

**BOONTON HIGH SCHOOL  
INTERVENTION AND REFERRAL SERVICES**

**INITIAL REQUEST FOR ASSISTANCE  
& PRIOR INTERVENTIONS CHECKLIST**

Staff Requesting Assistance:

Date:

Student Name:

Grade:

Course:

Counselor:

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Please describe what you would like the student to do that does not currently take place.

Please describe what you would like the student not to do that is currently taking place.

Please indicate the types of interventions you have tried prior to filling out this request for assistance (must have attempted a minimum of 5 interventions and must have contacted parent).  
Check all that apply:

- Spoke with a parent via phone  
    Dates of parent contact: \_\_\_\_\_
- Held conference with parent in school  
    Date of parent conference: \_\_\_\_\_
- Spoke with the student privately regarding my concerns
- Spoke with the student privately regarding rules and expectations of the class
- Gave student extra help after school/class
- Changed student's seat
- Gave student special work at his/her level
- Checked cumulative folder with counselor for pertinent information
- Sent/emailed notices home regarding behavior/school work
- Gave student extra attention
- Arranged an independent study program with student
- Assigned student detention
- Referred student to School Counselor
- Referred student to Student Assistance Counselor
- Referred student to Administration
- Other: \_\_\_\_\_

Periods of the day you are free to meet with the I&RS Committee: