

Chesterfield Township School District

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Office of the Assistant Principal

INTERVENTION AND REFERRAL SERVICES ***Initial Request for Services*** ***CONFIDENTIAL***

TO: _____

FROM: _____

DATE: _____

STUDENT AND HOMEROOM: _____

Reasons for Request for Assistance (Must be school-based issues, such as academics, behavior, school health, etc.):

Specific and Descriptive Observed Behaviors (Subjective comments will not be accepted):

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

PRIOR INTERVENTIONS CHECKLIST

Staff Member Requesting Assistance: _____

Date: _____

Student: _____

Homeroom: _____

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

<p>1. Spoke to student privately after class:</p> <ul style="list-style-type: none"> ➤ Explained class rules and expectations. ➤ Explained my concerns. 	
<p>2. Gave student help after class/school.</p>	
<p>3. Changed student's seat.</p>	
<p>4. Spoke with parent on the telephone.</p> <ul style="list-style-type: none"> ➤ Phone number is: 	
<p>5. Gave student special work at his/her level.</p>	
<p>6. Checked student cumulative folder.</p>	
<p>7. Held conference(school or phone) with parent.</p>	
<p>8. Sent home notices regarding behavior/school work.</p>	
<p>9. Arranged an independent study program with student.</p>	
<p>10. Gave student extra attention.</p>	
<p>11. Set up contingency management program with student.</p>	
<p>12. Assigned student detention or other punitive measures.</p>	
<p>13. Referred student to guidance, administration or other(specify):</p> <ul style="list-style-type: none"> ➤ 	
<p>14. Other(please explain)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Staff Members Signature:</p> <p>Date:</p>	

