
Hamburg School

Intervention and Referral Services Plan (I&RS)

Request for I&RS Meeting		
STUDENT INFORMATION		
Name		
Date of Birth		
Homeroom Teacher/Grade		
Request Date		
Staff Requesting Meeting		
Parent Requested to Attend	YES	NO
Describe Concern		
Describe Current Interventions and Accommodations		

Hamburg School

Intervention and Referral Services Plan (I&RS)

Support Services

Student is currently receiving:

- | | | | |
|---------------------|------------------------|-------------------|---------------------|
| 🍏 BSI Math Support | 🍏 BSI Rdg/LA Support | 🍏 Speech | 🍏 Guidance |
| 🍏 Physical Therapy | 🍏 Occupational Therapy | 🍏 Enrichment Math | 🍏 Enrichment Rdg/LA |
| 🍏 Gifted & Talented | 🍏 Other | | |

Checklist for Requestor

Contact Parent/Guardian (See I&RS Parent Contact Sheet)	
Current Health Assessment (Nurse)	
Complete Learning & Behavior Problem Checklist	
Attach Relevant Data (Assessment Data, Attendance, Work Samples, etc.)	

FOR OFFICE USE ONLY

INITIAL MEETING

Meeting Date	
Meeting Time	

Hamburg School

Intervention and Referral Services Plan (I&RS)

Meeting Location	
Parent Contact Date/Time	

Administrative Notes:

Initial Meeting	
Student Name	
Grade	
Meeting Date	
Meeting Time	

Hamburg School

Intervention and Referral Services Plan (I&RS)

Meeting Participant	Position	Signature

Nature Of Concern

- Communication
- Behavioral
- Academic
- Physical
- Social/Emotional
- Other

Academic Concern(s)

- Reading
- Mathematics
- Organization
- Other
- Writing
- Science/Social Studies
- Handwriting

Specific Concerns

Hamburg School

Intervention and Referral Services Plan (I&RS)

Current Intervention Plan

(See attached Intervention Data Report)

Intervention	Goal	Did Student Meet Desired Goal (Y/N)?	Explanation

Current Intervention Plan Description

Hamburg School

Intervention and Referral Services Plan (I&RS)

Revised Intervention Plan (If Needed)		
Intervention/Goal	Frequency	Duration
Intervention #1		
Goal #1		
Intervention #2		
Goal #2		

Hamburg School

Intervention and Referral Services Plan (I&RS)

Intervention #3		
Goal #3		

Person Responsible for Revised Intervention Plan

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Homeroom Teacher <input type="checkbox"/> BSI Math <input type="checkbox"/> CST – LDTC <input type="checkbox"/> Other | <ul style="list-style-type: none"> <input type="checkbox"/> Enrichment / G&T Teacher <input type="checkbox"/> BSI Rdg / LA <input type="checkbox"/> CST – Psychologist | <ul style="list-style-type: none"> <input type="checkbox"/> Guidance <input type="checkbox"/> Administration <input type="checkbox"/> CST – Social Worker |
|---|---|--|

I&RS Case Manager	
I&RS Follow Up Meeting Date (if needed)	
I&RS Team Recommendation	

HEALTH ASSESSMENT

Student Name	
Date of Birth	Age:

Hamburg School

Intervention and Referral Services Plan (I&RS)

Homeroom Teacher/Grade	
Request Date	
Assessment Date	
Staff Requesting Assessment	

Relevant Health Problems
(to be completed by the school nurse in consultation with referring staff member)

Assessment Completed by _____ Date: _____

Hamburg School

Intervention and Referral Services Plan (I&RS)

HEALTH ASSESSMENT

HEALTH ASSESSMENT	
🍏 I&RS Referral Request	🍏 Child Student Team Referral Request
Height:	Vision:
Weight:	Hearing:
Blood Pressure:	

Hamburg School

Intervention and Referral Services Plan (I&RS)

Comments:

Assessment Completed by _____ Date:

Follow Up Meeting

Student Name		
Follow Up Meeting Date		
Grade		
Meeting Participant	Position	Signature

Hamburg School

Intervention and Referral Services Plan (I&RS)

Additional Comments

Intervention Data Report

Hamburg School

Intervention and Referral Services Plan (I&RS)

Student Name	
Teacher/Staff Name	
Intervention Data	
Intervention	
Goal	

Date	Observation/Findings	Continue intervention w/or w/out modifications (Describe modifications)

Hamburg School

Intervention and Referral Services Plan (I&RS)

--	--	--