

# **THE INTERVENTION AND REFERRAL SERVICE** **(I&RS)**

## **TEECS Mission Statement**

**Thomas Edison EnergySmart Charter School believes that all students are capable of academic and social excellence and that one size does not fit all. The team's purpose is to effectively collaborate with teachers and parents to develop learning strategies and behavior intervention plans that help students reach their maximum potential. To that end, the I&RS team is committed to assist general education teachers with learning strategies and behavior intervention plans to help students reach their potential and to succeed in life.**

## **Pre-Referral Process**

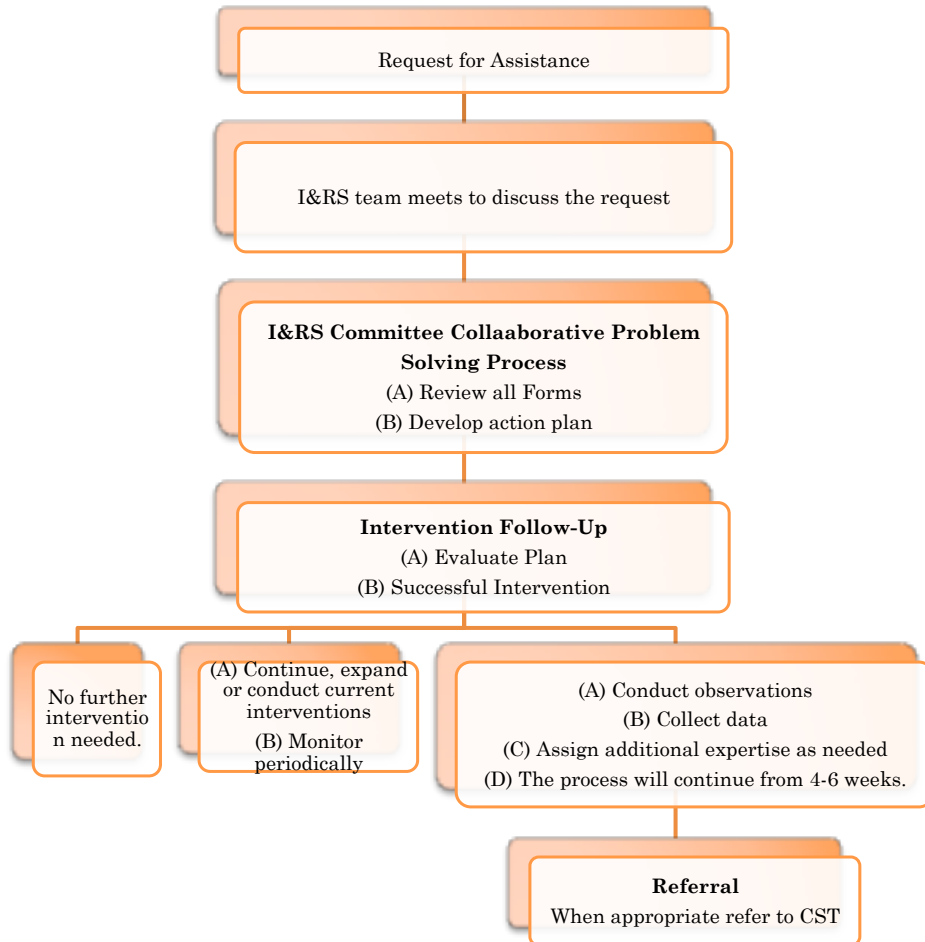
The Intervention and Referral Services (I&RS) team of Thomas Edison EnergySmart Charter School (TEECS) provides referral process for struggling students. This will be a procedural step in the comprehensive Special Education Evaluation Model that TEECS has instituted. This process has a formal structures approach approved by school administration. The primary goal of this model will be to provide struggling students with high quality instructions and help modify the intervention method to fit students academic and learning needs

The I&RS team believes that this process will be instrumental in improving the overall quality of the program. It will allow team to truly identify the quality of the intervention required. If a student were to be struggling in the classroom primarily due to inadequate instruction, socioeconomic factors, linguistic/cultural differences then this process would allow the I&RS team to identify this information prior to any intervention. It would also help enhance the quality of the instruction strategies and introduce a more robust progress monitoring model.

TEECS referral process has the following procedures in place:

- ✓ The referring teacher completes a written teacher referral form.
- ✓ Referring teacher will schedule a meeting with the parents to inform them about the pre-referral services.
- ✓ I&RS team members do the classroom/home observations of the student.
- ✓ A case liaison is assigned to collect all the relevant information about the student.
- ✓ A formal intervention team meeting is scheduled for discussion of the case.
- ✓ Team role (facilitator, recorder, case liaison, time) are assigned prior to the meeting.
- ✓ Formal intervention and monitoring plans are developed at the initial meeting.
- ✓ A follow-up weekly meeting is scheduled to review the student's progress during the intervention. Modifications (implement different research based intervention) can be made to the intervention plan during the 4-6 week period.
- ✓ At the end of 4-6 weeks, the team will meet to assess the case and if the intervention fails, and then the Referral Process to Special Education will begin.

# STEPS FOR INTERVENTION PROGRAM



# I&RS Forms

**INTERVENTION AND REFERRAL SERVICES**  
**INITIAL REQUEST FOR ASSISTANCE**  
**PRIOR INTERVENTIONS CHECKLIST**

*Confidential*

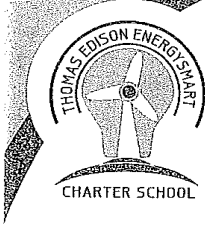
Staff Requesting Assistance: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

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

1. Spoke to 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 student detention. \_\_\_\_\_
13. Referred student to guidance \_\_\_\_\_, substance awareness coordinator \_\_\_\_\_, administration \_\_\_\_\_, other (specify) \_\_\_\_\_.
14. Other (Please explain.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*INTERVENTION AND REFERRAL SERVICES*  
**INITIAL REQUEST FOR ASSISTANCE FORM**  
*Confidential*

TO: Intervention and Referral Services Team

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT: \_\_\_\_\_

*Reasons for Request for Assistance* (Must be for school-based issues, i.e., academics, behavior, school health):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Specific and Descriptive Observed Behaviors* (Hearsay or subjective comments will not be accepted):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all teachers and/or specialists who have contact with this student.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The "Prior Interventions" checklist, on the reverse side of this form, must also be completed for your request to be considered.*

*Place the completed forms in a sealed envelope and deliver to the I&RS team mailbox.*

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