

***RESOURCE MANUAL***  
***FOR INTERVENTION AND REFERRAL SERVICES***  
***(I&RS)***

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## **TABLE OF CONTENTS**

<b><u>SECTION</u></b>	<b><u>PAGE</u></b>
<b><i>INTRODUCTION</i></b>	<b>1</b>
▪ Overview	1
▪ Administrative Code	2
▪ Whole-school Reform	7
<b><i>PURPOSE OF I&amp;RS RESOURCE MANUAL</i></b>	<b>9</b>
▪ Resource Manual	9
▪ Additional I&RS Materials	11
<b><i>THE COLLABORATIVE TEAM APPROACH</i></b>	<b>13</b>
▪ Rationale for Collaborative Teams	13
▪ Ancillary Student Support Service	14
▪ Benefits of Building-based I&RS Teams	14
<b><i>BEST PRACTICE EXAMPLES OF TEAM COLLABORATION IN SUPPORT OF I&amp;RS</i></b>	<b>17</b>
▪ Examples of Best Practices from Other States	17
▪ Research Results of New Jersey’s School Resource Committee Pilot Program	20
<b><i>SCOPE OF SERVICES FOR BUILDING-BASED I&amp;RS TEAMS</i></b>	<b>23</b>
▪ Program Focus	23
▪ A General Education Program	24
▪ Modes of Operation	25
▪ Life Skills Deficiency Model	26
▪ The Student At Risk for School Failure	33
▪ School Violence	36
▪ Substance Abuse	42
▪ Depression and Suicide	59
▪ Health Issues and Student Performance	63
▪ Teen Sexuality	68
▪ Sexual Harassment	71
▪ Child Abuse and Neglect	72
▪ Children from Healthy and Vulnerable Families	73
▪ The Resilient Child	84
▪ Summary	92

<b>STRUCTURE AND FUNCTIONS OF BUILDING-BASED I&amp;RS TEAMS</b>	<b>93</b>
▪ Team Composition	93
▪ Team Member Characteristics	96
▪ Team Member Roles and Responsibilities	99
▪ Support for I&RS Team Operations	103
▪ Collaborative Decision Making	106
▪ Relationship of I&RS Team to Other Building-based Teams	107
- Choosing an Appropriate Model for I&RS Functions	111
 <b>PLANNING AND ORGANIZING BUILDING-BASED I&amp;RS TEAMS</b>	 <b>115</b>
▪ Ongoing Planning for I&RS Team Success	115
▪ Program Planning Elements	117
▪ Quality of Implementation	128
 <b>THE I&amp;RS TEAM PROCESS</b>	 <b>131</b>
▪ A Proactive Process	131
▪ Phases of the I&RS Team Process	133
- Problem Solving Guidelines	144 -147
▪ Team Meeting Agendas	151
 <b>INNOVATIVE STRATEGIES</b>	 <b>153</b>
▪ I&RS Team as a Creative Resource	153
▪ Applied Research and Best Practices	156
- Multiple Intelligences	156
- Four Stages of Learning	163
- Managing the Conditions of Learning	166
- Cognitive/Learning Styles	167
- Cooperative Team Learning	178 & 196
- Behavior Management and Student Discipline	180
- Ineffective Disciplinary Practices	182
- Remediating Classroom Discipline Problems	183
- Moral and Ethical Reasoning	189
- Curriculum-based Assessment	189
- Life Skills	194
- School Climate	196
- Cross-age Partnerships	197
- Adult Volunteers/Mentors	198
- In-school Suspension	199
- Alternative Education	201
- Special Needs Students	206
- Professional Development, Coaching and Collegiality	211

<b>COORDINATION OF HOME, COMMUNITY AND SCHOOL RESOURCES</b>	<b>217</b>
▪ Working with Parents	217
▪ Working with Community Resources	225
▪ Supportive Organizations/Resources	225
- Mental Health Services	226
- Drug/Alcohol Services	228
- Public Health Services	228
- Juvenile Justice	230
- Family Support Services	232
▪ The School's Role in the Treatment and Recovery Process	234
▪ The Healing Process	239
▪ Working with School Resources	242
<b>CHARACTERISTICS OF EFFECTIVE BUILDING-BASED I&amp;RS TEAMS</b>	<b>245</b>
▪ Focus on Short- and Long-term Goals	245
▪ Enabling Behavior	245
▪ General Characteristics of Effective Teams	246
<b>TEAM WELLNESS/MAINTENANCE</b>	<b>249</b>
▪ The Team Concept	249
- Team Definition and Elements of Teams	249
- Why Groups Fail	250
▪ Group Development	253
- Functions of Group Development Theories	253
- Models of Group Development	254
- Team Member Task and Maintenance Roles	261
▪ Effective Discussion Skills	263
▪ Communication Skills	264
- Johari Window	264
- Three Problems in Human Relationships and Related Skills	267
▪ Situational Leadership	279
▪ Stress Management	283
▪ Personality/Learning Styles	285
<b>SCHOOL-WIDE PLANNING</b>	<b>291</b>
▪ Review, Assessment and Improvement of the I&RS Program	291
- Review of Team Progress and Effectiveness	291
- School-wide Recommendations	292
- Program Evaluation	294

<b>APPENDIX A: REGULATIONS FOR INTERVENTION AND REFERRAL SERVICES (N.J.A.C. 6A:16-7)</b>	303
<b>APPENDIX B: QUESTIONS AND ANSWERS ON I&amp;RS REGULATIONS</b>	305
<b>APPENDIX C: RELATED REGULATIONS</b>	307
<b>APPENDIX D: SAMPLE I&amp;RS FLOW CHARTS</b>	313
<b>APPENDIX E: SAMPLE I&amp;RS FORMS</b>	315
<b>APPENDIX F: TECHNICAL RESOURCES AND SERVICES</b>	367
<b>APPENDIX G: RESOURCE MATERIALS</b>	387
<b>APPENDIX H: BIBLIOGRAPHY</b>	419

## ***INTRODUCTION***

### **OVERVIEW**

The New Jersey State Board of Education has established that the primary mission of schools is to enhance student achievement of high academic standards in safe and disciplined learning environments. The effectiveness of public education in fulfilling this mission depends largely upon the capacity of school systems to respond to the diverse educational needs of students. Constantly evolving social conditions and the changing educational needs that tend to emerge with these changes can pose dramatic barriers to student achievement.

The educational mission is made more complex by the increased incidence, prevalence and intensity of problems students bring to schools. These problems include high risk behaviors, such as alcohol, tobacco and other drug abuse, violence, vandalism, child abuse and neglect, early sexual involvement, youth pregnancies and parenting, suicide attempts and suicides, eating disorders, low self-regard, poor socialization skills, lack of readiness for school, as well as chronic medical conditions and physical disabilities.

The types of at-risk behaviors students manifest while in school include not concentrating or focusing on learning, not completing assignments, not achieving to demonstrated skill level or tested potential, declining or failing grades, cheating, absenteeism, tardiness, falling asleep, inability to stay in seat or work within structure, decreased participation, self-defeating responses to peer pressure, deteriorating personal appearance and hygiene, erratic behavior, loss of affect, acting out, fighting, defying authority, violating rules and dropping out of school. These and other problems place students at risk for school failure and other problems, leaving parents and teachers frustrated and in need of assistance.

In response to these circumstances and the attendant needs of students, the New Jersey Department of Education continues to provide leadership to schools for educational improvement and whole-school reform. One such effort to be addressed in this manual is the school's program of intervention and referral services (I&RS).

**ADMINISTRATIVE CODE**

In April 2001, the State Board of Education adopted new rules to provide district boards of education with standards for the delivery of intervention and referral services (N.J.A.C. 6A:16-7, Intervention and Referral Services\*). (A copy of N.J.A.C. 6A:16-7 is provided in Appendix A.) The requirements set forth in the regulations are intended to provide schools with direction in formulating coordinated services and team delivery systems to address the full range of student learning, behavior and health problems in the general education program, such as those identified in the Overview section above. Under the new regulations, however, schools *may* also provide intervention and referral services for students who have been determined to be in need of special education programs and services.

***Establishment and Purposes of  
Intervention and Referral Services***

Pursuant to these regulations, district boards of education are required to:

*"... 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..."*  
[N.J.A.C. 6A:16-7.1(a)]; and which are designed to:

*"...assist staff who have difficulties in addressing students' learning, behavior, or health needs."* [N.J.A.C. 6A:16-7.1(a)]

The regulations make it clear that I&RS activities should be focused on concerns with students, and that the end result of I&RS activities should be student improvement. It is equally important to note, however, that, an I&RS program must consist of a formal, coordinated and well-articulated system of supportive activities and services for staff who have identified student difficulties and those who will be involved in the amelioration of the identified educational concerns.

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\*These rules *replaced* the preceding regulations that required schools to provide a program of Intervention and Referral Service for General Education Pupils, which *replaced* the regulations that required the establishment of Pupil Assistance Committees (PACs) in all public school buildings.

**Administrative Code, continued**

Under the code, the typical means for facilitating student progress is through the provision of *direct assistance and support to all staff* who have roles to play in helping children move forward in their educational careers.

**Multidisciplinary Team**

In configuring building programs of I&RS, district boards of education are required to:

*"...choose the appropriate multidisciplinary team approach for planning and delivering the services..."* [N.J.A.C. 6A:16-7.1(a)]

A multidisciplinary team is at the core of a well-coordinated system of I&RS services. Bringing together representatives from all professional constituencies in a school to support staff in helping students grow is essential for effective problem solving.

**Student Populations**

The regulations set forth that the intervention and referral services *shall* be provided to:

*"... aid students in the general education program;"*  
(N.J.A.C. 6A:16-7.1(a)1)

The regulations for intervention and referral services, however, also *permit* the provision of services, as appropriate, for:

*"... students who have been determined to be in need of special education programs and services."*  
(N.J.A.C. 6A:16-7.1(a)2)

For I&RS services provided to students with learning disabilities, the regulations articulate the following condition:

*"The intervention and referral services provided for students with learning disabilities shall be coordinated with the student's Individualized Education Program team, as appropriate."* (N.J.A.C. 6A:16-7.1(a)2i)

The regulations permit the provision of services to students with learning disabilities, for example, because school staff sometimes can benefit from

**Administrative Code, continued**

assistance in managing the special circumstances that can result from the inclusion of students with learning disabilities in the general education classroom. Since one of the primary purposes of the I&RS program is to assist staff who have difficulties in addressing students' learning, behavior or health needs [N.J.A.C. 6A:16-7.1(a)], the IRS team, for example, could help a teacher who requests assistance of the team in developing strategies, obtaining materials or expanding skills in managing a classroom that includes both general education students and students determined to have learning disabilities, or the team could help the teacher with strategies, materials or skills for better addressing the individual academic, behavior or health needs of students in their classes who have learning disabilities.

Child study teams primarily provide services to students. I&RS teams primarily provide services to staff for the benefit of students.

For years, drug and alcohol core teams in the general education program have intervened with students who are high risk for substance abuse. A portion of the student caseload for core teams has included students with diagnosed learning disabilities. Under the I&RS regulations, it is possible for I&RS teams that choose to fulfill the functions of drug and alcohol core teams or the functions of other problem-solving teams to work with both general education and special education student cases.

The code, however, imposes a condition on I&RS team work with special education cases: ***When at any point an action by the I&RS team could or will affect students' Individualized Education Programs (IEP), the team is required to coordinate with students' IEP teams.***

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***Functions of Intervention  
and Referral Services Teams***

Per the provisions of N.J.A.C. 6A:16-7.2(a), the required functions of the coordinated system of intervention and referral services in each school building are as follows:

1. *Identify learning, behavior and health difficulties of students;*
2. *Collect thorough information on the identified learning, behavior and health difficulties;*

**Administrative Code, continued**

3. *Develop and implement action plans which provide for appropriate school or community interventions or referrals to school and community resources, based on the collected data and desired outcomes for the identified learning, behavior and health difficulties;*
4. *Provide support, guidance, and professional development to school staff who identify learning, behavior and health difficulties;*
5. *Provide support, guidance, and professional development to school staff who participate in each building's system for planning and providing intervention and referral services;*
6. *Actively involve parents or guardians in the development and implementation of intervention and referral services action plans;*
7. *Coordinate the access to and delivery of school resources and services for achieving the outcomes identified in the intervention and referral services action plans;*
8. *Coordinate the services of community-based social and health provider agencies and other community resources for achieving the outcomes identified in the intervention and referral services action plans;*
9. *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;*
10. *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; and*
11. *At a minimum, annually review the intervention and referral services action plans and the actions taken as a result of the building's system of intervention and referral services and make recommendations to the principal for improving school programs and services, as appropriate."*

**Administrative Code, continued****School Staff and Community  
Member Roles**

Under N.J.A.C. 6A:16-7.3, district boards of education are required to establish guidelines for the involvement of school staff and community members in each building's system of intervention and referral services. At a minimum, the following information should be identified:

*"the roles and responsibilities of the building staff who participate in each building's system for planning and providing intervention and referral services;"*

*"... the roles and responsibilities of staff members who identify learning, behavior or health difficulties;"*

*"... the roles and responsibilities of other district staff for aiding in the development and implementation of intervention and referral services action plans; and"*

*"... the roles, responsibilities and parameters for the participation of community members for aiding in the development and implementation of intervention and referral services action plans."*

The school must establish and convey clear parameters for the involvement of school staff who ask for help from the I&RS team and for both school staff and community resources who plan and implement I&RS services. Defining the roles and responsibilities of participants is essential for effective I&RS team operations.

The I&RS rules were specifically designed to provide a foundation for the establishment and delivery of I&RS services, while providing schools with *flexibility* in adapting the mandated program to individual district and building needs. The regulations provide direction to school districts regarding the structure and functions of I&RS services and the roles and responsibilities of those involved with the I&RS program, as well as the *value* of school-based intervention and referral services. Schools, however, may determine the best multidisciplinary team structure and coordinated delivery system for operationalizing the services, given the programs, needs, resources and characteristics of their buildings and surrounding communities, their staffing patterns and related policies and procedures.

