

Township of Union Public Schools
INTERVENTION AND REFERRAL SERVICES

INITIAL REQUEST FOR ASSISTANCE FORM-Part One

Confidential

TO: Intervention and Referral Services Team

FROM: _____

DATE: _____

STUDENT: _____

Reason for Referral (Primary Concern)

_____ Academic _____ Behavioral _____ Emotional _____ Medical

Please describe the specific/observable concerns prompting this referral. What makes this student difficult to teach? List any academic, social, emotional or medical factors that negatively impact the student's performance.

Current performance level(s) in areas of concern:

List measurement tool(s) used to determine performance level i.e., standards linked rubric, criterion referenced materials, curriculum based measures, grades, formal/informal measures.

Please indicate what strategies/interventions/accommodations that have been used with this student prior to this referral? (Please check)

___ Checked cumulative folder

