

Rosa Middle School

I&RS Team Manual 2016-2017

Overview of Intervention and Referral Services (I&RS)

State, federal and district guidelines have clearly established that the primary mission of schools is to improve student achievement in an environment that maintains and ensures the safety of all students and staff. This mission has become increasingly more challenging due to a myriad of problems students bring to schools. Many of these problems fall in the category of at risk behaviors such as:

- Academic Difficulties
- Substance Abuse
- Lack of School Readiness
- Chronic and acute medical conditions
- Inappropriate socialization
- Truancy

These concerns may increase the potential for students to experience learning, behavior, and health concerns while attending school. There is a need for schools to identify students who are experiencing problems which impact learning.

The objective of the I&RS Resource Manual is:

- To ensure the district is compliant with NJDOE Intervention and Referral Services code mandate (N.J.A.C. 6A:16-8). The code requires that each school choose the appropriate multidisciplinary team approach for the planning and delivering of services. (N.J.A.C. 6A:16-8.1(a)).
- To provide guidelines for the building administrator and the I&RS Team regarding the function, roles and responsibilities as it relates to the intervention and referral services.

Purpose of Intervention and Referral Services (I&RS)

New Jersey Administrative Code 6A:16-8.1 requires all school districts to establish and implement a coordinated system in each school building, in which general education students are served, for the planning and delivery of intervention and referral services (I&RS) that are designed to:

- 1) Assist students who are experiencing learning, behavior or health difficulties; and
- 2) Assist staff who have difficulties in addressing students' learning, behavior or health needs.

The Intervention and Referral Services (I&RS) is an adult-centered, multi-disciplinary team in each school that is composed of building administrators, school counselors, classroom teachers, and support staff. They welcome requests for assistance from school staff or parents that are experiencing educational difficulties with their student(s), in which traditional attempts to ameliorate the situation have not been met with success. The team will:

- Identify learning, behavioral, and health concerns.
- Collect information that documents the identified learning, behavioral and/or health concerns.
- Provide support, guidance, and professional development for school staff to identify learning, behavior, and health concerns.
- Development and implementation of action plans.
- Actively involve parents or guardians in the development and implementation of intervention and referral services action plan.
- Review and assess the effectiveness of the provisions of each intervention and referral services action plan in achieving the outcomes identified in each action plan and modify each action plan to achieve the outcomes, as appropriate.

- Appropriate school and/or community interventions based on the collected data and desired outcomes of the identified learning, behavioral and/or health concerns.
- Maintain records of all requests for assistance and all intervention and referral services action plans, according to the requirements of 34 CFR Part 98, 34 CFR Part 99, 42 CFR Part II, N.J.S.A. 18A:40A-7.1, N.J.A.C. 6A:16-3.2, and N.J.A.C 6:3-2.1.

- Conduct annual reviews that provides feedback on the number and types of students served; interventions provided; the team process including feedback from referral sources; and recommendations for improving school programs and services.

The Intervention and Referral Services (I&RS) Team

The core team is determined as the consistent members of the I&RS team. They should include a building administrator, the school Child Study Team member(s), the school guidance counselor, certified school nurse, general education teacher and special education teacher. Although, parents and students are not listed as core team members they are an integral part of the process and need to be included in the development and implementation of all action plans. The teachers' related to the student's house will participate on the I&RS Team on a consultative basis. The roles of the team directly impact the success of the process. Meetings will be held during the day on the fourth Friday of the month. Collaboration, creativity and care are key!

The I&RS Teams are comprised of the following members:

- Building Administrator or their designee –The administrator's participation is essential. He/or she ensures that needed resources are provided and required that staff attend meetings and follow up on designated responsibilities
- Child Study Team Member(s) –A Child Study Team Member provides a holistic approach to aid in the process of the student achieving academic success, through the provision of community, social and emotional resources
- Certified School Nurse– The certified school nurse provides knowledge in the areas of health and well-being.
- Professional School Counselor– The School Counselor provides academic support and personal and social development through individual, group, classroom and building-based programs and activities.

