

**WEST ORANGE PUBLIC SCHOOLS**



**INTERVENTION  
AND  
REFERRAL SERVICES**

**Manual**

**ELEMENTARY SCHOOLS  
EDISON CENTRAL SIX MIDDLE SCHOOL**

**WEST ORANGE PUBLIC SCHOOLS**  
**THE INTERVENTION & REFERRAL SERVICES (I&RS) COMMITTEE**  
**ELEMENTARY SCHOOLS/EDISON CENTRAL SIX**  
**MANUAL**

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_____	<b>Monitored</b>
_____	<b>Mandated</b>
<u>  <b>X</b>  </u>	<b>Other Reasons</b>

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## **INTERVENTION AND REFERRAL SERVICES FOR GENERAL EDUCATION PUPILS**

The Board of Education shall provide a program of intervention and referral services for general education pupils who are experiencing personal, interpersonal or academic difficulties to help them function productively and develop positively in the classroom environment.

The Chief School Administrator shall prepare procedures to:

- A. Identify pupils in need, and plan and provide for appropriate intervention or referral services and/or referral to school and community resources;
- B. Identify the roles and responsibilities of the building staff who participate in planning and providing intervention and referral services;
- C. Provide support, guidance and professional development to school staff who identify and refer pupils and to school staff who participate in planning and providing intervention and referral services;
- D. Actively involve parents/guardians in the development and implementation of intervention and referral plans;
- E. Coordinate the access to and delivery of school services for identified pupils;
- F. Coordinate the services of community-based social and health provider agencies;
- G. Maintain records of all requests for assistance and all intervention and referral services plans; and
- H. Annually review and assess the effectiveness of the services provided in achieving the outcomes identified in the intervention and referral plan.

The board shall review and adopt these procedures, and the Chief School Administrator shall report to the Board on their implementation.

**Date: January 23, 2006**

### **Other Reasons:**

Administrative code requires the board to establish and implement a coordinated delivery system in each school building for intervention and referral of non-classified students who are experiencing difficulties. This may be done through a “pupil assistance committee” or by some other appropriate multidisciplinary team approach.

**Legal Reference:** N.J.A.C. 6A:16-7.1 et seq. Intervention and Referral Services

### Key Words

Pupil Assistance Committee, Intervention and Referral Services for General Education Pupils

West Orange Board of Education

# **WEST ORANGE PUBLIC SCHOOLS**

## **THE INTERVENTION & REFERRAL SERVICES (I&RS) COMMITTEE**

### **Summary of I&RS Committee**

The Intervention & Referral Services (I&RS) Committee is a school based team whose primary function is to design and monitor the implementation of scientifically-based intervention plans for students who are experiencing academic, behavioral, or health difficulties that impact their performance in school.

The I&RS Committee's goal is to build the skills of staff members servicing general education students and to build a bank of "effective scientifically-based strategies and interventions" by collaborating and sharing the expertise of the staff and community. This concept of accessing multiple skills in our staff and in the community are the foundations behind the I&RS Committee. Since we cannot be knowledgeable in all areas, it is important to share our professional skills and expertise with our peers.

In addition, the Committee regularly assesses and reviews pertinent data to determine what changes are needed within the school's current educational programs for students to meet success in the general education environment.

### **I&RS Committee Members**

#### **Permanent members include:**

- Building Administrator (Team Leader)
- I&RS Committee Coordinator (may be School Counselor or Teacher)
- At least two teachers (one to represent K-2 and one to represent 3-5) *\*not including referring teacher\**
- One member from Special Education:
  - Special Education teacher
  - Learning Disabilities Teacher Consultant
  - School Social Worker
  - School Psychologist
  - Speech-Language Therapist
- Reading Specialist
- School Counselor

#### **Additional meeting participants may include:**

- Teacher making the referral and/or Classroom Teacher of student being referred
- Support staff members depending on the needs of the student (nurse, BSI, ESL, LLI)
- Parents/guardians invited and encouraged to participate
- Community agency members

## Responsibilities of the I&RS Committee Members

What are the responsibilities of the **Team Leader** (Principal or Assistant Principal)?

- Selecting members who will participate on the I&RS Committee
- Determining whether a referral is appropriate with the Case Coordinator
- Monitoring and evaluating implementation of the I&RS Committee recommendations with the Case Coordinator
- Reviewing and assessing the effectiveness of the implemented interventions in achieving the outcomes identified in each student's action plan
- Annually reviewing the referral patterns and making recommendations for improving school programs and services

What are the responsibilities of the **I&RS Committee Coordinator** (Teacher or School Counselor)?

- Determining whether a referral is appropriate with the Team Leader
- Scheduling I&RS Committee meetings and notifying members of the meeting dates and times
- Collecting thorough and relevant information for the referred student prior to the I&RS meeting
- Inviting parents to attend meeting to participate in development of Action Plan
- Distributing Action Plan to appropriate parties (Team Leader, designated implementation staff, and parents)
- Coordinating implementation and evaluation of interventions recommended in the Action Plan with designated staff
- Ensuring the Team Leader is informed of the progress of recommended interventions and recommendations
- Maintaining records of all referrals and I&RS Committee meetings

What are the responsibilities of **I&RS Committee Members**?

- Meeting to review all referral information
- Reaching consensus regarding the nature of the problem
- Discussing scientifically based interventions and strategies for achieving the desired outcomes and developing an evaluation plan to measure the outcomes
- Reaching consensus on a limited number of intervention and evaluation strategies that becomes the student's Action Plan
- Evaluating the effectiveness of each student's Action Plan
- Revising each student's Action Plan as needed
- Making recommendations for school improvement based on information collected/ patterns observed

What are the responsibilities of the **Referring Teacher/ Staff Member** and/or **Classroom Teacher**?

- Discussing concerns and sharing relevant documentation with the I&RS Team Leader and Committee Coordinator to determine whether a referral to the I&RS Committee is appropriate
- Completing "Student Referral Form: Part One" and compiling all necessary documentation
- Submitting the referral to the I&RS Committee Coordinator, who will schedule a meeting to review information on the student
- Notifying parents that their child is being considered for discussion & interventions by the I&RS Committee
- Providing a thorough overview of the problem
- Participating in developing the outcome based Action Plan
- Implementing relevant interventions in the student's Action Plan
- Monitoring and documenting the student's progress in the areas of responsibility

## **I&RS Committee Meetings and Yearly Report**

The I&RS Committee should meet at designated dates and times throughout the school year (at least twice annually), even if there have not been any student referrals made to the committee. The Committee should review data and discuss re-occurring issues/ concerns in order to make recommendations, problem solve, and identify systemic strategies that could be used to make improvements within the school. The Committee should also work to identify services that are available to students. Agendas/ minutes and attendance sheets should be maintained for each meeting of the I&RS Committee. At the end of each school year, the “I&RS Committee Yearly Report Form” must be completed by the I&RS Committee and submitted to the Principal. The Principal will use this report to address the needs of students and staff through training activities and program changes. Members of the I&RS Committee, as well as Referring Staff Members, who take part in I&RS meetings, are eligible to receive Professional Development hours for their time. A log of each participant’s hours will be maintained by the school’s I&RS Committee and submitted to the Director of Guidance each spring, who will issue PD certificates to each staff member. Forms and documents that may be helpful to the Committee can be found in the “Other Forms and Resources” section of this manual.

### **I&RS Committee Student Referral Process**

#### **Phase 1: Consultation Prior to Referral to the I&RS Committee**

Prior to making a referral to the Intervention & Referral Services (I&RS) Committee for a general education student, various strategies must be tried within the classroom setting to ameliorate academic, behavioral, or health difficulties with a student. These may include the use of differentiated methods and materials to teach the student, strategies developed at grade level meetings and/or in consultation with the school nurse, school counselor, or other support staff. See “Strategies Checklist for Phase 1” for ideas. These strategies must be documented and shared with the Team Leader and I&RS Committee Coordinator by the referring teacher/ staff member to determine whether a referral to the I&RS Committee is appropriate. If a referral is not deemed appropriate at the time, the Team Leader and I&RS Coordinator may make suggestions to the teacher for how to address the situation.

#### **Phase 2: Referral to the I&RS Committee**

If it has been determined that an I&RS referral is appropriate, the Classroom Teacher and/or the Referring Staff Member will complete “Student Referral Form” and attach all relevant documentation, including information from the school nurse and all other support staff. All documentation will be submitted to the I&RS Committee Coordinator. The Coordinator should make sure all of the documentation is included using the “Student Referral Checklist”.

Once all documentation has been collected, the I&RS Committee Coordinator should make copies of the “Student Referral Form” and any other relevant documentation and distribute it to all permanent members of the I&RS Committee for review. These members should discuss the concerns raised and begin to brainstorm interventions for the student at their next I&RS Committee meeting, which should be held prior to the meeting that is to be scheduled with the student’s parent(s)/guardian(s). The Committee may also choose to invite the referring staff member, the student’s classroom teacher, and/or any other support staff that works with the student to conduct an interview and/or collect more information from them.

### **Phase 3: Parent/ Guardian Notification**

When referring a student to the I&RS Committee, the Referring Teacher/ Staff Member must notify the parent(s)/ guardian(s) of the referral, briefly explain their concerns to the parent(s)/guardian(s) if they are not already aware of them, and let the parent(s)/ guardian(s) know that they will be invited to a meeting of the I&RS Committee to discuss their child. This notification may be done during a conference or meeting with the parent or by phone call.

Once all referral documentation has been received, the I&RS Committee Coordinator will send a letter to the student's parent(s)/ guardian(s) formally notifying them that their child has been referred to the I&RS Committee and inviting them to attend a meeting of the Committee to participate in the development of the I&RS Action Plan for their child. If the parent(s)/guardian(s) choose not to attend the meeting, the meeting may be held by the other members of the I&RS Committee. If an outside agency or expert is going to be invited to participate in the meeting, the parent(s)/ guardian(s) must give written consent.

### **Phase 4: Development of Action Plan**

During the meeting with the student's parent(s)/ guardian(s), the I&RS Committee develops an Action Plan for the student. This plan should include the specific interventions that will be put into place, the individual's responsible for implementing these interventions, and a timeframe for follow-up to re-assess the student's progress. This timeframe should be approximately every 6-8 weeks. The I&RS Committee will have a binder of intervention resources to refer to during this phase of the process. Once the Action Plan has been developed the I&RS Committee Coordinator must distribute a copy of the plan to all parties who will be implementing the interventions, as well as to the student's parent(s)/ guardian(s) and to the Team Leader. Should the parent(s)/guardian(s) disagree with the recommendations made in the Action Plan or wish to decline any suggested interventions/ services, they may discuss their concerns with the Principal, who will address the matter as he/she would any other program issues.

### **Phase 5: Implementation & Review of Action Plan**

All relevant parties must implement the interventions outlined in the student's Action Plan and maintain documentation of the implementation. The "Action Plan Intervention Log Sheet" and/or the "Action Plan Intervention Tracking Sheet" may be used for documentation. The members of the I&RS Committee should provide support as needed throughout the implementation phase. At the end of the designated timeframe, the I&RS Committee will meet to discuss the student's progress and make any necessary and appropriate changes to the student's Action Plan. It is important to review what is working, what is not working, and what needs to be done differently for the student. Revisions may be made to the Action Plan and another timeframe for implementation may be set. If the interventions in place are working, they may be continued as needed or they may conclude if determined to no longer be necessary.

#### ***Responsibilities of All Staff Involved in a student's Action Plan:***

- The staff member must review the Action Plan and it must be documented that the staff member has reviewed it. The Action Plan must be implemented in its entirety, whether the staff member supports the process or not. The student is entitled to "reasonable" interventions.
- The staff member will be legally responsible for implementing the Action Plan. If the plan is not implemented, the staff member can be **LIABLE!**

### **Referrals for other School-based Services/ Programs**

If the I&RS Committee determines that an I&RS Action Plan is insufficient for addressing the student's issues, the Committee may decide to refer the student for other School-based Services/Programs. A referral may not be made for these services/ programs until all other available resources/ interventions have been exhausted.

#### **Referrals to Title I/ Basic Skills Program**

A referral to the I&RS Committee does not automatically place a student into the Title I/ Basic Skills Program. The Title I/Basic Skills Program may provide services for students who meet proficiency levels on state and district assessments, but are having problems learning in the general education setting and are considered at-risk academically. However, the I&RS Committee must consider whether the Title I/Basic Skills Program is an appropriate intervention for the student at the time or if further evaluation or alternative interventions are necessary. The Title I/ Basic Skills Program is not for students who are exhibiting only behavioral and/or social issues. To make a referral to the Title I/ Basic Skills Program, the I&RS Committee must submit a copy of the I&RS Referral Packet (including the Student Referral Form, Action Plan/ interventions already put into place, and any other relevant documentation) to the NCLB Project Director for approval. If and when approval is received, the student will be officially placed on the Title I/Basic Skills Program Roster and services will be provided in the content area(s) specified.

#### **Referrals to the Child Study Team or to the Speech Therapist**

In very limited circumstances, the I&RS Committee may make a direct referral to the CST or to the Speech Therapist. However, in most cases, a referral is to be made only after appropriate, scientifically-based interventions have been implemented, documented, and evaluated by the I&RS Committee and the student has not made adequate progress with these interventions in place. A referral to the Speech Therapist should be made using the "Speech Referral" form. See the "Speech Guidelines for Teacher Referral" for additional helpful information. A referral to the Child Study Team should be made using the "Referral to other School-Based Services/ Programs" form. These referral forms, along with a copy of the I&RS Referral Packet (including the Student Referral Form, Action Plan/ interventions already put into place, and any other relevant documentation), are to be submitted to the Director of Special Services, who will maintain documentation of the date and information provided. These forms can be found in the I&RS Committee Resource Binder.

