

**WASHINGTON TOWNSHIP PUBLIC SCHOOLS**
**Intervention & Referral Services**

**INITIAL REQUEST FOR ASSISTANCE**

**To:** I&RS Team

**From:**

**Date:**

**Student: School:

Grade: Subject:**

**DIRECTIONS:Please complete both sides of this form and submit to the School Counselor.**

**1. Reasons for Request for Assistance**

 (Must be for school-based issues, i.e. academics, behavior, health)

**2. Specific and Descriptive Observed Behaviors**

 (Hearsay or subjective comments cannot be accepted)

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**INITIAL REQUEST FOR ASSISTANCE - PRIOR INTERVENTIONS CHECKLIST**

**The following tasks must be completed prior to the submission of this request:**

* Spoke to student privately – Explained class rules, expectations, concerns
* Communicated with parent via telephone or email
* Communicated concerns with school counselor
* Provided classroom accommodations (e.g. preferred seating, extra time on tests)

**DIRECTIONS: Please indicate the interventions you have attempted prior to this request.**

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| --- | --- | --- |
| **Prior Interventions Attempted** | **Date or** **Duration of Intervention** | **Comments****(Be specific)** |
| **Example 1:** Assist in breaking down large assignments into small manageable parts. | 9/4/18-10/12/18 | Student struggled completing assignments even though they were broken down (student work attached). |
| **Example 2:** Additional instruction in encoding/decoding was provided during an additional small group session. | 9/4/18-10/12/183 times/week for 30 minutes | Student showed some progress but is not making adequate growth as measured by progress monitoring tool. |
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