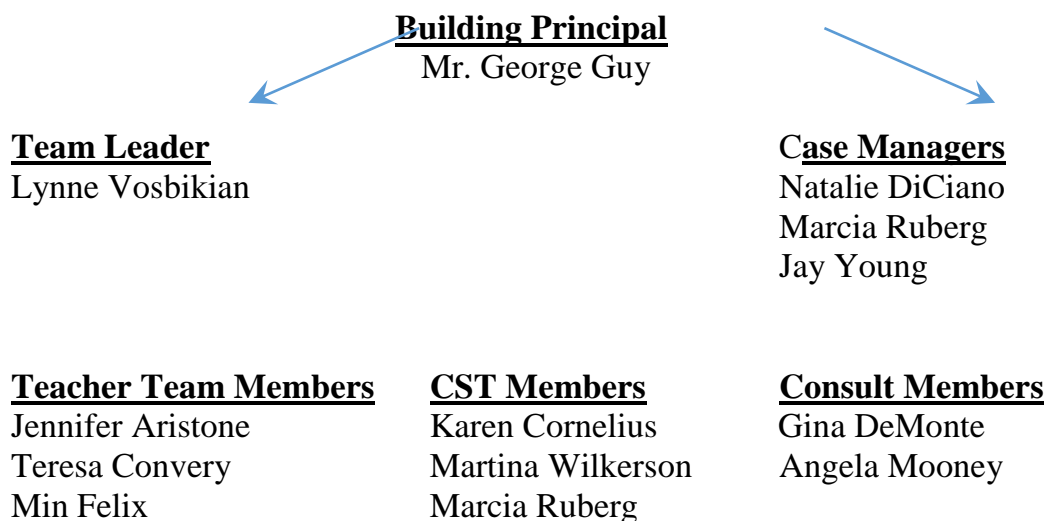
- Referral Person – The Referral Person provides the initial information regarding the needs of the identified student.
- Special Education Teacher– The Special Education Teacher aids in the process of identifying the appropriate interventions for the identified student.
- General Education Teacher –A teacher’s role is to provide expertise in the area of academics.
- Parent/Guardian –The parent’s role is to provide recommendations of intervention, participating in meetings and providing background information about the identified child.
- Student –The student is the core of the team’s existence. The student is able to identify their perception of areas that need improvement.
- Early Intervention Specialists- The Early Intervention Specialist gathers and collects data, collaborates with staff and makes related recommendations through classroom observation, student interviews and other assessment strategies.

The Role of the I&RS Team

The roles and responsibilities of the I&RS team are extremely important in the success of the process. To ensure the success of the team process, continuity with the team leader is vital. The roles of time keeper, record keeper and case manager should vary from meeting to meeting, providing all team members with experience within these roles.

- Team Leader – Collects initial request for assistance and assigns early intervention specialist. Facilitate the I&RS team meetings. Maintain case records.
- Time Keeper – Maintain the flow of meeting and keeps the team aware of their timeframes. This is a rotating position.
- Record Keeper – The individual who documents the action plan during meetings. This is a rotating position.

- Case Manager – The grade level guidance counselor will serve in this function. Their role is to ensure that the action plans are implemented, accommodates follow up meetings and parental contact.
- Team Member – Has a responsibility to offer their expertise based on education, certification and experience.



Parent Involvement

It is our goal to actively engage parents/guardians in the development and implementation of the I&RS Action Plan and throughout the I&RS process. It is strongly recommended the teacher discuss his or her concerns with the child's parents/guardians prior to requesting an I&RS review. When a request for assistance is completed for a student, the parents/guardians are contacted enabling them to become partners in the process. Ongoing effective parent/guardian participation might include: recommendation of interventions, participating in I&RS Team meetings and/or providing background information about their child.

The Process of I&RS

The following outlines the process for Intervention and Referral Services. It should be noted that although a student may be followed for the entire year the actual process from referral to implementation of action plan to follow-up meeting should be no longer than 90 calendar days.