#### **Once a referral has been made to the CST or the Speech Therapist:**

1. The Director will assign the Speech Therapist as the Case Manager for referrals related to articulation, voice or fluency, and will assign a CST Case Manager for language and/or for other issues.
2. The Case Manager will send a letter to the student's parents informing them that a referral to the CST or to the Speech Therapist has been made and requesting that the parent participate as a member of the IEP team in a meeting to determine whether the student is in need of an evaluation, and to consent to a CST evaluation, if this is the recommendation made at the IEP team meeting.
3. If a decision to evaluate is agreed upon, the parents will be asked to develop an Evaluation Plan to determine what evaluations are needed, what discipline members will conduct them, and what methods will be used to answer the referral problems.

**Note:** If the parents decide that they do not want their child evaluated by the CST or by the Speech Therapist, the members of the IEP team must nevertheless document the reasons for their recommendation for an evaluation and close the case.

*CST members and speech therapists have 90 calendar-days from the day the parent gives consent for completion of the evaluation and placement of the pupil in an appropriate program. Placement in a suitable program, however, must occur within 30 calendar days of determination of eligibility but in no case later than the 90 days from the date of parental consent.*



## **Referrals for Occupational Therapy by the I&RS Committee**

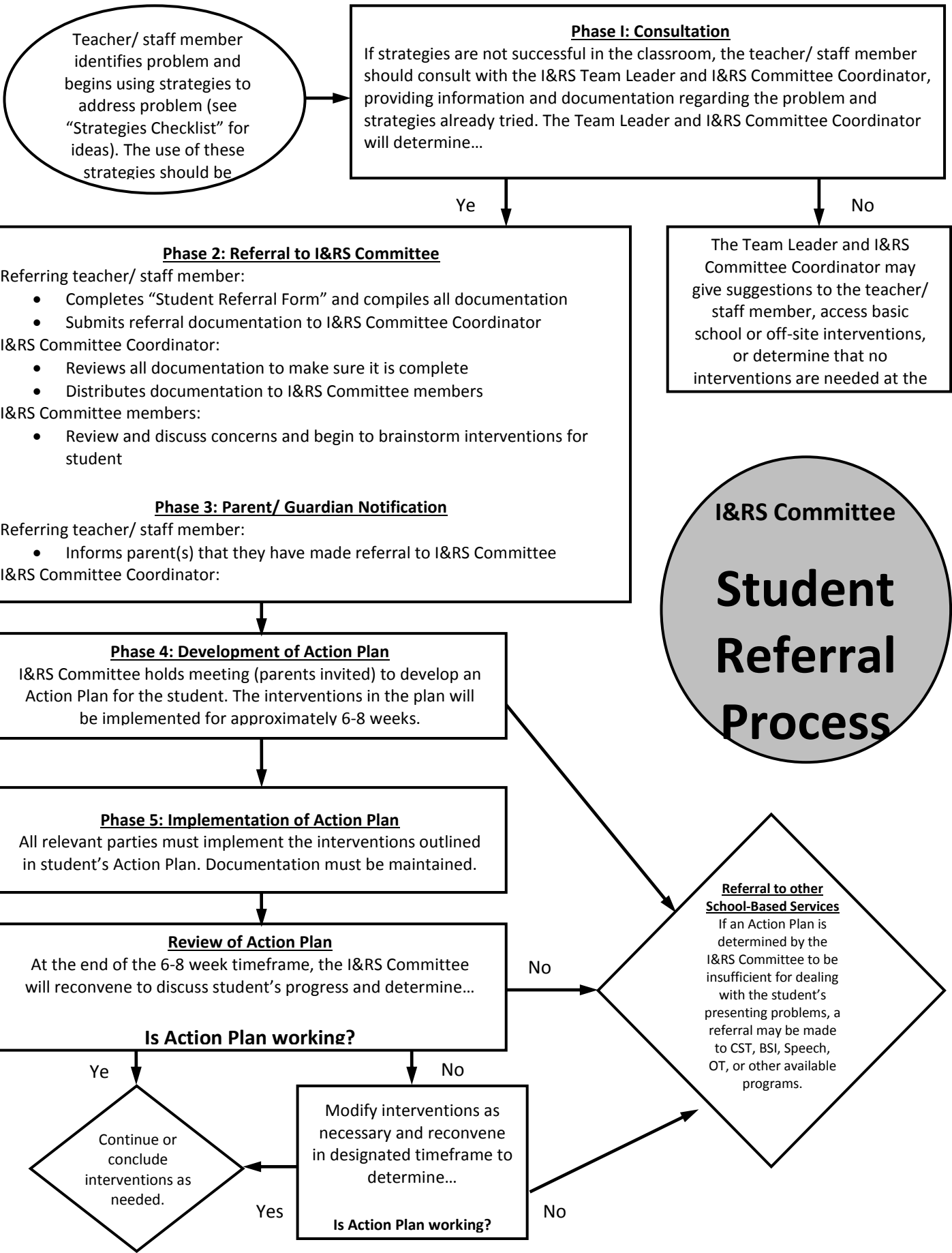
The I&RS Committee may make a direct referral to the CST for occupational therapy. A referral is to be made only after appropriate, scientifically-based interventions have been implemented, documented, and evaluated by the I&RS Committee and the student has not made adequate progress with these interventions in place. Communication and collaboration with the occupational therapist will be necessary as well. A referral to the Child Study Team should be made using the “Referral to other School-Based Services/ Programs” form. The referral form, along with a copy of the I&RS Referral Packet (including the Student Referral Form, Action Plan/ interventions already put into place, and any other relevant documentation), are to be submitted to the Director of Special Services. The school counselor acts as a case manager as the student is a general education student.

## **Referrals for Occupational Therapy by the Section 504 Committee**

The 504 Committee may make a direct referral to the CST for occupational therapy. A referral is to be made only with appropriate medical documentation, scientifically-based interventions have been implemented, documented, and evaluated by the 504 Committee and the diagnosis has a significant impact on the student. Communication and collaboration with the occupational therapist will be necessary as well. A referral to the Child Study Team should be made using the “Referral to other School-Based Services/ Programs” form. The referral form, along with a copy of the I&RS Referral Packet (including the Student Referral Form, Action Plan/ interventions already put into place, and any other relevant documentation), are to be submitted to the Director of Special Services.

## **Referrals to External Community Agencies**

The I&RS Committee may suggest that the parent(s)/ guardian(s) of a referred student access outside community agencies that may be able to provide appropriate interventions or services for the student and his/her family. However, any services provided by external agencies must be at the expense of the parent (unless there is community funding/ financial assistance available), and it is important that the parents be informed of their responsibility prior to a referral.



**I&RS Committee**  
**Student Referral Process**

**Phase 1**  
**Forms**

# INTERVENTION & REFERRAL SERVICES (I&RS) COMMITTEE

## **Strategies Checklist for Phase 1**

**Directions:** Prior to making an I&RS referral, try some of the following strategies based on the issue(s) the student is presenting with. If it is determined that an I&RS referral is necessary, document these strategies in the Strategy History chart on the Student Referral Form.

### General Strategies

- Consult w/ members of I&RS Committee
- Communication/conferencing with parents
- Communication/conferencing with student
- Private signal with teacher for help
- Simple, concise instructions
- Break down multi-step directions/ tasks
- Chunk material
- Visuals (pictures, charts, graphs)
- Preferential seating/ alternatives to sitting at desk
- Peer partnering
- Extra time on assignments
- Extra response time
- Repeat/ rephrase directions
- Refocusing/redirection
- Prompting (physical, verbal, visual)
- Study guides/Graphic organizers/ Checklists
- Timer
- Homework chart/contract
- Highlighting/ color coding/ underlining
- Websites
- Use student interest to motivate
- Display or provide examples of good work
- Encourage verbal participation
- Use all modalities when teaching (tactile, auditory, kinesthetic, visual)

### Attention / Social / Behavior / Emotional

- Consult with Counselor
- Reduce distracting stimuli
- Classroom behavior plan
- Model and reinforce positive / appropriate behaviors
- Clear expectations and consequences
- Frequent breaks/ Allow for movement

### Sensory / Tactile / OT

- Consult with Occupational Therapist
- Small pencils/ Pencil grips/ Weighted top on pencil
- Slant board or large binder for writing tasks
- Large lined, raised line, or highlighted paper
- Texture strips, fabric, or bracelet
- Fidget toys/ Squeeze balls
- Chewing gum (with parent permission)
- Practice with scissors

### Limited Parental Support

- Avoid consequences for not completing HW
- Allow time/ provide extra help in class for completing assignments

### ELA

- Consult with Reading Specialist for reading trouble
- Assess reading fluency and comprehension
- Provide ample opportunities for reading
- Books on level sent home
- Index card/ reading window for focusing
- Preview text
- Clap out syllables
- Chunk words into familiar parts
- Reread text/ books for exposure
- Have student retell
- Provide opportunities to make connections/ model
- Word/ letter/ sound/ font/picture sorts, hunts, and puzzles
- Tactile approaches to letter formation
- Poems/ songs to teach rhyme, syllables, sounds
- Personal word walls in file folder
- Teach words in context

### Writing

- Consult with members of I&RS Committee
- Computer for writing
- Dictation/ Verbal brainstorming
- Spacer, popsicle stick, or finger for spacing
- Speculative writing prompts
- Brainstorming chart
- Writer's checklist
- Provide ample opportunities for writing
- Journaling

### Math Facts

- Practice drills daily
- Manipulatives
- Number Line/ 100s chart
- Problems read to student by teacher

### ESL

- Use bilingual and/or picture dictionaries
- Label classroom materials and areas
- Slower pacing/ Rephrasing/ Clarification/ Directions in smaller chunks/ Simplify language not content/
- Extended wait time
- Bilingual students as a peer buddy/ during groups

### Speech / Processing

- Consult with Speech Therapist
- REPEAT question word-for-word, rather than rephrasing
- Use FM system

**I&RS Committee**  
**Student Referral Process**

**Phase 2**  
**Forms**

**WEST ORANGE PUBLIC SCHOOLS**  
Elementary (K-5)/Edison Central Six  
**INTERVENTION & REFERRAL SERVICES (I&RS) COMMITTEE**

**Student Referral Checklist**

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Directions:** The attached form must be completed in its entirety in order to refer a student to the I&RS Committee. Please initial next to each of the following items to indicate that the required documentation was compiled prior to submission to the I&RS Committee Coordinator.

- 1. Recent standardized test information
- 2. Medical information completed by school nurse
- 3. Forms/ documentation from relevant support staff (if applicable)
- 4. Copy of most recent report card
- 5. Work samples from relevant curriculum areas (if applicable)  
*It is also helpful to include work samples of other students in your class (with names removed/covered) as examples for comparison.*

**Submitted By:** \_\_\_\_\_  
Signature of Referring Faculty Member \_\_\_\_\_ Date

**Received By:** \_\_\_\_\_  
Signature of I&RS Committee Coordinator \_\_\_\_\_ Date

**WEST ORANGE PUBLIC SCHOOLS**  
**Elementary (K-5)/ Edison Central Six**  
**INTERVENTION & REFERRAL SERVICES (I&RS) COMMITTEE**

**Student Referral Form**

**Directions:** The following sections must be completed by the referring staff member and/or student's classroom teacher and submitted to the I&RS Committee Coordinator. The teacher/staff member must attach a copy of the student's most current report card, as well as any relevant work samples. It may also be useful to include work samples of other students in your class (with names removed/ covered) as examples for comparison. It is the responsibility of the referring staff member to distribute the relevant sections of the form to the school nurse, special area teachers, and any other relevant support staff for completion. All of this documentation must be collected and submitted with the completed Student Referral Form.

**Demographics**

**Student Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_  
**Parent(s) Name(s):** \_\_\_\_\_ **Native Language:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Reason for Referral / Outcome Desired**

State the reason(s) for referral to the I&RS Committee and the specific outcome(s) you would like to see for this student:

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**Academic Information**

**Academic Strengths and Weaknesses:** Describe student strengths and weaknesses in all academic areas. Use specific examples whenever possible and attach relevant work samples to illustrate areas of concern.

**Language Arts:**

**Strengths:**

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**Weaknesses:**

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Reading Levels:

Date of Evaluation: \_\_\_\_\_ Independent Level: \_\_\_\_\_ Instructional Level: \_\_\_\_\_

How often do you meet with this student for guided reading/individual conferencing?

What are the patterns of errors you notice when this student reads? \_\_\_\_\_

**Mathematics:**

Strengths: \_\_\_\_\_

Weaknesses: \_\_\_\_\_

**Other (Science, Social Studies, World Languages, etc.)**

Strengths: \_\_\_\_\_

Weaknesses: \_\_\_\_\_

Does this student regularly complete his/her homework assignments?  Yes  No

Please share any concerns regarding homework.

