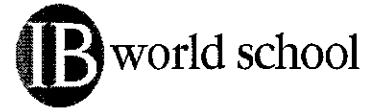


# Rosa International Middle School

École Rosa Internationale  
Escuela Internacional Rosa

485 Browning Lane  
Cherry Hill, New Jersey 08003-3160 USA  
<http://rosaweb.chclc.org>



Mr. George Guy, *Principal*  
Mrs. Lynn Vosbikian, *Assistant Principal*  
Mr. George Zografos, *Assistant Principal*

Telephone: (856) 616-8787  
Fax: (856) 616-0904

## Intervention and Referral Services (I&RS)

New Jersey Administrative Code 6A:16-8.1 requires all school districts to establish and implement a coordinated system in each school building, in which general education students are served, for the planning and delivery of intervention and referral services (I&RS) that are designed to:

- 1) Assist students who are experiencing learning, behavior or health difficulties; and
- 2) Assist staff who have difficulties in addressing students' learning, behavior or health needs.

The Intervention and Referral Services (I&RS) is an adult-centered, multi-disciplinary team in each school that is composed of building administrators, school counselors, classroom teachers, and support staff. They welcome requests for assistance from school staff or parents that are experiencing educational difficulties with their student(s), in which traditional attempts to ameliorate the situation have not been met with success.

## Frequently Asked Questions

### **What kind of needs are reviewed by the I&RS Team?**

When a child experiences difficulties that affect his or her academic progress, or has exhibited behavior that interferes with learning, the teacher may request support from I&RS. Student difficulties may include problems responding to written or verbal information, a pattern of inconsistent work completion, excessive absence and/or tardiness, and consistent challenges maintaining positive relationships with peers.

### **How does I&RS help both teachers and students?**

I&RS supports the teachers and students by developing an intervention plan that may provide alternative strategies, programs, and/or assessments. The interventions are designed to support the student in achieving success within the regular education program.

### **When is an appropriate time to request an I&RS review?**

A classroom teacher routinely differentiates instruction to address a child's needs in the classroom. A classroom teacher may request services of the I&RS Team when a particular child continues to have difficulties despite these efforts. The referrer must complete and submit a Pre-Meeting Checklist Referral Form directly to the Team Leader to ignite the process.



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## How does the I&RS Team differ from the Child Study Team?

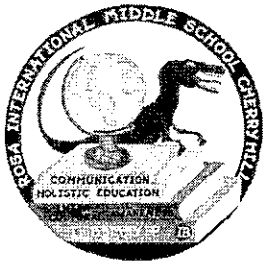
I&RS recommends actions intended to help resolve the challenge identified to prevent referral to the Child Study Team. If the actions taken and resources used are not adequate and the problem still remains, the child's needs may suggest referral to the Child Study Team.

## What steps are involved in the I&RS process?

- 1.) A Request for Assistance (RFA) can be submitted to the Team Leader. Electronic copies are available through the I&RS E-Board. Hard copies are available in the Guidance Office.
- 2.) Once the I&RS team leader receives the RFA, within 5 school days, they assign student to a case manager from the IR&S team and an Early Intervention Specialist.
- 3.) Case Manager contacts the Parent/Guardian to discuss the function of the IR&S committee. A parent questionnaire will be mailed home to gather background information. Case Manager meets with the student to complete Student Questionnaire and to ensure that they understand the purpose of the referral and their role in the I&RS process.
- 4.) The I&RS intervention meeting for the referred child is conducted in two stages. First, the I&RS Core Team discusses the referral, and delineates clear, concise and measurable objectives that must be met for the student. Time-frames and the persons who are responsible for supervising the achievement of each objective are to be noted at this meeting. Secondly, the parent meets with the case manager and the referring teacher to discuss interventions and finalize the action plan.
- 5.) Early Intervention Specialists collect useful data and share information consistently with the Case Manager.
- 6.) Follow-Up meeting with the I&RS Core Team and parent will be convened according to the time-frame specified within the action plan. Success of plan will be decided as per steps 7 (intervention deemed successful) or Step 8 (intervention deemed not satisfactory).
- 7.) If intervention is successful, student will continue to be included on the case load of the Case Manager, whose responsibility it will be to continue to monitor student progress for the time deemed necessary by the committee. Cases shall be monitored for the academic year on a monthly basis. If continued success is demonstrated, case may be closed and the file archived.
- 8.) If intervention response is deemed not satisfactory by the IR&S committee, the decision will be made to either continue or revise the intervention, refer the child to outside agencies, or refer to the Child Study Team to be considered for evaluations for Special Education and/or related services.

## Are parents/guardians partners in this process?

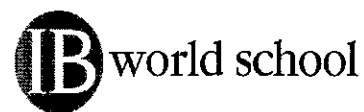
It is our goal to actively engage parents/guardians in the development and implementation of the I&RS Action Plan and throughout the I&RS process. It is strongly recommended the teacher discuss his or her concerns with the child's parents/guardians prior to requesting an I&RS review. Ongoing effective parent/guardian participation might include: recommendation of interventions, participating in I&RS Core Team meetings and/or providing background information about their child.



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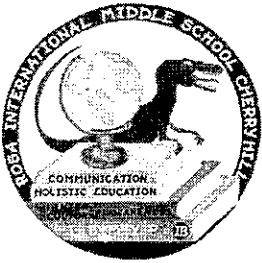
Telephone: (856) 616-8787  
Fax: (856) 616-0904

## **What are the responsibilities of I&RS Team Members?**

The I&RS Team designates a Team Leader, Case Managers, Early Intervention Specialists and Core Team Members. The roles of the team directly impact the success of the process. Learning Community teachers and support staff participate on a consultative basis. Core Team meetings will be held during the day on the fourth Friday of the month. Classroom observations, student interviews and peer dialogue are regular means of ensuring notable achievement gains. Collaboration, creativity and care are key!

## **How can I get additional information about Intervention and Referral Services?**

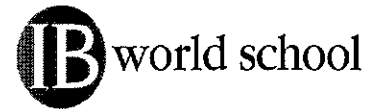
Please contact Lynne Vosbikian, I&RS Team Leader and Assistant Principal, at 856-616-8787. The corresponding e-mail address is: [lvosbikian@chclc.org](mailto:lvosbikian@chclc.org).



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## Intervention and Referral Services (I&RS) School Nurse Evaluation

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Attendance: (Days absent since beginning of school year): \_\_\_\_\_

Report of Audiometric Screening: Date: \_\_\_\_\_

Results: Right Ear: \_\_\_\_\_ Left Ear: \_\_\_\_\_

Report of Last Vision Screening: Date: \_\_\_\_\_

Results: \_\_\_\_\_

Further Testing recommended? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

Medical History: Significant illnesses, allergies, medical and other pertinent information.

\_\_\_\_\_

Student taking medication: \_\_\_\_\_ Yes \_\_\_\_\_ No

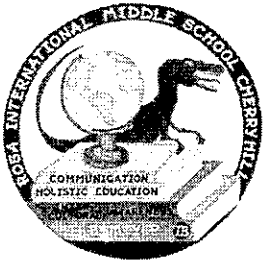
Describe: \_\_\_\_\_

\_\_\_\_\_

Other: (Such as, student visits school nurse on a regular basis for other issues than health issues): \_\_\_\_\_

\_\_\_\_\_

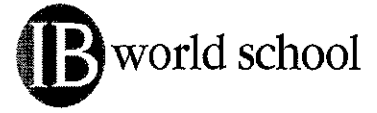
School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Intervention and Referral Services (I&RS) Academic Observation Form

Assigned Early Intervention Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name/Learning Community: \_\_\_\_\_

These observations and comments are vital to the I&RS evaluation process. Thank you for taking the time to complete this form. **Check all that apply. Add other observations/comments, if necessary. In comments: When possible, for each area checked include statement of frequency and duration. (i.e. Calls out repeatedly 5 to 6 times during one class period.)**

### I. Academic Performance:

- |  |   |
|--|---|
| <input type="checkbox"/> Failure to complete classwork assignments | <input type="checkbox"/> Lacks organizational skills          |
| <input type="checkbox"/> Failure to complete homework assignments  | <input type="checkbox"/> Failure in one or more subject areas |
| <input type="checkbox"/> Decline in grade earned                   | <input type="checkbox"/> Decline in quality of work           |
| <input type="checkbox"/> Needs directions given individually       | <input type="checkbox"/> Does not ask for help when needed    |
| <input type="checkbox"/> Other:                                    |   |

Comments - Attach additional sheets as needed:

### II. Related Services or Programs

#### A) School-Based

- Occupational/Physical Therapy
- Speech and Language
- 504 Plan
- ESL
- Other:

Comments - Attach additional sheets as needed:

#### B) Community-Based

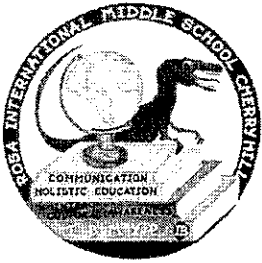
- List, if known
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Current Academic Performance:

Subject	Current Academic Performance/Grades
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Academic Strengths \_\_\_\_\_

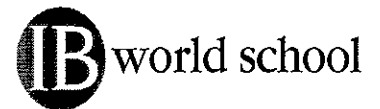
Academic Weaknesses \_\_\_\_\_



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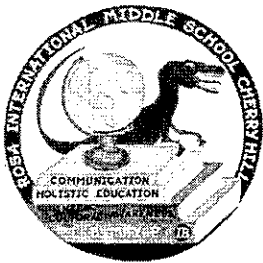
## Observed Intervention and Strategies

Please indicate the types of interventions/strategies you have observed by writing the date(s) on the line next to each intervention. Check off in the following column if progress was met or not met. If progress was not met, document the outcome. Attach additional sheets as needed.

	Dates	MP/NP	Document Outcomes
1. Modify student work at his/her level.			
2. Reduce quantity of information presented.			
3. Reduce quantity of work given.			
4. Use multi-sensory approach (hands-on).			
5. Work with student 1:1 for extra help.			
6. Allow use of calculator/manipulatives.			
7. Read word problems aloud to student.			
8. Chunk multi-step problems into smaller steps.			
9. Avoid open-ended questions.			
10. Highlight key words and directions.			
11. Provide books/stories on tape.			
12. Reduce amount of writing.			
13. No penalty for poor handwriting or spelling.			
14. Read aloud directions to student.			
15. Grade content only (not mechanics).			
16. Provide oral testing or testing in a different format.			
17. Provide visual examples for projects/activities.			
18. Visual reminders are used for organization.			
19. 1:1 help with organization.			
20. Gather input from previous teachers for ideas.			
21. Other:			

Specialist's Signature \_\_\_\_\_

Date \_\_\_\_\_



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## Intervention and Referral Services (I&RS) Behavior Observation Form

Assigned Early Intervention Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name/Learning Community: \_\_\_\_\_

These observations and comments are vital to the I&RS evaluation process. Thank you for taking the time to complete this form. **Check all that apply. Add other observations/comments, if necessary. In comments: When possible, for each area checked include statement of frequency and duration. (i.e. Calls out repeatedly 5 to 6 times during one class period.)**

### I. Classroom Conduct:

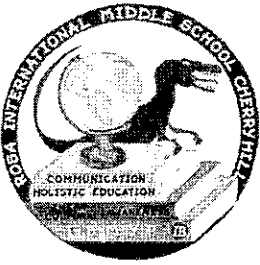
- |  |  |
|--|--|
| <input type="checkbox"/> Calls out repeatedly                  | <input type="checkbox"/> Fails to remain seated                              |
| <input type="checkbox"/> Disrupts other students with behavior | <input type="checkbox"/> Inattentiveness                                     |
| <input type="checkbox"/> Highly active                         | <input type="checkbox"/> Impulsive/ lacks control in unstructured situations |
| <input type="checkbox"/> Lack of motivation                    | <input type="checkbox"/> Regularly seeks to be center of attention           |
| <input type="checkbox"/> Frequent crying                       | <input type="checkbox"/> Frequent visits to nurse/counselor                  |
| <input type="checkbox"/> Defiance of classroom rules           | <input type="checkbox"/> Throwing objects                                    |
| <input type="checkbox"/> Frequently needs disciplining         | <input type="checkbox"/> Cheating  |
| <input type="checkbox"/> Unyielding/stubborn on positions      | <input type="checkbox"/> Teases/threatens other students                     |
| <input type="checkbox"/> Difficulty with transitions           | <input type="checkbox"/> Worrisome/nervousness                               |
| <input type="checkbox"/> Compulsive overachievement            | <input type="checkbox"/> Perfectionism                                       |
| <input type="checkbox"/> Other:                                |  |

Comments - Attach additional sheets as needed:

### II. Other Behavior:

- |   |   |
|---|---|
| <input type="checkbox"/> Erratic behavior day-to-day                | <input type="checkbox"/> Mood swings                                |
| <input type="checkbox"/> Seeks constant adult contact               | <input type="checkbox"/> Social withdrawal (i.e., a loner)          |
| <input type="checkbox"/> Defensiveness                              | <input type="checkbox"/> Low affect                                 |
| <input type="checkbox"/> Irresponsibility (blaming, denying)        | <input type="checkbox"/> Other students express concern             |
| <input type="checkbox"/> Daydreaming/fantasizing                    | <input type="checkbox"/> Inappropriate physical contact with others |
| <input type="checkbox"/> Sudden outbursts of temper                 | <input type="checkbox"/> Verbally abusive to others                 |
| <input type="checkbox"/> Writings/drawings of inappropriate matters | <input type="checkbox"/> Inappropriate laughter/anger               |
| <input type="checkbox"/> Obscene language/gestures                  | <input type="checkbox"/> Vandalism                                  |
| <input type="checkbox"/> Difficulty accepting mistakes              | <input type="checkbox"/> Rigid obedience                            |
| <input type="checkbox"/> Other:                                     |   |

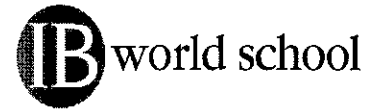
Comments - Attach additional sheets as needed:



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### III. Physical Conditions

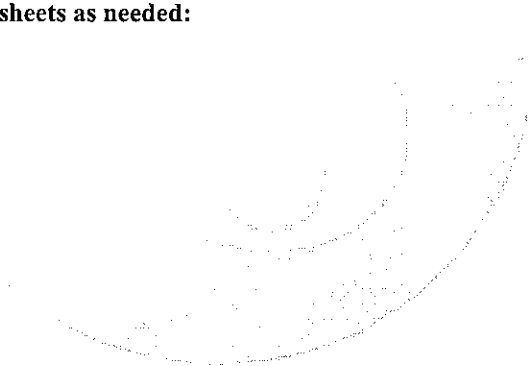
- |  |  |
|--|--|
| <input type="checkbox"/> Unsteady on feet                        | <input type="checkbox"/> Vomiting                                  |
| <input type="checkbox"/> Frequent complaints of nausea           | <input type="checkbox"/> Inability to concentrate                  |
| <input type="checkbox"/> Tiredness/sleeping in class             | <input type="checkbox"/> Deteriorating physical appearance         |
| <input type="checkbox"/> Unexplained, frequent physical injuries | <input type="checkbox"/> Cannot balance or walk                    |
| <input type="checkbox"/> Cannot see the board                    | <input type="checkbox"/> Words and/or visual materials seem blurry |
| <input type="checkbox"/> Cannot hear classroom instruction       | <input type="checkbox"/> Words sound muffled to student            |
| <input type="checkbox"/> Other:                                  |  |

**Comments - Attach additional sheets as needed:**

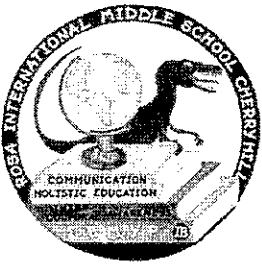
### V. Background Information (If known – please do not ask child or family.)

- |   |  |
|---|--|
| <input type="checkbox"/> Attendance problems                  | <input type="checkbox"/> Takes medication                            |
| <input type="checkbox"/> Lives with someone other than parent | <input type="checkbox"/> Previously/currently involved in counseling |
| <input type="checkbox"/> Known medical problem                | <input type="checkbox"/> Death in immediate family                   |
| <input type="checkbox"/> Involvement with community agencies  | <input type="checkbox"/> Single parent household                     |
| <input type="checkbox"/> Chronic illness in immediate family  | <input type="checkbox"/> Concerns of drug/alcohol use in home        |
| <input type="checkbox"/> Divorce or separation                | <input type="checkbox"/> Determined homeless                         |
| <input type="checkbox"/> Unemployment                         |  |
| <input type="checkbox"/> Family member incarcerated           |  |
| <input type="checkbox"/> Previously identified for assistance |  |
| <input type="checkbox"/> Other:                               |  |

**Comments - Attach additional sheets as needed:**



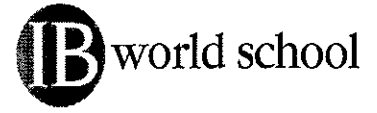




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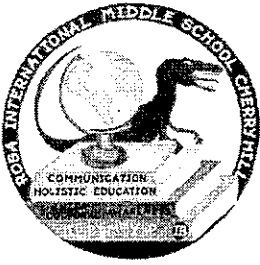
## Observed Intervention and Strategies

Please indicate the types of interventions/strategies you have observed by writing the date(s) on the line next to each intervention. Check off in the following column if progress was met or not met. If progress was not met, document the outcome. Attach additional sheets as needed.