**WHOLE-SCHOOL REFORM**

The school's I&RS program, like any school-level improvement initiative, should be integrated into the school's overall program and supported by research-based educational practices and planning principles, including the following:

**Strategic Planning Process**

The I&RS regulations require I&RS teams to conduct on an annual basis, at a minimum, a systematic review of I&RS action plans and actions taken data as a result of the building's system of I&RS, and to make recommendations to the principal for improving school programs and services, as appropriate (N.J.A.C. 6A:16-7.2(a)11). This review provides schools with the opportunity to identify patterns of academic, behavior and health concerns in the school and develop proactive responses. The information obtained from the review can support a school-wide needs assessment process and help make recommendations for educational improvements in areas such as staff development, curriculum, policies, procedures, school-wide programs or designated programs. In addition, I&RS team operations are guided by action plans for program planning and organization that are *regularly* developed by team members to maintain and improve the program and the quality of services provided to staff, as well as to students at-risk for school failure and their families.

**Professional Development Opportunities**

All school staff should be afforded regular professional development opportunities that support student achievement of high academic standards. Consistent with this principle, schools are required to provide support, guidance, and professional development *both* to I&RS team members and to school staff who request services of the I&RS team (N.J.A.C. 6A:16-7.2(a)4 and 6A:16-7.2(a)5). Some key areas of professional development for I&RS team success include best practices for effective collaboration, problem solving, innovative and effective instructional practices, behavior management, relevant health issues and elements of I&RS program development, implementation and maintenance.

***Whole School Reform, continued***

***Integration of Access  
to Health and Social  
Services***

Access to health and social services should be woven into the fabric of the school. A primary reason for the adoption of collaborative problem-solving teams, such as the I&RS team, is to bring together, as needed, all of the school and community resources that are necessary for responding to requests for assistance for addressing educational problems (N.J.A.C. 6A:16-7.2(a)7 and 6A:16-7.2(a)8). Consistent with this principle, the I&RS team serves a pivotal role in coordinating all appropriate school, home and community resources for supporting school staff and community agency personnel, as appropriate, in the resolution or management of student learning, behavior and health concerns.

## **PURPOSE OF I&RS RESOURCE MANUAL**

### **RESOURCE MANUAL**

This manual is designed to provide guidance to school district and school building staff for using collaborative team approaches to fulfill the required functions under N.J.A.C. 6A:16-7 et seq. The manual is intended as a comprehensive resource on the operation of I&RS teams and provides extensive information and materials that support the planning, development, implementation, evaluation and maintenance of these building-based problem-solving teams. In addition to addressing the fundamentals of the I&RS process, the manual provides information to guide the planning and development necessary to initiate and institutionalize the program at both the district and building levels.

Whereas, the information in this manual provides explanations of the fundamental *principles* and *practices* for operating I&RS programs, it *does not* provide schools with a “cookbook” approach for the resolution of various educational problems. It is not possible to prepare a document that addresses every conceivable circumstance for which each building-based team in New Jersey will receive requests for assistance. Moreover, since the building-based team process is intended to provide considerable flexibility and ingenuity in the application of local resources, it is neither preferable or feasible for the New Jersey Department of Education to determine the availability or best use of local resources and technical expertise for correcting the universe of local problems.

The adage, “People support what they create,” certainly applies to I&RS teams. The most effective remedial strategies tend to be those that are specifically designed to address the *unique* needs of individual cases and *supported by the implementers* of the strategies. I&RS teams are often only as effective as they are resourceful in the development of *innovative* action plans and in their use of research-based or field-tested best practices, as well as the degree to which they are committed to providing appropriate support for the full implementation of a *comprehensive strategy* for each identified learning, behavior and health problem.

The information in this manual provides schools with a framework for the preparation and inclusion of school staff, school administrators, parents and community representatives in the I&RS process. The manual also provides samples of the types of forms and templates that are typically used by I&RS teams and lists of supportive resources.

**Manual Structure** The manual has been organized according to topical categories related to I&RS team operations. Each category includes subsections that contain summary information on subjects related to the category. It is anticipated that team members and other school staff will refer to the manual to review information on the categories and the summary information as the need arises.

The manual follows a modular design. Where permitted by space and format, the information in each category and subject area has been designed to be pulled out of the manual to provide the greatest degree of flexibility and utility of the materials (e.g., handouts for staff development, newsletter or newspaper articles).

Schools may use or adapt all of the materials in this manual, as appropriate, and are encouraged to maintain the integrity of their intent, while providing appropriate acknowledgements to the New Jersey Department of Education. Credit should *not* be assigned to the New Jersey Department of Education, however, for materials from the manual that have been modified by the school district.

**ADDITIONAL I&RS MATERIALS**

The following materials have also been developed by the New Jersey Department of Education in support of I&RS teams and have been distributed to each chief school administrator, county superintendent and Learning Resource Center in New Jersey's public school system:

***Four-part Videotape Program Series***

The titles of the videotape programs are provided below:

**Video 1**  
***Program Overview.***

**Video 2**  
***Planning  
and  
Organizing  
the Program.***

**Video 3**  
***The Team  
Process  
for  
Solving Learning,  
Behavior  
and Health Problems.***

**Video 4**  
***Innovations  
and  
Best Practices.***

The videotape programs are primarily designed to be included in educational and awareness programs for the following audiences and formats:

*School staff  
development  
programs.*

*Community agency programs (e.g., mental health agencies, substance abuse agencies, health care institutions, the legal community).*

*Parent  
outreach  
programs.*

*Activities that showcase the program to other groups (e.g., churches, business and industry, foundations, civic or service organizations, volunteer organizations, government offices).*

***Additional I&RS Materials, continued***

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***Videotape Companion Guide***

The information in the Videotape Companion Guide, which accompanies the Four-part Videotape Program Series, is intended as an instructional aid for school personnel who are responsible for showing the video programs to school staff and/or community members. The guide is not intended as a complete I&RS operations manual or as a training manual for school-based I&RS programs. The Videotape Companion Guide is only designed to *support* local education efforts regarding the operation of I&RS programs, which *include* the use of the four-part video series.

The guide identifies and elaborates upon the main *themes* discussed in each video to provide users with a better understanding of the contents of each, as well as the specifics of the I&RS program.

## **THE COLLABORATIVE TEAM APPROACH**

### **RATIONALE FOR COLLABORATIVE TEAMS**

Teachers and other school personnel typically apply their full range of skills and preferred strategies to resolve student academic, behavior and/or health issues prior to seeking assistance from their colleagues or community resources. Educators commonly require supplemental support when educational problems are considered unmanageable, judged especially complex or determined to be beyond the purview of the school. In these cases, the active, cooperative involvement of diverse school and/or community resources frequently is necessary to comprehensively study and *creatively* problem solve the educational issues which place students at risk for school failure.

As the numbers and types of student problems increase in complexity and intensity, schools are being challenged to establish effective mechanisms for addressing these problems to ensure students' academic success. Collaborative multidisciplinary team approaches that feature *structured and collegial* planning, decision-making and problem-solving processes, and that are *fully integrated* into the educational program, have proven to be effective in providing the required intervention and referral services for students' learning, behavior and health problems.