\_\_\_\_\_

# of Days Absent: \_\_\_\_\_

# of Days Tardy: \_\_\_\_\_

**Standardized Test Information**

**A. District Assessment**

Kindergarten: Date: \_\_\_\_\_ Language Arts: \_\_\_\_\_ Math: \_\_\_\_\_

First Grade: Date: \_\_\_\_\_ Language Arts: \_\_\_\_\_ Math: \_\_\_\_\_

**B. Terra Nova (report scores as National Percentile Rank)**

Grade 2: Date: \_\_\_\_\_ Reading: \_\_\_\_\_ LA: \_\_\_\_\_ Math: \_\_\_\_\_

Grade 4: Date: \_\_\_\_\_ Reading: \_\_\_\_\_ LA: \_\_\_\_\_ Math: \_\_\_\_\_

**C. In View (report scores as National Percentile Rank)**

Grade 2: Date: \_\_\_\_\_ Total Non Verbal: \_\_\_\_\_ Total Verbal: \_\_\_\_\_ CSI: \_\_\_\_\_

Grade 4: Date: \_\_\_\_\_ Total Non Verbal: \_\_\_\_\_ Total Verbal: \_\_\_\_\_ CSI: \_\_\_\_\_

**D. NJ ASK (record numerical score in appropriate category)**

NJ ASK 3 4 5 (circle grade) Date: \_\_\_\_\_

Language Arts Literacy: Highly Proficient \_\_\_\_\_ Proficient \_\_\_\_\_ Partially Proficient \_\_\_\_\_

Mathematics: Highly Proficient \_\_\_\_\_ Proficient \_\_\_\_\_ Partially Proficient \_\_\_\_\_



## Social/Emotional/Behavioral Information

<b>Does/ Is this student...</b>	<b>Always</b>		<b>↔</b>		<b>Never</b>
Accept responsibility for his/ her actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate respect for others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit good self-esteem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work well independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow school/ classroom rules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interact appropriately with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remain focused/ attentive in class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seem withdrawn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically or verbally aggressive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep in class/ seem lethargic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self- motivated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise self-control when resolving conflicts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to and respect authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use obscene language/ gestures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepted by peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worry often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently request to visit nurse/ bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgetful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use time wisely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have sudden outbursts of anger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destructive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional Comments:</b>					

## Strategy History of Referring Teacher

**Describe all strategies that have been attempted to address the identified weaknesses (attach relevant documentation whenever possible):**

Strategy Used (may be taken from "Strategies Checklist for Phase 1")	How Long? (Begin-End Date)	How Often?	Results How has student done with this strategy in place? Have you seen progress with this student since starting this strategy?

**History of Parent Contact (briefly summarize parent contact and results):**

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Where applicable, was an interpreter used?  Yes  No  Not Applicable

**Retention:**

Was the student previously retained?  Yes  No      Grade Level: \_\_\_\_\_

Is the student being considered for retention next year?  Yes  No

**Is the student currently enrolled in any of the following intervention programs?**

BSI – Language Arts       Yes       No      Instructor: \_\_\_\_\_      Dates: \_\_\_\_\_

BSI – Math       Yes       No      Instructor: \_\_\_\_\_      Dates: \_\_\_\_\_

LLI       Yes       No      Instructor: \_\_\_\_\_      Dates: \_\_\_\_\_

ESL       Yes       No      Instructor: \_\_\_\_\_      Dates: \_\_\_\_\_

*Note: If student is enrolled in one of these programs, please have the instructor complete the "Support Staff Intervention Form" (see attached)*

**School-based referrals made by teacher:**

School Nurse       Principal / Disciplinarian       School Counselor       Other \_\_\_\_\_

**Medical Information (To be completed by School Nurse)**

Today's Date: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_

Hearing Screening:      Date: \_\_\_\_\_ Left Ear: \_\_\_\_\_ Right Ear: \_\_\_\_\_

Vision Screening:      Date: \_\_\_\_\_ Left Eye: \_\_\_\_\_ Right Eye: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Approximately how frequently does this student visit your office? \_\_\_\_\_

Describe any additional health/medical or other relevant concerns that may impact upon school functioning. Attach relevant documentation whenever possible:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Support Staff Intervention Form (To be completed by relevant Support Staff)**

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Support/ Intervention Instructor completing form: \_\_\_\_\_

<b>Date Intervention Started</b>	
<b>Frequency/ Duration of Sessions</b>	
<b>Starting &amp; Current Reading Levels (if applicable)</b>	

Student Strengths:

Areas of Concern:

Strategies that help:

**Please attach copies of any relevant works samples, evaluations, or documentation of strategies in place.**

**I&RS Committee**  
**Student Referral Process**

**Phase 3**  
**Forms**

# WEST ORANGE PUBLIC SCHOOLS

## INTERVENTION & REFERRAL SERVICES (I&RS) COMMITTEE

---



(Date)

Dear Parent/ Guardian,

The Intervention & Referral Services (I&RS) Committee is a school-based team whose primary function is to design and monitor the implementation of intervention plans for students who are experiencing academic, behavioral, or health difficulties that impact their performance in school. In addition to the Principal, this committee consists of representatives from the teaching and support staff.

The I&RS Committee will be working together to brainstorm strategies to help your child, \_\_\_\_\_, succeed. Since the success of any plan relies on your continued support and cooperation, we are inviting you to meet with us, so that you can become a partner in our efforts to assist your child.

Meeting Date:

Time:

Location:

Your input is most welcome and your participation is imperative for a successful implementation of the intervention plan. If you would like an outside professional or representative from an external agency to attend and participate in the I&RS Committee meeting for your child, you must provide consent below. We thank you in advance for your participation.

Sincerely,

I&RS Committee Coordinator

---

### Parent/ Guardian Response to Meeting

(Please return this form to \_\_\_\_\_)

Student's Name: \_\_\_\_\_

Meeting Date/Time: \_\_\_\_\_

\_\_\_\_ I will    \_\_\_\_ I will not    be able to attend the I&RS meeting.

If you would like to have an outside professional or agency representative attend the meeting, please fill out the information below. By signing this form, you are giving your permission for this individual to attend and participate in the I&RS meeting for your child.

Name of Representative/ Professional: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

---

Parent/Guardian Signature

Date

## **I&RS COORDINATORS**

### **Elementary Schools**

Sarah McIntosh, School Counselor, Gregory School  
Leila Tirado-Smith, School Counselor, Hazel School  
Lisa Struncis, School Counselor, Mt. Pleasant School  
Florence Chirichiello, School Counselor, Pleasantdale School

Rebecca Beutel, School Counselor, Redwood School  
Tara Donatiello, School Counselor, St. Cloud School  
Rene Simone-Wells, School Counselor, Washington School

### **Middle Schools**

Pamela Halstead-Stewart, School Counselor, Edison MS  
Jeffrey Lafoon, School Counselor, Edison MS  
Stephanie Nesbitt, School Counselor, Liberty MS  
Lauren Volpe, School Counselor, Liberty MS  
Michelle Ellingham, School Counselor, Roosevelt MS

### **High School**

Aldo Casale, School Counselor, WOHS  
Anna D'Elia, School Counselor, WOHS  
Margaret Fahey, School Counselor, WOHS  
Madelin Fernandez-Perez, School Counselor, WOHS  
Kathryn Furey, School Counselor, WOHS  
Mary Kehoe, School Counselor, WOHS  
Guerlyne Nicolas-Millington, School Counselor, WOHS  
Louis Pallante, School Counselor, WOHS  
Rachel Rosen, School Counselor, WOHS  
Rossanna Santos, School Counselor, WOHS

## **Frequently Asked I&RS Questions**

**What if I receive a letter indicating that the I&RS Committee will meet to discuss my child?**

Your participation as a parent is important to allow for the most effective and informed process to help your child. You are invited to attend the meeting and ideally should provide feedback in advance.

