

HADDONFIELD MIDDLE SCHOOL

5 Lincoln Avenue, Haddonfield, NJ 08033 · Phone (856) 429-5851 Fax (856)429-2006

Ms. Tracy Ann Matozzo, Principal ~ Dr. Karen Russo, Assistant Principal

Intervention and Referral Services: Request for Assistance
Confidential

TO: Intervention and Referral Services Team

STAFF MEMBER AND CLASS:

DATE & SCHOOL YEAR:

STUDENT & GRADE:

Directions: Please complete both parts of this form and submit to *grade level counselor* **2 weeks before the I&RS team meeting.**

1. Reasons for Request for Assistance

Grade Level (please complete):

Current Grade Average:

Number of Class Absences:

Number of Times Late to Class:

Classroom Performance (please check all that apply):

- Attendance Problem
- Tardiness Problem
- Drop in grades, lower achievement
- Decrease in class participation
- Does not ask for help when needed
- Has failed to complete ____% of his/her homework
- Difficulty staying focused; easily distracted by others
- Difficulty with immediate recall
- Disorganized with school materials
- Gives up easily when frustrated
- Prefers to work alone
- Fails to complete ____% of in-class assignments

(over)

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Social Skills

- Lacks positive peer relationships
- Disrespectful toward authority
- Disturbs other students during classroom activities
- Uses leadership skills inappropriately
- Frequently argues with the teacher
- Hits and/or pushes others
- Does not easily accept constructive criticism
- Teases other students
- Makes inappropriate remarks to classmates/adults
- Lacks self-confidence
- Frequently ridiculed by classmates
- Appears unhappy/sad
- Withdrawn, has difficulty in relating to others
- Lacks control in unstructured situations
- Change in friends
- Disruptive behavior
- Defiance behavior
- Defiance of classroom rules
- Does not take responsibility for inappropriate comments or actions
- Cheating
- Sudden outbursts of anger
- Obscene language/gestures
- Noisy, boisterous
- Erratic behavior, mood swings

Physical Symptoms

- Hygiene
- Dresses inappropriately based on school policy
- Slurred speech
- Frequently requests to see the nurse
- Appears sleepy or lethargic
- Frequent physical injuries
- Sleeps in class
- Frequent complaints of nausea or headaches
- Glassy, bloodshot eyes

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Asset Checklist (What do you see as this student’s strengths? Please check all that apply. Note: This checklist is not intended as, nor is it appropriate to use as, a scientific or accurate measurement of development assets.)

_____ Student understands and follows school rules and accepts consequences for inappropriate behavior.

_____ Student’s friends model responsible behavior.

_____ Student spends three hours or more each week in lessons or practice in music, theatre, or other arts.

_____ Student spends three hours or more each week in school or community sports, clubs, or organizations.

_____ Student wants to do well in school.

_____ Student is actively engaged in learning.

_____ Student regularly completes homework assignments.

_____ Student cares about his/her school.

_____ Student reads for pleasure three or more hours each week.

_____ Student believes it is important to help other people.

_____ Student can stand up for what he/she believes.

_____ Student tells the truth even when it’s not easy.

_____ Student can accept and take personal responsibility.

_____ Student is good at planning ahead and making decisions.

_____ Student is good at making and keeping friends.

_____ Student knows and is comfortable with people of different cultural/racial/ethnic backgrounds.

_____ Student can resist negative peer pressure and dangerous situations.

_____ Student tries to resolve conflict nonviolently.

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_____ Student believes he/she has control over many things that happen to him/her.

_____ Student feels good about him/herself.

_____ Student believes his/her life has a purpose.

_____ Student is optimistic about his/her future.

Interventions Checklist (Please indicate what types of interventions you have tried prior to the referral.)

_____ Spoke to student privately after class.

_____ Gave student help after class or school.

_____ Changed student's seat.

_____ Spoke with parent on the telephone.

_____ Gave student special work at his/her level.

_____ Checked cumulative folder.

_____ Held conference with parent in school.

_____ Sent home notices regarding behavior or school work.

_____ Arranged an independent study program for student.

_____ Have given student extra attention.

_____ Have set up a student motivation/reward management program with the student.

_____ Have assigned student after school detention.

_____ Have referred student to guidance or administration.

_____ Other

_____ Other

_____ Other