The team approach, designed to support school staff and parents who seek assistance for the resolution of diverse educational problems, is supported by the research literature and the field-tested experiences of schools in New Jersey and throughout the nation as an effective system for organizing and providing intervention and referral services for general education pupils. The school-based preventive intervention team has been used in a variety of configurations in school districts across the country as an approach for providing intervention and referral services for regular education students' learning, behavior and health issues (for examples of these programs, see the section in the manual titled Best Practices for Team Collaboration in Support of I&RS). These teams have had various titles, including teacher assistance teams, student support teams, student success teams, instructional support teams, school consultation teams, peer intervention teams, intervention assistance teams, collaborative intervention teams, core teams, student assistance teams, student assistance programs and classroom alternatives support teams.

***Rationale for Collaborative Teams, continued***

New Jersey schools have flexibility in naming the building teams designed to perform I&RS functions, and school districts have flexibility in the configuration and performance of I&RS team services. While districts are required to adopt an appropriate multidisciplinary team (N.J.A.C. 6A:16-7), *structure* or *mechanism* for their I&RS program, freedom is provided in choosing the team approach that is appropriate for each school building. Schools are encouraged to either build upon or reconfigure their traditional complement of instructional, administrative and pupil services staff.

The print and videotape materials developed by the New Jersey Department of Education in support of the I&RS regulations focus on processes and structures that feature *team collaboration* as the foundation for planning, organizing and implementing I&RS programs. The materials feature best practices for the implementation of team approaches and the delivery of I&RS services as they apply to schools in New Jersey.

***Ancillary Student Support Service***

The school's program of I&RS is conceived to be an ancillary student support service for helping staff and parents address the complete spectrum of student learning, behavior and health problems. It is not intended to supersede traditional methods or resources for helping students to function effectively in the general education program.

The intended scope of I&RS programs is much broader than the limited function of pre-referral interventions to the Child Study Team (CST). It is possible that a fully institutionalized program of I&RS that targets its resources to the identification and amelioration of problems at the earliest possible stages of problem identification would never or rarely function as a pre-referral mechanism for CST evaluations.

***Benefits of Building-based I&RS Teams***

I&RS teams have the potential to improve educational practices, programs and services for students who are at-risk for school failure in several ways. Previous field-based studies of I&RS and similar teams in other states have identified the following benefits:

**Benefits of Building-based I&RS Teams, continued**

- ❑ Virtually immediate attention is given to the needs of the teacher, counselor, other school staff members or the parent(s) or guardian(s) requesting assistance.
- ❑ The structured problem-solving process used by the I&RS team; the follow-up, monitoring and evaluation activities set forth in the I&RS action plan; and the focus on short-term, achievable behavioral goals provides a high likelihood of success in addressing individual student needs.
- ❑ In a substantial number of cases, students at-risk receive interventions designed to accommodate their individual learning, behavior and/or health needs in the context of the general education setting, without referral to special programs and services.
- ❑ Data collection and assessment activities for interventions are focused on the context in which the problem is occurring, rather than on referral for separate diagnosis and possible special education placement.
- ❑ Decreases *inappropriate* CST evaluations and classifications by developing a supportive problem-solving mechanism in the K-12 general education program, and *increases the capacity* in general education to address learning, behavior and health problems.
- ❑ In the event that the I&RS team obtains information that indicates that an evaluation for special education services is warranted, the I&RS process provides a clear trail of data and other information on related issues and concerns (e.g., student performance, records of attempted strategies prior to I&RS involvement, appropriate instructional objectives and instructional strategies designed by the I&RS to bring about meaningful student progress) that are used by the CST to facilitate the evaluation process.
- ❑ Provides a standardized, systematic and non-threatening procedure for providing collegial support to individuals requesting assistance for problems related to the educational process.
- ❑ Provides a vehicle for consolidating or coordinating the functions of various problem-solving teams (e.g., 504 Committees, Drug/Alcohol Core Teams, School Resource Committees, Pupil Assistance Committees).

***Benefits of Building-based I&RS Teams, continued***

- ❑ For educators, parents or guardians and other community representatives, the program provides opportunities to pool their experience, expertise, resources and individual perspectives on student strengths and vulnerabilities for the precise identification of student problems; a superior match of appropriate remedial strategies with student characteristics and the context in which student problems occur; and opportunities for the development or enhancement of essential skills and strategies to meet diverse student needs.
- ❑ Provides a medium for bringing about changes in school culture and the norms of professional behavior that promote collaborative interactions and relationships, which benefit students, educators, parents and other community members alike.
- ❑ Lowers stress, raises confidence, increases willingness to try new strategies and reduces classroom problems.
- ❑ Provides a tool for solving problems that occur outside of the classroom (e.g., fighting, bullying, cursing, vandalism, substance abuse), as well as inside the classroom.
- ❑ Reduces repeat requests for assistance for similar issues due to increases in staff ability to address diverse educational problems.
- ❑ Broadens the capacity of school staff to work with student problems, in grades K-12, at early stages of identification.
- ❑ Increases general communication among all staff, and specifically increases communication and coordination among staff in special education and general education, and provides a way for them to share their expertise.
- ❑ Increases staff and parent awareness of student needs and available resources for obtaining support and assistance.
- ❑ Increases administrators' awareness of educational needs and program refinements.
- ❑ Provides valuable information for making school-wide changes.

## ***BEST PRACTICE EXAMPLES OF TEAM COLLABORATION IN SUPPORT OF I&RS***

### ***EXAMPLES OF BEST PRACTICES FROM OTHER STATES***

School-based teams are used in a variety of configurations in school districts across the country as an approach for providing supportive services for regular education students' learning, behavior and health issues. Research data and field experiences from a variety of states clearly support the efficacy of the I&RS team approach. The names and structures of the programs differ, but the concepts, characteristics and operating principles are the same. Described below are similar programs in two states:

### ***Pennsylvania***

#### ***Instructional Support Teams and Core Teams***

Over a five-year phase-in period, all 501 Pennsylvania school districts implemented the Instructional Support Team (IST) program in grades K-6, and the Student Assistance Program Core Team program in grades 7-12. These programs are designed to assist any student who is experiencing difficulty in the classroom due to consistent academic, social-emotional or behavioral problems. The IST and Core Team models help create a seamless system of support within schools for students and teachers, where assistance is provided in the regular classroom for the student who is at risk for school failure.

Some of the most extensive research on building-based collaborative processes has been conducted in Pennsylvania. Highlights of the reports on Pennsylvania's experience with the multidisciplinary team approach for solving problems in the general education program are described below:

- ❑ As much as a 67% decrease in the use of retention in grade, which can be seen as a predictor of fewer dropouts in subsequent grades.
- ❑ Up to 46% fewer students referred for special education evaluations, than in schools not using the IST process.
- ❑ An 85% or more success rate for students receiving IST services (i.e., students who were successful in regular education programs and not referred for special education evaluations).

