

**Lower Cape May Regional High School  
Intervention and Referral Services  
INITIAL REQUESTS FOR ASSISTANCE FORM**

**Confidential**

To: Intervention and Referral Services Team

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT: \_\_\_\_\_

***Reasons for Request for Assistance (Must be school-based issues, i.e., academics, behavior, school health):***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Specific and Descriptive Observed Behaviors (Hearsay or subjective comments will not be accepted):***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The Prior Interventions Checklist, on the reverse side of this form, must also be completed for your request to be considered.**

**Place the completed forms in a sealed envelope and deliver to Mrs. Magnavita.**

**By submitting this form, I understand that I will be a full partner with the I&RS Team for the resolution of the identified concerns.**

**Intervention and Referral Services**  
**INITIAL REQUEST FOR ASSISTANCE (PAGE 2)**  
**PRIOR INTERVENTIONS CHECKLIST**

Staff Requesting Assistance: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

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

1. Spoke to student privately after class:  
a) Explained class rules and expectations \_\_\_\_\_ b) Explained concerns \_\_\_\_\_
2. Gave student help after class/school \_\_\_\_\_
3. Changed student's seat \_\_\_\_\_
4. Spoke with parent on the telephone. Date(s) \_\_\_\_\_
5. Gave student special work at his/her level \_\_\_\_\_
6. Checked cumulative folder \_\_\_\_\_
7. Held parent conference in school \_\_\_\_\_
8. Sent home notices/emailed parent regarding behavior/school work \_\_\_\_\_
9. Gave student extra attention \_\_\_\_\_
10. Assigned student detention \_\_\_\_\_
11. Referred student to: Guidance \_\_\_\_\_ Nurse \_\_\_\_\_ Administration \_\_\_\_\_ Other: \_\_\_\_\_
12. Other interventions (please explain)  
\_\_\_\_\_  
\_\_\_\_\_

Staff Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_