**What if I disagree with the I&RS process?**

You may contact the Principal, but the school is permitted to conduct the meeting without parental input. However, if you choose not to participate you will be advised of any plan developed by the committee.

**What typically happens at an I&RS meeting?**

Committees meet with school staff or parents who have made referrals and requested assistance. Action Plans are created for new referrals and are done so by incorporating suggestions from parents, teachers and other staff. Students previously referred are discussed; progress or lack of progress is noted.

**What types of issues are typically discussed?**

Any issue that interferes with a student's academic progress is discussed during the meeting. This can include academic, health, behavior, social, or emotional issues.



## **WEST ORANGE PUBLIC SCHOOLS**

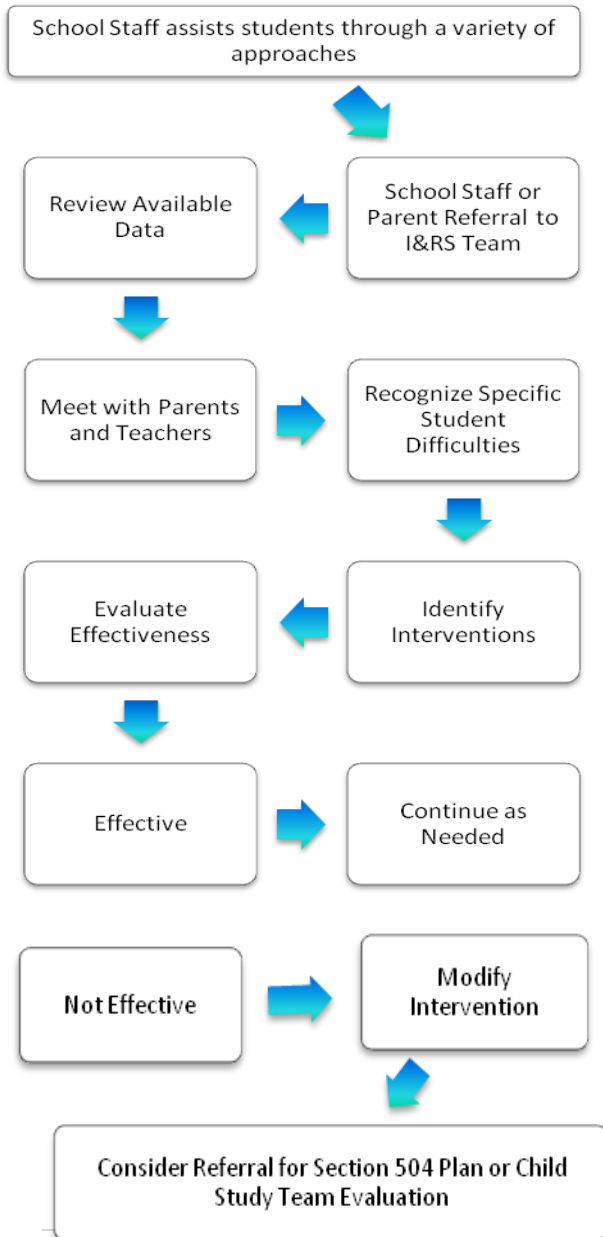


## **Intervention & Referral Services (I&RS)**



Cheryl Butler  
Director of Student Personnel Services/Guidance  
51 Conforti Avenue  
West Orange, NJ 07052  
973-669-5301 Ext. 31611  
cbutler@woboe.org

## The I&RS Process:



## Why Intervention & Referral Services (I&RS)?

I&RS is required by NJ Administrative Code 6A:16-8.1. District boards of education shall establish and implement a coordinated system in each school building for the planning and delivery of intervention and referral services that are designed to assist students who are experiencing learning, behavior, or health difficulties and to assist staff who have difficulties in addressing students learning, behavior, or health needs. District boards of education shall choose the appropriate multidisciplinary team approach for planning and delivering the services required under this subchapter.

## How does I&RS work?

Interventions in the general education setting shall be provided to students exhibiting academic difficulties and shall be utilized, as appropriate, prior to referring a student for an evaluation of eligibility for special education and related services. [N.J.A.C. 6A:14-3.3(b)] The staff of the general education program shall maintain written documentation, including data setting forth the type of interventions utilized, the frequency and duration of each intervention, and the effectiveness of each intervention. [N.J.A.C. 6A:14-3.3(c)]



## What does the I&RS Committee Do?

I&RS Committees write Action Plans, based on school staff or parent referrals and specific observable information. These plans may provide alternative strategies, programs, and/or assessments. The interventions are designed to support the student in achieving success within the general education setting.

## Who sits on the I&RS Committee?

Committee members vary depending on need, but typically include a school counselor, teacher, administrator, school nurse and a member of the Special Education Department.

## Questions?

Please contact the I&RS Coordinator at your child's school listed on the back of this brochure.



**I&RS Committee**  
**Student Referral Process**

**Phase 4**  
**Forms**





**I&RS Committee**  
**Student Referral Process**

**Phase 5**  
**Forms**

**INTERVENTION & REFERRAL SERVICES (I&RS) COMMITTEE**

**Action Plan Intervention Log Sheet**

Intervention: \_\_\_\_\_

<b>Date</b>	<b>Time</b>	<b>Notes</b>

**INTERVENTION & REFERRAL SERVICES (I&RS) COMMITTEE**

**Action Plan Intervention Tracking Sheet**

Student's Name: _____	Date of Birth: _____
Teacher/ Staff Member's Name: _____	

<b>Intervention Recommended by the I&amp;RS Committee</b>	<b>Dates of Implementation</b>	<b>Observable and measurable outcome (what worked/ what needs to be revisited)</b>

I&RS Committee

**Other  
Forms &  
Resources**

**WEST ORANGE PUBLIC SCHOOLS**  
**Elementary (K-5)/ Edison Central Six**  
**INTERVENTION & REFERRAL SERVICES (I&RS) COMMITTEE**

**Referrals for other School-based Services/ Programs**

Should the I&RS Committee determine that this student requires consideration for additional services, please indicate the area of referral and provide the appropriate party a copy of the Student Referral Form.