***Pennsylvania Instructional Support Teams and Core Teams, continued***

- On average, about 10% of a school's student population are served each year by an IST.
- Students involved in the IST process are placed in special education at the rate of 1% or less of the school population. In an average school of 500 students, five or fewer students are being identified annually for special education as a result of the general education support provided by the IST to staff, students and family.
- School staff from all teams received training in the following subject areas to perform their functions:
  - Collaboration, problem solving, team building and team maintenance.
  - Instructional assessment.
  - Instructional adaptation.
  - Effective interaction patterns, student discipline and behavior management.
  - Student assistance for at-risk issues.
- Schools that demonstrated high levels of implementation of the elements of the IST program produced better results for students' learning than schools with low levels of implementation. That is, *students profited from involvement in IST only when schools used the IST process as it was designed*. Specifically, when schools had a low implementation of the IST training components, their results on student achievements were negligible, as compared to schools that had not initiated the IST program.
- In schools that fully implemented the IST program, students receiving services displayed better time on task, task completion and task comprehension than students in schools that had not yet implemented IST or in schools where implementation was less thorough.

## **Rhode Island**

### **Classroom Alternatives Support Team**

Rhode Island's Classroom Alternatives Process (CAP)/Classroom Alternatives Support Team (CAST) is a system that provides support to general education teachers as they develop alternatives for students experiencing learning or behavioral difficulties in the classroom. The CAP/CAST provides schools with a mechanism for addressing the needs of students who do not require special education services, but who would benefit from some other type of intervention. Described below are highlights of information reported on this program:

- ❑ The most significant problems addressed by CAST were in the academic areas (45%), followed by behavior (33%).
- ❑ There was a 2% reduction in referrals to special education.
- ❑ Engaging educators in collaboration and providing support is an effective way to strengthen the capacity of general education teachers to educate and accommodate students exhibiting educational and behavioral difficulties.

**RESEARCH RESULTS OF NEW JERSEY'S  
SCHOOL RESOURCE COMMITTEE PILOT PROGRAM**

A study of the New Jersey Department of Education's School Resource Committee (SRC) pilot program was conducted by the Educational Testing Service (ETS). The report of ETS' study, which was submitted to the New Jersey Department of Education in 1990, includes the following findings:

- 44% of staff requesting assistance said they sought help for students they would not have considered sending to the CST.
- 87% of SRC members and 73% of staff requesting assistance believed that the SRC process increased the capacity of regular education to serve non-classified students with learning and/or behavior problems. The following areas of impact were identified:
  1. District Programs - Several districts added programs as a direct result of the needs of students referred to the SRC (e.g., an alternative reading program, a transitional K-1 program, a homework club, a peer tutoring program, development of new materials for teachers) *or* expanded existing programs (e.g., learning centers, basic skills, increased time for English as a Second Language programs).
  2. School Administrators - The SRC made school administrators more aware of the needs of the students in their buildings and of the need for new and refined programs and services. It helped stimulate discussion among staff about student needs and how these needs should be addressed. The process also helped building principals identify student needs that they did not know existed, or that would have previously gone unnoticed because they (e.g., disaffected youth) were not serious enough to warrant CST consideration.
  3. Teachers - The SRC not only helped teachers deal with individual student problems, but provided an opportunity for professional growth.

**Results of New Jersey's School Resource Committee Pilot Program, continued**

- ❑ Inappropriate referrals to CST were reduced by an average of 24% over the two-year period of the pilot program.
- ❑ 84% of SRC members, 70% of staff requesting assistance and even 53% of teachers who had not used the SRC indicated that the SRC had helped to serve students who would have been inappropriately placed in special education. Nearly half of the teachers requesting assistance felt that they were meeting the needs of their non-classified students with learning and behavior problems better than when their school did not have an SRC.
- ❑ The time CST members saved by doing less “formal” evaluation (i.e., testing) was spent conducting *more “informal” assessments* (e.g., observation, records review, review of documented accomplishments) and *consulting* with teachers and administrators.
- ❑ The *annual building-level* costs for the pilot program ranged from \$0 to \$2,000, with the average cost being \$591.00.
- ❑ 81% of SRC members and 64% of staff requesting assistance believed that the SRC increased teachers’ repertoire of both instructional and behavioral techniques.
- ❑ 90% of SRC members and 81% of staff requesting assistance believed the SRC provided an effective way for teachers to share expertise.
- ❑ No teachers indicated that they avoided the SRC because others would think them poor teachers. Most of the teachers who did not use the SRC reported that they did not seek assistance because they had no students who required this type of assistance (50%) or because other sources of assistance were available (18%). Other reasons cited for not using the SRC were lack of familiarity with the process (10%), the time it took to get assistance (10%) and thinking the service would not be useful (13%).

**Results of New Jersey's School Resource Committee Pilot Program, continued**

**Other findings of the SRC program include:**

- ❑ The building-based teams were most likely to continue in districts where there were *commitment* and *support from the central office administration* and in schools where there were *commitment* and *leadership from the principal*.
- ❑ Increased communication among regular education and special education teachers.
- ❑ Provided teachers with modifications learned from the CST members and other special needs staff.
- ❑ Gave teachers a place to go for support and assistance and streamlined interventions for students.
- ❑ Provided teachers with the opportunity to brainstorm new classroom strategies and techniques and brought different points of view and areas of expertise to problem solving.

## **SCOPE OF SERVICES FOR BUILDING-BASED I&RS TEAMS**

### **PROGRAM FOCUS**

The I&RS team is an *adult-centered* program. By design, the I&RS team invites *requests for assistance* from school staff or parents, rather than referrals to the team. Welcoming requests for assistance clearly communicates that the team exists to *assist* staff or parents with educational problems they are experiencing with students or their children, rather than assume *total* responsibility for identified problems.

The *learning, behavior and health* issues presented to the team must in some way be related to the educational process. These issues, however, need not have an individual student as the focus for the problem to be reviewed by the team. For example, a teacher might be experiencing general classroom management problems (e.g., difficulty getting students settled to begin instructional lessons, students regularly talking out of turn and making inappropriate comments, students repeatedly leaving their seats without permission, significant numbers of students being inattentive during class instruction), and could use the I&RS team as a forum for problem solving and remediating these educational problems.

The program is not limited to providing assistance to classroom teachers. For example, school counselors, school social workers or substance awareness coordinators might experience difficulty working with a student and/or the student's family, and could benefit from reviewing the problem through the collaborative team process. School support staff (e.g., clerical, custodial, food preparation, transportation) are in positions to observe and interact with students and can be valuable sources of information, as well as benefit from participating in the I&RS team process.

Per N.J.A.C. 6A:16-7.2(a)6, parents must be *actively* involved in the *development and implementation* of I&RS action plans. Parents may also initiate a request for assistance of the school team in addressing issues and concerns they have with their children.

### **A GENERAL EDUCATION PROGRAM**

The responsibility for establishing, implementing and evaluating programs of I&RS is clearly centered in the *general education program*, rather than special education. I&RS programs are intended to be used as a *primary mechanism* in a school building for assisting *general education staff* and expanding their skills and abilities to successfully accommodate the needs of significant numbers of students in the general education program who are at risk for school failure.

