

**PARK RIDGE PUBLIC SCHOOLS  
Intervention and Referral Services**

**Initial Referral Form**

***CONFIDENTIAL***

(to be completed by the referring teacher)

Date \_\_\_\_\_

Signature of Referring Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Dates and brief summary of prior conferences with parents (include phone conferences):

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

Reason for request for assistance (Must be for school-based issues; i.e., academics, behavior, school health): \_\_\_\_\_

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

Specific and descriptive observed behaviors (hearsay or subjective comments will not be accepted): \_\_\_\_\_

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

Please list all teachers and/or specialists who have contact with this student so that we may request additional information: \_\_\_\_\_

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

Background Information: (circle all that apply):

Basic Skills            ESL            Retained \_\_\_\_\_ (year and grade)            Speech

Medical            Other

Assessment Scores: NJASK/HSPA (list all grades applicable/available) \_\_\_\_\_

TCI/DRA and/or SRI \_\_\_\_\_

Additional Standardized Test Data (use total battery scores):

***The “Prior Strategies” checklist and “Data Collection Form” must also be completed for your request to be considered.***

Date parent was notified by \_\_\_\_\_ of I&RSreferral: \_\_\_\_\_