

Clinton City Schools

General Education Referral/Intervention Documentation Form

General Student Information

Student: _____ Date: _____

Grade: _____ Teacher: _____ DOB: _____

Social Security #: _____ NCWISE #: _____

School: _____

Parent(s): _____

Address: _____

Home Phone Number: _____ Cell Phone: _____

Work Phone Numbers: Mother _____ Father: _____

Number of Retentions: _____

Attendance Record:

Absences: _____

Tardies: _____

Discipline Referrals:

ISS: _____

OSS: _____

Primary Language Spoken in the Home: _____

Hearing Screening (Date/Results): _____

Vision Screening (Date/Results): _____

Health Screening (Date/Results): _____

Medical Diagnosis/Medications: _____

Does the team have gross or fine motor concerns? Yes or No

Does the team have speech-language concerns? Yes or No

Please provide **specific** concerns regarding this request:

Parent Conference/Contact Record

A. First Contact / Attempt

Date: ____/____/____

School Person Making Contact: _____ Position: _____

Type of Contact: _____ School Conference _____ Letter/Note _____ Home Visit
_____ Phone Call _____ Other: _____

Purpose: _____

Comments on Conference: _____

B. Second Contact / Attempt

Date: ____/____/____

School Person Making Contact: _____ Position: _____

Type of Contact: _____ School Conference _____ Letter/Note _____ Home Visit
_____ Phone Call _____ Other: _____

Purpose: _____

Comments on Conference: _____

For secondary students, is student aware of presenting concerns? Describe student involvement with interventions? _____

Has the student received a psychoeducational evaluation before? Yes No
If yes, what new information is being considered? _____

Parental Notification of Screening Procedures Form Sent:

Notice Sent by: _____ Position: _____

Date: ____/____/____

Description of support the student is currently receiving:

- | | |
|-----------------------------------|--|
| _____ Special Education | _____ Behavior Plan/Interventions |
| _____ Section 504 Plan | _____ Individualized Health Plan |
| _____ Emergency Action Plan | _____ English as Second Language (ESL) |
| _____ Personalized Education Plan | _____ Academic Remediation Programs |
| _____ After School Programs | |
| _____ Other (please list): _____ | |

Assessment Data:

- **For Kindergarten-2nd grade**, please attach most recent 3D/Dibels Assessment for Reading and DPI K-2 Math Assessment.
- **For 3rd grade**, please attach most recent 3D/Dibels Assessment for Reading and ClassScape Assessment for Math.
- **For Grades 4-8**, please attach copy of Individual Student Testing Card (yellow card) and Retest Card (green card), if applicable, documenting state testing results along with results from ClassScape Assessments.
- **For grades 9-12**, please attach copy of Individual Student Testing Card (yellow card) and Retest Card (green card), if applicable, documenting state testing results along with ClassScape Assessments and any results from VOCATS testing as applicable.

Student Grades for Current/Past School Year:

- Attach most recent report card and/or progress report(s) for student.

Classroom Observation:

What would be the best day(s)/time(s) for someone to observe the student having the difficulties that you describe above? (May attach a copy of the student's daily schedule if available): _____

Observer: _____
Date: ___/___/___

Position: _____

A. Subject Observed

- _____ Language Arts
 - _____ Music
 - _____ Free Time
 - _____ Art
 - _____ Other:
- _____ Social Studies
 - _____ Science
 - _____ Physical Educ.
 - _____ Math

B. Learning Situation

- _____ One-to-One
 - _____ Class
- _____ Small Group
 - _____ Independent

C. Student Behavior

- _____ Attentive
 - _____ Sits quietly
 - _____ Talks out of turn
 - _____ Easily distracted
 - _____ Talks excessively
 - _____ Immature behavior
 - _____ Short attention span
 - _____ Friendly
 - _____ Displays leadership ability
 - _____ Easily frustrated
 - _____ Aggressive toward children
 - _____ Avoids eye contact
- _____ Difficulty copying from board
 - _____ Careless, doesn't complete tasks
 - _____ Overactive, restless
 - _____ Contributes to class diss.
 - _____ Tries to control others
 - _____ Avoids groups
 - _____ Cooperative
 - _____ Doesn't follow directions
 - _____ Unusual language
 - _____ Obscene language
- _____ Neat appearance
 - _____ Demands excessive attention
 - _____ Perseverates (repeats behavior)
 - _____ Constantly out of seat
 - _____ Daydreams
 - _____ Withdrawn
 - _____ Works well independently
 - _____ Disruptive
 - _____ Trouble finding place
 - _____ Disorganized work habits
 - _____ Speech problem
 - _____ Other: _____

Additional Comments (if any): _____

Attach observation narrative to the back of the Referral/Intervention Documentation packet.

