

PRE-REFERRAL INTERVENTION FORM – DIRECTIONS

Student's Name: Enter the full name of the student

Grade: Enter current grade level

Parent's Name: Enter parent(s)/guardian(s) name

Date Contacted: Enter the date the parent(s)/guardian(s) were contacted regarding the concern

Phone: Enter the phone number of the parent(s)/guardian(s)

Parent's Address: Enter the address of the parent(s)/guardian(s)

Classroom Teacher: Name of the regular education teacher who is completing the documentation of the intervention(s)

INTERVENTION #1

Where is the student currently functioning in relation to the target behavior (baseline data)

- Record the specific behaviors that are a concern. These must be stated in objective terms (observable/measurable). It may be helpful to contact a special education teacher, psychologist, etc. to assist you in this area.

Describe your measurable intervention plan

- Record the intervention you are planning to use to address the concern described above. Take into account the student's ability and/or emotional development. Again, it may be helpful to discuss instructional strategies, alternatives, or interventions with a special education representative.

Date Implemented

- Indicate the date the intervention began.

Date Reviewed

- Indicate the date the intervention was reviewed. It is necessary that the duration of the intervention be over a sufficient period of time so that it would be reasonable to expect a noticeable change in the behavior/skill.

Results

- Summarize the results of the intervention using objective descriptions whenever possible. Subjective statements should only be included if they are directly relevant to the intervention.

Individual(s) involved in designing and reviewing plan

- Indicate the person(s) involved in the intervention plan/review.

INTERVENTION #2

Parent(s) Concern(s) and Action(s)

- Record the concern(s) the parent(s) have noticed and any actions they have done to address the problem(s).

Based on the results of the interventions, check one of these options

- Check one of the options. If the first option is checked, put the documentation of the intervention in the student's cum file. If the second option is checked, put the documentation in your (teacher) file. These records could be very beneficial in the future if there are further concerns regarding this student. If the third option is checked, route the form to the building principal.

Teacher's Signature

- The regular education teacher completing the form must sign and date it. The form is then given to the building principal.

Principal's Signature

- The building principal must sign and date the form when s/he reviews the intervention plan/results.
 - The first box under the signature would be checked if the principal determines additional interventions may be appropriate or that current interventions be tried for a longer period of time.
 - The second box would be marked if the form is to be routed to the building special education Child Study Team. It is recommended that each building establish a multi-disciplinary Child Study Team to review all referrals so the performance of the whole child is considered as part of the assessment determination process.

NON-PUBLIC PRE-REFERRAL INTERVENTION FORM

Student Name: _____

Grade: _____

Parent(s) Name: _____

Date Contacted: _____

Phone: _____

Parent(s) Address: _____

Classroom Teacher: _____

Pre-referral interventions are planned, systematic efforts by regular education staff to resolve apparent learning or behavioral problems. Before a student is referred for a special education assessment, the teacher(s) must conduct at least two instructional strategies, alternatives, or interventions while the student is in the regular classroom. The design and outcome of these interventions must be documented by the student's teacher [M.S. 125A.56 (a)]

DESCRIBE YOUR CONCERN:

INDICATE THE DESIRED TARGET BEHAVIOR:

INTERVENTION #1

WHERE IS THE STUDENT CURRENTLY FUNCTIONING IN RELATION TO THE TARGET BEHAVIOR (BASELINE DATA):

DESCRIBE YOUR MEASURABLE INTERVENTION PLAN:

DATE IMPLEMENTED:

DATE REVIEWED:

RESULTS:

:

INDIVIDUAL(S) INVOLVED IN DESIGNING AND REVIEWING PLAN:

INTERVENTION #2

WHERE IS THE STUDENT CURRENTLY FUNCTIONING IN RELATION TO THE TARGET BEHAVIOR (BASELINE DATA):

DESCRIBE YOUR MEASURABLE INTERVENTION PLAN:

DATE IMPLEMENTED:

DATE REVIEWED:

RESULTS: :
INDIVIDUAL(S) INVOLVED IN DESIGNING AND REVIEWING PLAN:
PARENT(S) CONCERN(S) AND ACTION(S):

Based on the results of the interventions, check one of these options:

- ☐ No further action required. The student is responding to the interventions and is more successful in school. (Cum File)
- ☐ Continue the interventions and develop more strategies (Teacher File)
- ☐ Planned interventions didn't result in significant change.

Teacher's Signature

Date: _____

Principal's Signature

Date: _____

- ☐ Further interventions are recommended.
- ☐ Referred to Child Study Team.