

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

CONFIDENTIAL

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: _____

