyMath Resources
6-12	<p>Strategies</p> <ul style="list-style-type: none"> • Guided Reading & Writing • Word Study <p>Programs</p> <ul style="list-style-type: none"> • Read 180 • Systems 44 • Achieve 3000 	<p>Strategies</p> <ul style="list-style-type: none"> • Guided Math • Academic Language Development <p>Programs</p> <ul style="list-style-type: none"> • First In Math • Reflex • Renaissance Learning