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_

- School Counselor
- Reading Specialist
- Basic Skills Program  
*(submit referral to NCLB/Tile I Program Director)*
- Speech/Language Therapist (articulation only)  
*(complete Speech Referral Form and submit to the Director of Special Services)*
- Child Study Team  
*(submit referral to Director of Special Services)*
- Other - Please Specify: \_\_\_\_\_

**Date Referral Submitted:** \_\_\_\_\_

**Date Referral Received:** \_\_\_\_\_      **Signature:** \_\_\_\_\_



**WEST ORANGE PUBLIC SCHOOLS**  
**Elementary (K-5)/ Edison Central Six**  
**INTERVENTION & REFERRAL SERVICES (I&RS) COMMITTEE**

**Committee Member PD Hours Log**

Meeting Dates/ # of Hours

Committee Member Name												Total Hours

# **WEST ORANGE PUBLIC SCHOOLS** **INTERVENTION & REFERRAL SERVICES (I&RS) COMMITTEE**

## **Administrative Meeting Agenda**

School: \_\_\_\_\_ Meeting Date/ Time: \_\_\_\_\_

<b>Meeting Participants</b>
-----------------------------

Title	Name	Signature
Administrator		
School Counselor		
School Nurse		
General Education Teacher		
Special Education Representative		
Reading Specialist		
Additional Staff		
Additional Staff		
Other		

1. School-Wide Concerns/ Patterns
2. Recommendations/ Plan

**WEST ORANGE PUBLIC SCHOOLS**  
**INTERVENTION & REFERRAL SERVICES (I&RS) COMMITTEE**

**Yearly Report Form**

School \_\_\_\_\_ I&RS Committee Coordinator \_\_\_\_\_  
Principal \_\_\_\_\_ School Year \_\_\_\_\_

**I. Total Number of Referrals to the I&RS Committee**

- a. Number of referrals for learning difficulties \_\_\_\_\_
- b. Number of referrals for behavior difficulties \_\_\_\_\_
- c. Number of referrals for learning and behavior difficulties \_\_\_\_\_
- d. Number of referrals for health difficulties \_\_\_\_\_
- e. Number of referrals for "504" eligibility \_\_\_\_\_
- f. Number eligible for 504 plan \_\_\_\_\_
- g. Number of referrals for substance abuse \_\_\_\_\_
- h. Number of referrals for speech therapy \_\_\_\_\_
- i. Number of referrals for occupational therapy \_\_\_\_\_
- j. Number of referrals to the CST from IRS \_\_\_\_\_
- k. Number of referrals to the CST from Parents \_\_\_\_\_
- l. Number of IRS cases CST classified \_\_\_\_\_
- m. Number of IRS cases pending CST evaluation \_\_\_\_\_
- n. Number of referrals to community agencies \_\_\_\_\_

**II. I&RS Committee developed a database of successful interventions**     Yes     No

**III. This database is available for our school staff's use**     Yes     No

**IV. As a result of the finding of the I&RS Committee, the following school/based and/or district/based recommendations are made for the \_\_\_\_\_ - \_\_\_\_\_ school year.**

- a. Learning: \_\_\_\_\_
- b. Behavior: \_\_\_\_\_
- c. Health: \_\_\_\_\_
- d. Other: \_\_\_\_\_

## SAMPLE TEACHER FEEDBACK

<b>Description of the Problem</b>	
Vague	Specific
Johnny is having difficulty in math.	Johnny does not regroup accurately when solving 2-3 digit problems involving addition, subtraction and multiplication.
Johnny is reading on a 3.8 level in Grade 5.	He cannot read the word problems in the grade 5 text.
Johnny doesn't know his number facts.	Johnny has mastered the 2, 3, and 4 times tables. He has not retained the remaining facts.
Johnny is failing math tests.	Johnny demonstrates comprehension of math lessons in class 80% of the time but gets 50% on tests.
Stan has weak writing skills.	Stan omits ending punctuation.
	Stan has good ideas. He does not organize them when writing essays.
	Stan does not self-correct for final draft of assignments.
	Stan has difficulty generating ideas for writing 90% of the time.
	Stan's written responses are not relevant to questions posed.
Jane is disruptive in class.	Stan does not write in complete sentences.
	Jane calls out 6-10 times in a 42 minute class period.
	Jane does not raise her hand and wait to be recognized.
	Jane is out of her seat 3-5 times in a 30 minute time period.
George doesn't pay attention.	Jane talks while others are speaking.
	George has his hands in his desk when the teacher is presenting orally.
	George is turned around talking to his neighbor when he is supposed to be working independently.
	George does not offer relevant oral responses after teacher demonstration.
	George's body is in constant motion. He taps his fingers, shakes his leg, draws on desk, rips pieces of paper, chews on pencils, stands or kneels on chair while working.
Lori doesn't do her homework.	Lori completes her homework on an average of 2 xs per week.
	Lori completes her HW but does not hand it in 2-3 times per week.
	Lori completes her math HW but does not do her science assignments.

## Speech Guidelines for Teacher Referrals

### Articulation:

Please use the following chart to assist you in making decisions when referring a student for articulation therapy. These guidelines follow developmental sound acquisition.

These are the most common sounds that are misarticulated by our students. State regulations and the law only allow speech services to begin **after** the student reaches the age listed in the chart, prior to that the sound is deemed developmental. If you have any questions, please don't hesitate to ask for your Speech Language Pathologist in the building.

Sound	Matures around Age	
	Girls	Boys
Th	6	8
Sh/Ch	6	7
S*	7	7
L	5	6
R	8	8
Blends: Sp, St, Sk, Sm, Sn, Sw, Sl, Skw, Spl	7	7
Pr, Br, Tr, Dr, Kr, Gr, Fr	8	8
Thr, Spr, Str, Skr	9	9

Sound acquisition is based upon the *Iowa Nebraska Norms for Articulation* which is what the District utilizes when determining eligibility for Speech and Language services under the area of articulation.

\*Production of **S**: If the child is presenting with a frontal lisp (tongue is protruding from the front of the mouth), substituted as a /th/ a referral is not appropriate as a student cannot qualify for services based upon this production until they are past the age of 7. Please see the Speech Language Pathologist in your building to discuss strategies and techniques to assist the student in the classroom setting. If the production is produced as a lateral /s/, meaning the tongue or air is escaping from the sides of the teeth and is produced with a “**slushy**” quality a referral is appropriate. This production is deviant from the norm and will not be remedied without therapeutic intervention.\*

### Phonological Processes:

Phonological processes are patterns of sound errors that typically developing children use to simplify speech as they are learning to talk. A phonological disorder occurs when phonological processes persist beyond the age when most typically developing children have stopped using them or when the processes used are much different than what would be expected.

(mommyspeechtherapy.com)

As reported by Dr. Caroline Bowen, Speech Language Pathologist, the following information is reported concerning several common phonological processes.