I&RS programs are not intended to replace traditional methods or resources for helping students to function effectively in school. They exist primarily to bring particularly difficult or repeat cases into focus using available resources in a coordinated manner.

Early versions of multidisciplinary teams similar to I&RS teams were closely identified with the purpose of pre-referral interventions. Programs of I&RS, however, *are not limited* to the purpose or conceptual framework of pre-referral interventions to the Child Study Team (CST).

As *global problem solving mechanisms* for diverse learning, behavior and health problems, I&RS teams are *separate and distinct* in mission and practice from pre-referral intervention and special education functions. A program of I&RS provides schools with the opportunity to institutionalize a sophisticated process for helping school staff resolve the *full range* of learning, behavior and health problems in the general education program, including those posed by the inclusion of students with learning disabilities in general education classrooms.

Therefore, a building-based program of intervention and referral services is *not necessarily* a pre-referral intervention mechanism for CST evaluations. An I&RS team is one of many resources used by schools to intervene with student problems, prior to child study team evaluations.

**It should be noted that programs of intervention and referral services may not be used to delay obvious and appropriate referrals to special education (N.J.A.C. 6A:14-3 et seq.). Schools are not permitted to create any barrier for the administration of appropriate evaluations to determine the existence or nature of students' educational disabilities. This means, for example, that schools *may not require the review of all student cases by the I&RS program prior to child study team review, since this requirement would create a barrier to the administration of appropriate evaluations.***

## **MODES OF OPERATION**

To be effective, the team must remain flexible in its operations and able to function in any of the following three modes, as appropriate to the diversity of circumstances that the team must be prepared to address. In all three modes, the collaborative proceedings are recorded in an I&RS action plan which is designed to resolve the identified problem(s). The three modes, which can be viewed as a continuum of services, differ according to who assumes ownership for the problem and which resources provide the services to remediate the problem.

- **Collaborative Mode** – In this mode, team members and the person requesting assistance *jointly* identify problems and, through consensus, develop and implement an I&RS action plan. Through the collection and analysis of thorough information, all team members reflect and agree upon the nature of the problem(s), objectives for behavioral improvement, preferred solutions and follow-up plans. Team members, as well as the requesting staff member may be responsible for implementing portions of the I&RS action plan, and/or involve other school and/or community resources to aide in its implementation, as appropriate. The team and the requesting staff member engage in a pure form of collaboration for the resolution of educational problems.
  
- **Direct Services Mode** – There are some instances that require the team’s immediate or specialized action, where the team takes over partial or total responsibility for implementing the I&RS action plan. For example, if an I&RS team has incorporated the functions of the drug/alcohol core team into its operations, it should be prepared to provide the direct formal or informal intervention functions of the core team, as appropriate to the circumstances of each case. Another example is the crisis intervention functions provided for incidents of sudden violent loss (e.g., suicide, homicide), which typically are provided by a crisis intervention team, but could include the supportive involvement of the I&RS team.
  
- **Indirect Services Mode (Consultation)** – Sometimes parents or staff, particularly those considered master teachers, will benefit from a forum where they can consider new ideas, process their experiences with a problem(s) of concern and/or think about a problem(s) in a new way. In these instances, the team should be prepared to provide *consultation* services to the school staff member who is requesting assistance. In the indirect services mode, the decision for action is left to the staff member or parent who is requesting assistance, since it is understood that in this mode the ownership for the problem and the implementation of the I&RS action plan continues to reside with the requesting staff member and/or parent.

### **LIFE SKILLS DEFICIENCY MODEL**

The essence of the I&RS process is represented in the formula below, which has been adapted from the Pennsylvania Department of Education's Student Assistance Program and Instructional Support Team models:

$$\begin{array}{c}
 \textit{LIFE SKILL DEFICIENCY} \\
 + \\
 \textit{LIFE CRISIS or EVENT} \\
 = \\
 \textit{SPECIFIC OBSERVABLE BEHAVIOR}
 \end{array}$$

I&RS teams can be reasonably expected to effectively deal with two of the components of the formula: *specific observable behaviors* and *life skill deficiencies*, but less so, if at all, with life crises or events.

#### **Specific Observable Behavior(s)**

The *observation of behaviors* of concern is the point of intervention; it is the reason someone requests assistance from the I&RS team.

Specific, observable, objectively described and quantified behaviors are also the focus of I&RS team information collection and assessment.

The thorough identification, quantification and objective description of *observable behaviors* is *necessary* for effective problem solving to occur. It is important that teams focus on *observable behaviors*, rather than attempt to project subjective interpretations or motivations, which typically can not be confirmed and do not lead to constructive strategies that will produce change. In other words, the team should be able to prove that the behaviors that have been identified and targeted are based in *fact*, rather than supposition or inference.

The I&RS team must *first* address the *observed behaviors* that prompted or justified the original request for assistance. Significant relief can be provided to those requesting assistance by concentrating on strategies that are specifically designed to reduce the incidence and/or prevalence

of problem behaviors. Targeting *observed behaviors* also affords teams the benefit of quantifying baseline data for comparison purposes. These comparisons help teams determine the effectiveness of their consensus strategies and can suggest new directions for I&RS action plans.

There are a variety of general behavioral indicators that could prompt a request for assistance. Examples of behaviors which indicate a student's risk for school failure include the following:

### ***Behaviors that Indicate Risk for School Failure***

➤ Not focusing on tasks.	➤ Deteriorating personal appearance and hygiene.	➤ Alcohol, tobacco and other drug abuse.
➤ Not completing assignments.	➤ Not working within structure (e.g., not staying in seat).	➤ Eating disorders.
➤ Not achieving to demonstrated skill level or test results.	➤ Diminished expression of affect.	➤ Early sexual involvement.
➤ Declining or failing grades.	➤ Erratic behavior.	➤ Multiple sexual partners.
➤ Cheating.	➤ Acting out of character.	➤ Dating young or having relationships with older partners.
➤ Chronic absenteeism or tardiness.	➤ Fighting.	➤ Bullying or being victimized by bullies.
➤ Decreased participation.	➤ Defying authority.	➤ Suicide ideation or attempts.
➤ Falling asleep.	➤ Violating school rules.	➤ Violence and vandalism.

**Life Skill  
Deficiency**

It is reasonable to assume that all students have some sort of *life skill deficiency*. For most students, these deficiencies reflect human frailties, as well as the essence of childhood and adolescence, but do not result in patterns of academic, behavior or health problems.

The implementation of strategies to improve observable behaviors may not be sufficient in *some cases* to bring about *long-term* changes. The identification and in-depth assessment of these behaviors provides the team with opportunities to also determine underlying life skill deficiencies that may contribute to the observed behaviors, and develop additional strategies that will increase the chances of *lasting* change.

The I&RS team should strive to identify and correct both *observable behaviors and life skill deficiencies*, as appropriate, to be effective in helping students develop internal locus of control over the identified problem areas and move toward school achievement. The identification of life skill deficiencies maintains a focus on *behaviors*, rather than assigning subjective interpretations or motivations to them, but is based on the assessment of problems at a greater depth of understanding about the observed behaviors.

In many instances, problem behaviors will be corrected by the team's initial strategies. Either based on the original presenting data or the quantified data on students' performance in response to the I&RS action plan, the team's strategies should also address the identified life skill deficiencies. Sometimes students' behaviors will require further assessment by the team or outside agencies to determine whether the presenting behaviors can be improved or ameliorated in school through skill building; whether formal evaluation is required to determine the existence of learning disabilities that require special education services; whether a referral to outside resources is necessary; or whether the circumstances require a coordinated effort among a variety of school and community resources.

The examples of observable behaviors and possible accompanying life skill deficiencies on the following page are not intended as a thorough analysis of *all* students who exhibit these behaviors, but to suggest possible distinctions between observed behaviors and related life skill deficiencies.

### ***Life Skill Deficiencies***

<b>OBSERVABLE BEHAVIOR</b>	<b>POSSIBLE LIFE SKILL DEFICIENCY</b>
➤ Not completing assignments.	➤ Lack of study or organizational skills.
➤ Chronic absenteeism or tardiness.	➤ Lack of sound sleep habits.
➤ Not working within structure (e.g., not staying in seat).	➤ Lack of impulse control.
➤ Declining or failing grades.	➤ Lack of bonding to school and other pro-social institutions.
➤ Deteriorating personal appearance and hygiene.	➤ Lack of skill for dealing with depression and grief.
➤ Fighting.	➤ Poor socialization or anger management skills.
➤ Alcohol, tobacco or other drug (ATOD) experimentation.	➤ Poor assertiveness skills.
➤ Suicide attempt.	➤ Low self-regard and lack of skills for coping with loss.
➤ Early sexual involvement.	➤ Low self-regard and lack of assertiveness skills.
➤ Erratic behavior.	➤ Poor decision-making skills: choosing friends who use alcohol or other drugs.

**Life Crisis  
or Other  
Life Event**

Unlike the learning opportunities presented by observed behavior problems and deficient life skills, the I&RS team typically is either unaware of these crises or unable to effectively deal with most of the *life crises or other life events* that may contribute to students' problems in school. It is not within the purview of schools to directly ameliorate crises that occur or originate outside of the educational environment. I&RS teams, however, *can* have a role to play with these life crises or life events under the required function of coordinating the services of community-based social and health provider agencies or socializing institutions (e.g., home, faith community).

Since the I&RS team does not have control over the occurrence or correction of these crises, it is important that team members keep a perspective on the appropriate focus for their activities: *addressing observed behaviors and life skill deficiencies*. It also is important for team members to remain sensitive to the powerful life events that often influence students' behavior. Understanding these events does not relieve students of responsibility for their behavior, but it might influence the nature of teams' strategies for individual cases.

As indicated in the chart below, it is possible that the observed behavior for one student could be the life skill deficiency or life crisis for another. For example, alcohol or other drug *use* could be the observed behavior for one student. Since the *disease of alcoholism* is a primary problem, however, another student's loss of control over the use of alcohol could be the critical life skill deficiency underlying demonstrations of erratic behavior. For a third student, family alcohol or other drug use could be the life crisis influencing the student's life skill deficiency of lack of impulse control, which drives the observed behavior of not being able stay in one's seat or to work within structure.

There is no set rule of thumb for the nature of students' problems. Teams must be prepared to collect comprehensive information from a variety of sources in order to accurately assess and address identified behaviors of concern; keep a clear eye toward the nature of the problems before them; and understand and accept the ones they can and can not influence. In other words, the team should collect as much information as possible on observed behaviors, life skill deficiencies and life crises or events; determine which they can realistically influence in both the *short-term* and *long-term*; and let go what can not be changed, unless future opportunities are presented to positively effect these behaviors or circumstances.

Some examples of life crises or life events that can precipitate observable behaviors of concern are identified below:

***Examples of Life Crisis or Life Events***

➤ Poverty.	➤ Hunger.	➤ Loss of job.
➤ Homelessness.	➤ Mental illness.	➤ Geographic relocations.
➤ Separation or divorce.	➤ Illness.	➤ Substance abuse.
➤ Child abuse and neglect.	➤ Death and dying.	➤ Lack of education and/or support for education.
➤ Domestic violence.	➤ Suicide attempts or completed suicides.	➤ Sexual abuse.
➤ Excessive violence in the neighborhood.	➤ Legal proceedings.	➤ Loss of anything cherished.
➤ Lack of adult supervision.	➤ Adjudication and incarceration.	➤ Victimization by pro-social or anti-social bullies.

The following chart includes the same examples of observable behaviors and possible accompanying life skill deficiencies that are provided in the chart above titled Life Skill Deficiencies, along with a description of possible *life crises or events* that could be contributing factors to students' problems:

### **Life Skill Deficiencies & Life Crisis or Events**

<b>OBSERVABLE BEHAVIOR</b>	<b>POSSIBLE LIFE SKILL DEFICIENCY</b>	<b>POSSIBLE LIFE CRISIS OR EVENT</b>
➤ Not completing assignments.	➤ Lack of study or organizational skills.	➤ Insufficient adult supervision.
➤ Chronic absenteeism or tardiness.	➤ Lack of sound sleep habits.	➤ Parents “party” at night.
➤ Not working within structure (e.g., not staying in seat).	➤ Lack of impulse control.	➤ Substance exposure in utero (fetal alcohol effects).
➤ Declining or failing grades.	➤ Lack of bonding to school and other pro-social institutions.	➤ Parents failed in school and do not value or support education.
➤ Deteriorating personal appearance and hygiene.	➤ Lack of skill for dealing with depression and grief.	➤ Chronically ill family member.
➤ Fighting.	➤ Poor socialization or anger management skills.	➤ Domestic violence.
➤ Alcohol, tobacco or other drug experimentation.	➤ Poor assertiveness skills.	➤ Pressure to use ATOD from siblings or peers.
➤ Suicide attempt.	➤ Low self-regard and lack of skills for coping with loss.	➤ Loss of something cherished.
➤ Early sexual involvement.	➤ Low self-regard and lack of assertiveness skills.	➤ Sexual abuse.
➤ Erratic behavior.	➤ Poor decision-making skills: choosing friends who use alcohol or other drugs.	➤ Addiction to alcohol or other drugs in the family.

**THE STUDENT AT RISK FOR SCHOOL FAILURE**

The book titled Developing the Resilient Child: A Prevention Manual for Parents, Schools, Communities, and Individuals, developed by The Northeast Regional Center for Drug-Free Schools and Communities, reports some significant findings about the needs of young people and the development of appropriate prevention strategies. First among these is the importance of designing interventions that are appropriate for the developmental stages of the targeted individuals, as well as the contexts in which they live.