Social/Emotional Information Checklist:

Peer relationships: Assets/Strengths

- Understands rules and consequences
- Peers model responsible behavior
- Demonstrates empathy, sensitivity, and friendship skills
- Initiates access to resources as needed
- Has knowledge of/is comfortable with students
- Can resist negative peer pressure
- Optimistic about his/her future
- Seeks to resolve conflict in non-violent manner
- Involved in music, theater or other arts
- Involved in sports, clubs and organizations
- Places a high value on helping others
- Acts on pro-social convictions, stands upon his/her beliefs
- Tells the truth even when it is not easy
- Accepts and takes personal responsibility
- Receives support from 3 or more non-parent adults

Family issues: Assets

- Positive family communication
- Parental involvement in school
- Family supports rules and consequences
- Family monitors whereabouts of student
- Both parents and teacher support student to achieve

Community Assets:

- Caring neighborhood
- Involved in community service
- Feels safe in school and neighborhood
- Given useful roles in community
- Perceives that adults value him/her

Concerns:

- Disruptive in class
- Lack of concentration
- Extreme negativism
- Defiance: breaking rules
- Destruction of school property
- Frequently needs discipline
- Impaired memory
- Inattentiveness
- Fighting
- Defiance of authority
- Verbally abusive
- Obscene language, gestures
- Sudden outbursts of temper
- Frequent visits to the nurse
- Hyperactivity, nervousness
- Change in friends or peer groups
- Inappropriate emotional response
- Other students express concern
- Talks freely about alcohol/drug use
- Frequent trips to the restroom
- Odd/inappropriate behaviors
- Throwing objects
- Mood swings
- Vandalism
- Low affect

Concerns:

- Non-participation in parent/teacher conferences
- Low parental involvement in the school
- Running away from home
- Caretakers other than parent(s)
- Isolating self at home

Community Risk Indicators:

- Vandalism (outside of school)
- Possession of alcohol and/or other drugs
- Any known arrests/convictions
- Any known involvement with juvenile officers
- Frequent moves

Summary of appropriate, relevant, research-based instruction and intervention services in the regular education settings:

Clinton City Schools requires interventions prior to the referral of any student - defined as:

1. Before the referral process, the child is provided appropriate, relevant, research-based instruction and intervention services in regular education settings, with the instruction provided by qualified personnel; and
2. Documentation of repeated assessments of achievement or measures of behavior is collected and evaluated at reasonable intervals, reflecting systematic assessment of student progress during instruction, the results of which were provided to the child's parents. Documentation of assessments should be in a format that indicates the results were measurable and observable.
3. If the student has not made adequate progress after an appropriate period of time a referral for an evaluation to determine if the child needs special education and related services shall be considered along with the documentation of an adverse educational effect also required. An “adverse effect” means that the progress of the student is impeded by the suspected disability to the extent that educational performance is *significantly and consistently below the level of similar age peers*.

There must be a minimum of two (2) interventions for each area of concern.

Regular education teachers are encouraged to consult with the SBAT team in determining and selecting appropriate interventions to use with identified student and when determining the most appropriate method or format to document student progress.

INTERVENTION DOCUMENTATION FORM

Intervention target/skill area (write in measurable terms): _____

Intervention strategy/instructional practice (including resources needed as applicable):

Selected Intervention Approved by Team: Yes No **Date:** _____

Assessment instrument to be used to monitor progress: _____

Date for Baseline Data: _____

Note: Baseline Data should be obtained before intervention is begun.