### Speech Guidelines for Teacher Referrals (Continued)

If a student is presenting with one or more of the phonological processes after the noted age, please refer to the Speech Language Pathologist: **Note:** Target word → (for) misarticulated word (e.g. Target word “car” is said as “gar)

<u>Phonological Process</u>	<u>Example</u>	<u>Description</u>	<u>Process is eliminated by age</u>
Pre-vocal Voicing	Car→ gar; Pig→ big	Voiceless sound preceding a vowel is replaced by a voice sound	3;0
Word Final de-voicing	Red→ ret; Pig→ pick	A final voiced consonant is replaced by a voiceless consonant	3;0
Final consonant Deletion	Boat→ Boa; Comb→ Coe	A final consonant is omitted (deleted) from a word	3;3
Fronting	Car→ Tar; ship→ sip	A ‘back’ sound is replaced by a ‘front’ sound; or /sh/ or zh/ are replaced by /s/ or /z/ respectively	3;6
Consonant Harmony	Cup → Pup; Mine→ mime; kittycat→tittytat	The pronunciation of a word is influenced by one of the sounds it ‘should’ contain	3;9
Weak Syllable Deletion	Telephone→ teffone; elephant→ efant; potato→ tato; banana→ nana	Weak (unstressed) syllables are deleted from words of more than one syllable.	4;0
Cluster Reduction	Try→ Ty; Spoon→ poon; train→ chain; clean→ keen	A cluster element is deleted or replaced.	4;0
Gliding of Liquids	Ladder→ wadder; run→ one; leg→ weg; leg→ yeg	Liquids (/l/, /r/) are replaced by glides (/w/, /j/)	5;0
Stopping	/f/:fish→ tish /s/: soap→ dope /v/:very→ berry /z/: zoo→ doo /sh/:shop→ dop /j/:jump→ dump /ch/: chair→ tare Voiceless /th/:→ thing→ ting Voiced /th/: them→ dem	A stop consonant (/p/, /b/, /t/, /d/, /k/, /g/) replaces a fricative (/f/, /v/, /th/, /s/, /z/, /sh/, /h/) or an affricate (/ch/, /zh/)	Stopping of different consonants is ceased at different ages: Stopping of /f/: 3;0 /s/: 3;0 /v/: 3;6 /z/: 3;6 /sh/: 4;6 /j/: 4;6 /ch/: 4;6 Voiced /th/: 5;0 Voiced /th/: 5;0

## **Speech Guidelines for Teacher Referrals (Continued)**

If a child is having difficulty with ‘**mumbling**’ or not opening his/her mouth enough, a speech referral is inappropriate. Strategies and techniques can be reviewed with the Speech Language Pathologist; however services are not warranted for this concern.

In addition, if the student is a **bilingual** speaker or from a multicultural background, several sounds are not considered an ‘error’ as they are impacted by his/her cultural influence. For example:

Spanish/English speakers:

- /b/ for /v/ substitutions and /f/ for /th/ substitutions
- These are not errors and are cultural substitutions- therapy is not warranted

Haitian/Creole and African American speakers:

- /f/ for /th/ substitutions
- These are not errors and are cultural substitutions-therapy is not warranted

Asian Influenced speakers:

- /s/ for /th/ substitutions and /r/ for /l/ substitutions
- These are not errors and are cultural substitutions-therapy is not warranted

### **Fluency/Stuttering:**

If a child is having difficulty with fluency/stuttering and is presenting with the following characteristics:

- Attempting to get the word out and silently blocking (opening his/her mouth in an attempt and no sound production is observed)
- Repeating sounds, words, or phrases in a repetitive manner prior to completing his/her thought (This can occur at both the beginning and middle of a sentence).
- Poor respiration is observed and the child is running out of air prior to completing his/her thoughts
- Secondary Characteristics; excessive eye blinking when attempting to speak; tapping hands or feet in order to “help get words out”

Please make a referral to the Speech Language Pathologist. If you think the child is having word finding difficulties (which can often be confused with fluency) a referral to the Speech Pathologist will not be appropriate as this is a language based issue and the child should go through the I&RS process.

### **Voice:**

If a child is presenting with a raspy, harsh, and/or breathy vocal quality, though this is an area of difficulty the child must be seen by an ENT, in order to get clearance to be seen by a Speech Language Pathologist. Documentation must be provided from the ENT as well. For vocal volume (too high, too low) speak with the Speech Language Pathologist for strategies and techniques to assist the student in this area.

C.31

THE PUBLIC SCHOOLS  
WEST ORANGE, NEW JERSEY 07052  
TELEPHONE: 973-669-5400, Ext.231  
FAX: 973-669-8601

STUDENT SUPPORT SERVICES

179 EAGLE ROCK AVENUE

SPEECH REFERRAL

Date: \_\_\_\_\_

Student's Name:		Date of Birth:	Age:
School:		Grade:	Teacher:
Parents/Guardian:			Student ID#:
Address:	Phone (H):	Work:	
Native Language:		Dominant Language:	

Referred by:

Parent / Guardian: \_\_\_\_\_ Teacher: \_\_\_\_\_ I&RS: \_\_\_\_\_ Other: (Specify)\_\_\_\_\_

I. Please describe the reason(s) for referring this child / student. Concerns may only relate to the student's communication skills in the areas of Articulation (Sound Production), Stuttering (Repetitions of sounds or words / Prolongations of sounds), Voice (Excessive volume, speaks too low, Hoarseness), and / or Pragmatics (the appropriateness of communication).\*\*\*Language concerns must go through the Child Study Team *not* the Speech/Language Specialist.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. Informal Observation of Student's Communication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. Educational Impact of Student's Speech-Language Difficulties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Referring Person

Date

DG-9/08



# **Classroom Accommodations for Auditory Processing Disorder**

Auditory processing disorder (APD) makes it hard for kids to understand what they hear. And that can make it hard to function and learn in the classroom. Here are some examples of accommodations teachers can use to help with auditory processing disorder.

## **For In-Class Learning**

- Repeat or rephrase key information throughout the lesson.
- Seat the student near the teacher and away from doors and windows.
- Speak clearly and slowly when presenting information.
- Give a signal that alerts the student that an important point is being made.
- Allow the student to use an assistive listening device to make it easier to hear the teacher's voice.
- Use visual tools like a white board or computer to support spoken lessons.
- Use images and gestures to enhance the student's understanding.

## **For Classwork and Test Taking**

- Provide a quiet area for independent work.
- Don't penalize the student for spelling errors.
- Arrange for a classmate to share notes with the student.
- Provide opportunities for the student to show and use his strengths in class.
- Provide extended time for testing.
- Break down test or classwork instructions into short, written steps.

## **For Class Preparation**

- Have the student read and become familiar with material before it's taught in class.
- Provide a list of key vocabulary and concepts for upcoming lessons.
- Provide written homework instructions and a homework list for the week.