1.) A Request for Assistance (RFA) is submitted to I&RS when:

- Teacher/Staff/Parent/Guardian has a concern about a child's language/speech, learning, health or behavioral development;
- A child scores Not Proficient on state mandated testing;
- Fails an academic subject for more than 1 marking period;
- Staff/Teacher/Parent/Guardian has a concern regarding the social/emotional well-being of the child or family;
- The referral source completes the RFA and submits it to the leader of IR&S.

2.) Once the I&RS team leader receives the RFA, within 5 school days, they assign student to a case manager from the IR&S team and an Early Intervention Specialist. Case manager collects information as appropriate, including the following:

- Interviews house teachers and relevant staff;
- Reviews and gathers supporting documentation such as cumulative file, attendance; and disciplinary history;
- Consider developmental information and information concerning past performance based on input for previous teachers;
- School nurse shall provide vision/hearing screening information, as well as review physicals and information.

3.) Case Manager contacts the Parent/Guardian to discuss the function of the IR&S committee, as well as to establish a rapport with parent to facilitate cooperation. At this contact, parental home language will be noted, and an interpreter provided if needed throughout the IR&S process. Prior to the IR&S meeting, it is strongly recommended that a parent questionnaire be completed to gather background

information concerning developmental history of the child (such as developmental milestones, living arrangement, etc.), as well as any concerns that the parent might have.

4.) If necessary the Case Manager meets with the student to complete Student Questionnaire and to ensure that they understand the purpose of the referral and their role in the I&RS process.

5.) The I&RS intervention meeting for the referred child is conducted in two stages.

- First, the school team discusses the referral, and delineates clear, concise and measurable objectives that must be met for the student. Consequently, “concerns/interventions” are discussed as “goals”. Time-frames and the persons who are responsible for supervising the achievement of each objective are to be noted at this meeting. The team member who is responsible and time frames may vary depending on goal. However, the maximum time frame should be no longer than 6 weeks for the follow-up meeting.
- Secondly, the parent meets with the case manager and the referring teacher to discuss interventions to be put in place at school and to finalize the action plan. This meeting is conducted from a strengths-based perspective and is a collaborative problem-solving process and incorporate goals for both home and school.

6.) The student’s response to the intervention must include how often the intervention is implemented, by whom, and the time frame. All forms are included in the Appendix for use. Early Intervention Specialists should use scheduled duty time to collect useful data and share information consistently with the Case Manager. Anecdotal information, as well as objective data, such as grades, test scores, standardized testing, and other assessments must be considered. This data is recorded for the time specified by the Intervention/Action Plan. Consequently, success of the Intervention plan must include both objective and anecdotal information.

7.) Follow-up meeting will be convened according to the time-frame specified within the action plan. As such, the maximum time between initial intervention meeting and follow-up shall be no longer than 6 weeks. In attendance shall be I&RS committee including the parent and when appropriate the student. Success of

plan will be decided as per steps 8 (intervention deemed successful) or Step 9 (intervention deemed not satisfactory).

8.) If intervention is successful, student will continue to be included on the case load of the Case Manager, whose responsibility it will be to continue to monitor student progress for the time deemed necessary by the committee. Cases shall be monitored for the academic year on a monthly basis. If continued success is demonstrated, case may be closed and the file archived.

9.) If intervention response is deemed not satisfactory by the IR&S committee, the decision will be made to either continue or revise the intervention, refer the child to outside agencies, or refer to the Child Study Team to be considered for evaluations for Special Education and/or related services.

10.) Building Administrators shall be involved throughout the IR&S process. More specifically, they will review case files with the case manager regarding the status of students that are in the IR&S process. This includes, but is not limited to, RFA forms, information gathered, parent intervention meetings, response to the intervention, follow-up meetings, and time-frames.

The chart on the following page outlines the I&RS process including the time frame.

A Referral to Child Study Team (CST)

If a child has been receiving interventions from the I&RS committee, and does not demonstrate progress despite the implementation of the interventions, the child should be referred to the Child Study Team. The following summarizes the NJ code 6A:14-3.3.