	Dates	MP/NP	Document Outcome
1. Speak to student privately.			
2. Change student's seat/seating arrangement			
3. Set up contingency management plan with student Brief explanation:			
4. Establish signal to keep student on task.			
5. Assign student detention.			
6. Detail precipitating factors leading to behavior.			
7. Explain behavior leading to consequences/rewards.			
8. Reward appropriate behavior .			
9. Role-play or model appropriate behaviors.			
10. Allow student to work independently (while others are working in groups).			
11. Create a private work area for student (i.e. ZAP, Guidance).			
12. Use positive reinforcement with student (i.e. "This is what to do" rather than "Don't").			
13. Alter class schedule.			
14. Forewarn student when transitions were occurring.			
15. Allow students to take breaks during the day.			
16. Gave student specific errands to perform in room.			
17. Have a special folder/system to keep student busy when he/she is finished classwork.			
18. Break down multi-step directions into smaller tasks.			
19. Other:			

Specialist's Signature

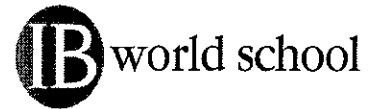
Date



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## Intervention and Referral Services (I&RS) Parent Questionnaire

STUDENT'S NAME: \_\_\_\_\_  
PARENT'S NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_

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

\_\_\_\_\_

2.) What makes you proud of your child?

\_\_\_\_\_

3.) How does your child spend his /or her time?

\_\_\_\_\_

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

\_\_\_\_\_

5.) What has been the most successful way to deal with your child's behavior?

\_\_\_\_\_

6.) How can the school assist you with the concerns you have for your child or the concerns that have been identified by the school?

\_\_\_\_\_

7.) In the past school year, has your child been seen by a doctor for anything other than a common illness? If so, what caused you to take your child to the doctor?

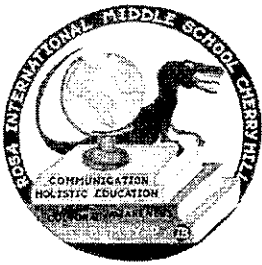
\_\_\_\_\_

8.) Has your child been seen by a health professional for any physical or emotional problem that interfered with your child's success in school?

\_\_\_\_\_

9.) Have you noticed any significant changes in your child's behavior or physical appearance?

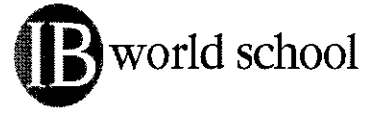
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10.) Does your child typically share thoughts or feelings regularly and openly? And, with who?

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Please use the following rating scale to answer the questions below:

Always (4) Most of the Time (3) Hardly Ever (2) Never (1)

<input type="checkbox"/> 1) Finishes what she/he begins.	<input type="checkbox"/> 15) Must be reminded to do things.
<input type="checkbox"/> 2) Does the things I ask her/him to do.	<input type="checkbox"/> 16) Gets hurt often.
<input type="checkbox"/> 3) Appears content.	<input type="checkbox"/> 17) Feels sick often.
<input type="checkbox"/> 4) Gets along with her/his friends.	<input type="checkbox"/> 18) Fights.
<input type="checkbox"/> 5) Takes good care of her/his things.	<input type="checkbox"/> 19) Ruins things.
<input type="checkbox"/> 6) Helps at home.	<input type="checkbox"/> 20) Teases others frequently.
<input type="checkbox"/> 7) Makes me proud.	<input type="checkbox"/> 21) Threatens others.
<input type="checkbox"/> 8) Obeys.	<input type="checkbox"/> 22) Has trouble remembering things.
<input type="checkbox"/> 9) Shares.	<input type="checkbox"/> 23) Accepts criticism.
<input type="checkbox"/> 10) Cries easily.	<input type="checkbox"/> 24) I trust my child.
<input type="checkbox"/> 11) Talks back.	<input type="checkbox"/> 25) I know what to expect from my child.
<input type="checkbox"/> 12) Hits.	
<input type="checkbox"/> 13) Lies	
<input type="checkbox"/> 14) Appears afraid.	

What other information about your child or your family situation would be helpful for the school to consider?

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Please return the completed questionnaire in the enclosed envelope to the following address:  
Lynne Vosbikian, 485 Browning Lane, Cherry Hill, NJ 08003