Progress Monitoring data/scores:

Baseline	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10

Progress Monitoring Narrative/Explanation if needed: _____

Date reviewed: _____

Analysis of Intervention strategy (how did it work?): _____

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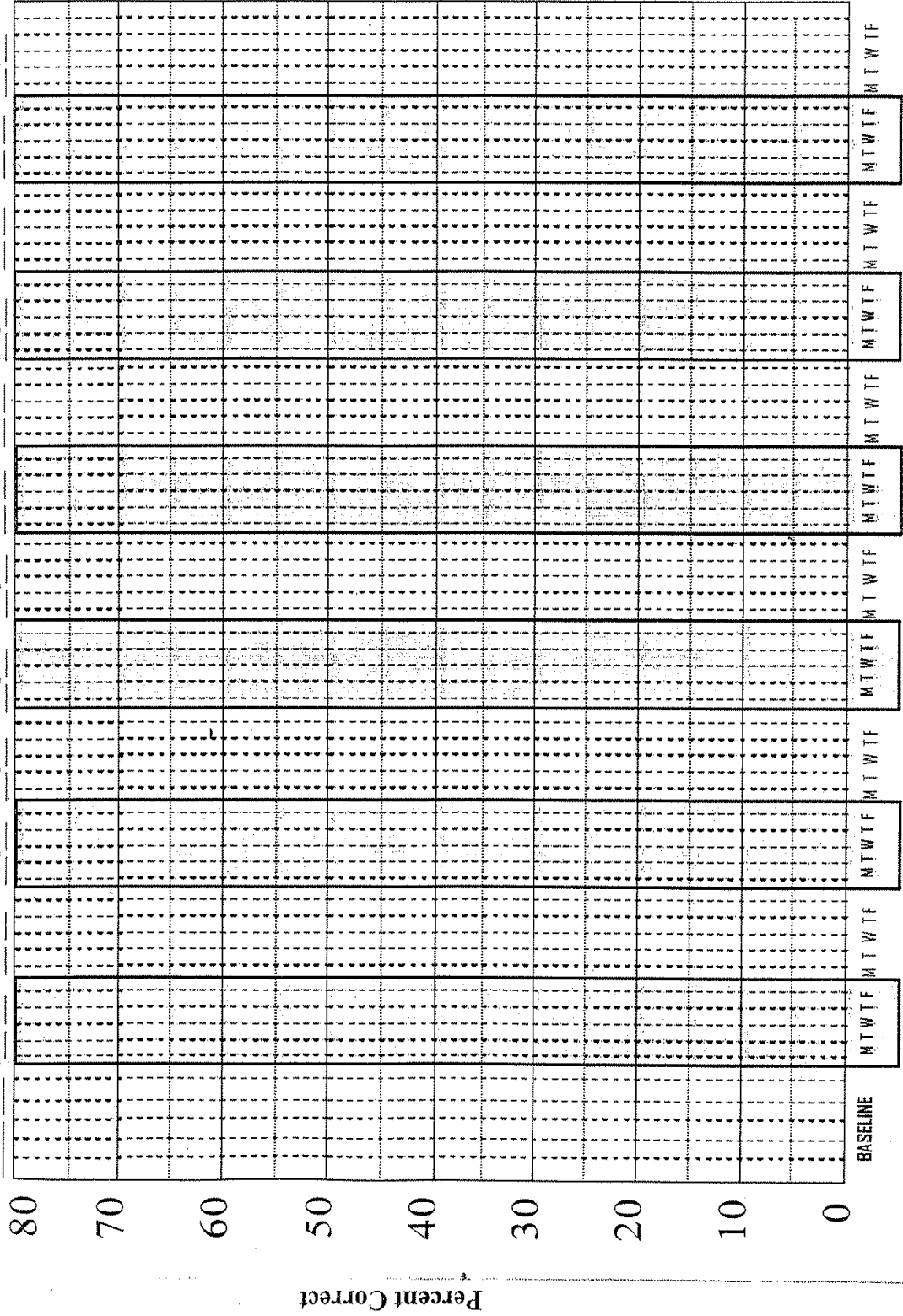
Clinton City Schools Intervention Documentation Graph

Student: _____

Teacher: _____

Assessment Instrument: _____

BASELINE WEEK 1 WEEK 2 WEEK 3 WEEK 4 WEEK 5 WEEK 6 WEEK 7 WEEK 8 WEEK 9 WEEK 10 WEEK 11 WEEK 12



Intervention target/skill area: _____
 Intervention/Instructional Practice Used: _____

Baseline _____

te: _____

Instructional Days

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