1. According to the NJ Special Education Code, a child with an obvious disability may be referred immediately and without documented interventions. During referral process, the child should be receiving interventions from the school in the general education classroom.
2. If a child has been receiving interventions from the IR&S committee for a minimum of 6 weeks, and does not demonstrate progress despite the implementation of the interventions, the child should be referred to the Child Study Team.

3. The referral to the Child Study Team must include a statement that the child is being referred to the Department of Special Services for evaluations. The interventions that have been implemented should be attached. Documentation of interventions must include the following: who is responsible for the interventions, date of the intervention, how often interventions were implemented, and the response to the intervention. Interventions must be scientifically and researched-based interventions. Proximity seating, for example, is not considered an adequate intervention. However, after school programs, individual instruction, etc. are examples of interventions. Importantly, retention is NEVER considered to be an intervention.

4. Standardized form cover sheet stating child is referred to CST for evaluations, documented interventions, and health forms from nurse are all included in referral packet. It is also strongly recommended that documentation that supports the need for referring the student be included, (grades, attendance, disciplinary records, etc.).

5. If parent letter is sent, the I&RS Team should contact the parent and immediately begin a file on the referred child, contact classroom teacher, and document all interventions that have been implemented. These documents may be brought to the Child Study Team Identification meeting.

Data Collection and I&RS Process

Data collection should be an integral part of your I&RS program. Data is essential for:

- Accurately identifying learning, behavioral, and health concerns.
- Evaluating progress toward achieving goals.
- Developing an accurate picture of the educational environment of a school.
- Supporting recommendations to administration.
- Assessing I&RS team effectiveness in improving student outcomes.
- Providing pre-referral documentation and documentation for when the I&RS team truly believes the child would benefit from an IEP.

Data can provide the foundation for the I&RS team to understand the when, where, who, why, and what of the issue. Data collection should be an embedded part of the school culture, not extra work. Each of the phases of the I&RS process involves collecting, analyzing, or synthesizing data, both quantitative and qualitative. This data will provide a more comprehensive understanding of the issue, assist in establishing SMART objectives that are specific, measurable, agreed upon, realistic and time-based, assist in the monitoring progress and evaluating the effectiveness of interventions. The more comprehensive data obtained, the greater the possibility of successful outcomes for the student.

Relationship of I&RS to other Building-Based Teams

A variety of collaborative teams and committees historically have been adopted by schools in New Jersey either as a result of regulatory requirements or due to the merits of the program(s). The most common of these problem-solving groups are: I&RS Teams; 504 Committees; and Child Study Teams. The following is a comparison of three building-based multidisciplinary teams:

	<i>I&RS Team</i>	<i>504 Committee</i>	<i>Child Study Team</i>
Regular Authority	State- N.J.A.C. 6A:16-7, Intervention and Referral Services	Federal- 34 CFR 104, Subparts A, C and D, Section 504 of the Rehabilitation Act of 1973	Federal- 34 CFR 300, Individuals with Disabilities Education Act. State- N.J.A.C. 6A: 14, Special Education
Student Population	Required-Regular Education. Permitted- Special Education, coordinated with student's IEP Team, as appropriate	Required-Regular Education Protected Against Discrimination- Special Education	Required-Special Education
Team Composition	Multidisciplinary Team- Any certified staff members, and ad hoc members, as appropriate	A group of certified persons, including those knowledgeable about the child, the meaning of the evaluation data and the placement options	School Psychologist, School Social Worker, Learning Disabilities Teacher-Consultant (Speech and Language Specialist as appropriate)
Case Management Role	Not regulated. Case Coordinators recommended	Not regulated. Case Coordinators recommended	Case Manager required
Assessment	Functional	Functional and/or Standardized	Functional and Standardized
Written Plan	I&RS Action Plan	504 Accommodation Plan.	Individualized Education Program (IEP)
Review and Follow-Up	Required for each I&RS Action Plan.	A one-year review of the accommodation plan would meet the requirements, but the timeline is to be adopted by the district	Annual review of IEP evaluation of IEP every three years or sooner, if conditions warrant
Funding	Local	Local	Local and State
Family's Due Process Rights	No	Yes	Yes
Forms	Not regulated	Not regulated	Per regulations