The text explains that researchers, educators, and other individuals who work with children, have discovered that certain factors place children at risk for alcohol, tobacco and other drug abuse, violence, vandalism, truancy, early sexual involvement, school failure and other destructive behaviors. The following chart lists some of the *psychosocial* issues that place a child at risk:

***Psychosocial At Risk Factors***

<b>ALIENATION</b>	<b>LOW SELF ESTEEM</b>
<b>APATHY</b>	<b>NEGATIVE PEER PRESSURE</b>
<b>BOREDOM</b>	<b>NEGATIVE ROLE MODELS</b>
<b>DARE</b>	<b>NON-GOAL ORIENTED</b>
<b>DEFIANCE</b>	<b>POOR SELF IMAGE</b>
<b>DEPRESSION</b>	<b>POWERLESSNESS</b>
<b>EMOTIONAL PAIN</b>	<b>REBELLION</b>
<b>ESCAPE</b>	<b>REJECTION</b>
<b>FAILURE</b>	<b>TENSION</b>
<b>FAMILY PROBLEMS</b>	<b>UNAWARE</b>
<b>FRUSTRATION</b>	<b>UNCHALLENGED</b>
<b>HOPELESSNESS</b>	<b>UNEQUAL</b>
<b>IGNORANCE</b>	<b>UNLOVED</b>
<b>LONELINESS</b>	<b>UNMOTIVATED</b>

### **Cultural, Economic and Social At Risk Factors**

In the cultural, economic and social contexts that make up a child’s environment, certain risk factors have been identified (Kandal 1982, Cooper 1983, Polich 1984, Perry 1985, Hawkins 1985, Hawkins and Catalano 1985, 1987, 1988, 1992) that place children at risk for developing substance abuse or related destructive behavioral problems. The most prominent *risk factors* within key systems, as reported in Together We Can Reduce the Risks by Jeanne Gibbs and Sherrin Bennett, are identified below:

<b>SCHOOL</b>	<b>PEERS</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Negative school climate.</li> <li><input type="checkbox"/> School policy not defined or enforced.</li> <li><input type="checkbox"/> Availability of alcohol, tobacco and other drugs (ATOD).</li> <li><input type="checkbox"/> Transitions between schools.</li> <li><input type="checkbox"/> Academic failure.</li> <li><input type="checkbox"/> Lack of student involvement.</li> <li><input type="checkbox"/> Labeling and identifying students as “high risk.”</li> <li><input type="checkbox"/> Truancy and suspension.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Early anti-social behavior.</li> <li><input type="checkbox"/> Alienation and rebelliousness.</li> <li><input type="checkbox"/> Favorable attitudes toward drug use.</li> <li><input type="checkbox"/> Early first use of ATOD.</li> <li><input type="checkbox"/> Greater influence by and reliance on peers than parents.</li> <li><input type="checkbox"/> Friends who use ATOD.</li> </ul>
<b>FAMILY</b>	<b>COMMUNITY</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Family management problems (i.e.,                             <ul style="list-style-type: none"> <li>- unclear expectations for behavior,</li> <li>- lack of monitoring,</li> <li>- inconsistent or harsh discipline,</li> <li>- lack of bonding or caring,</li> <li>- marital conflict).</li> </ul> </li> <li><input type="checkbox"/> Condoning teen use of ATOD.</li> <li><input type="checkbox"/> Parental misuse of ATOD</li> <li><input type="checkbox"/> Low expectations of children’s success.</li> <li><input type="checkbox"/> Family history of alcoholism.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Economic and social deprivation.</li> <li><input type="checkbox"/> Low neighborhood attachment and community disorganization.</li> <li><input type="checkbox"/> Lack of employment opportunities and youth involvement.</li> <li><input type="checkbox"/> Easy availability of ATOD.</li> <li><input type="checkbox"/> Community norms and laws favorable to misuse.</li> </ul>

Therefore, as indicated in the Life Skills Deficiency Model, explained earlier in this section, it is important for teams to consider the *broad range of possibilities* when examining individuals’ behaviors and their interactions with peers, family, school and community. For example, when a student’s classroom attendance begins to decline, it is necessary for school’s to address the situation as a discipline problem.

***Cultural, Economic and Social At Risk Factors, continued***

This response, however, may not be sufficient to take into account possible contributing factors, such as student substance abuse or a family crisis.

Once risk factors have been identified, strategies can be chosen or designed to reduce specific factors. The I&RS team is in a position to collect complete information for designing a comprehensive strategy to address the surface, as well as the fundamental issues that affect students' school success. It is important to note that when teams develop plans to improve specific behaviors and life skills, it is common for the positive gains to spill over to other areas of student performance.

**SCHOOL VIOLENCE**

Most schools are safe environments. Less than one percent of all violent deaths of children occur on school grounds. The violence that occurs in communities, however, can find its way into schools. School violence reflects a far-reaching problem that can only be addressed in an effective manner when the home, community and school work together. For more information on comprehensive planning for school safety, you may obtain the publication titled A Guide for the Development of A Districtwide School Safety Plan, by the New Jersey Department of Education, at [www.state.nj.us/education](http://www.state.nj.us/education).

There is ample evidence that prevention and early intervention efforts, such as I&RS teams, can reduce violence and other troubling behaviors in schools. Applying *research-based practices* can help schools recognize the early warning signs of factors that lead to violence and provide appropriate types of support to prevent potential crises.

The publication titled Early Warning Timely Response: A Guide to Safe Schools, by the United States Department of Education, sets forth the following principles for identifying early warning signs and imminent warning signs for school violence.

***Principles for Identifying  
Early Warning Signs of School Violence***

Educators and families can increase their ability to recognize early warning signs for violence and other destructive behaviors by establishing close, caring and supportive relationships with children and youth, where adults get to know young persons' needs, feelings, attitudes and behavior patterns. The I&RS can be a key agent in the identification and remediation of patterns of behaviors or sudden changes in behavior at early stages of concern.

There is real danger, however, that early warning signs will be misinterpreted. Educators must ensure that the early warning signs are not misconstrued by applying the following principles:

- ***Do No Harm*** – There are certain risks associated with using early warning signs to identify students who are troubled. The primary intent should be to determine the nature of the observed behaviors and help children and youth as early as possible. The early warning signs should not be used as a rationale to exclude, isolate or punish students, or as a checklist for formally labeling or stereotyping them.

- **Understand Violence and Aggression within a Context** – Violent and aggressive behavior (*observed behavior*) as an expression of emotion may have a variety of antecedents (*life crises or events*) that exist within the school, the home and the larger social environment.

For example, certain environments or situations can set off violent behavior for some students. Some may act out with violence or aggression when they lack positive coping skills (*life skill deficiency*) to respond in socially acceptable ways to stress, and if they have learned to react with aggression.

- **Avoid Stereotypes** – Stereotypes can interfere with the school community's ability to identify and help students, and can ultimately harm them. The I&RS team should be sensitive to false cues, including race, socio-economic status, cognitive or academic ability or physical appearance and guard against judging student behavior based on these characteristics.
- **View Warning Signs Within a Developmental Context** – Children and youth have varying social and emotional capabilities at different levels of development (e.g., pre-school, elementary, middle and high school). It is important to keep perspective on what is developmentally appropriate behavior, so that observed behaviors are not misinterpreted.
- **Understand that Young Persons Typically Exhibit Multiple Warning Signs** – Research confirms that most youth who are troubled and at risk for aggression exhibit more than one warning sign, repeatedly, and with increasing intensity over time. Therefore, it is important not to overreact to single signs, words or actions.

### ***Early Warning Signs of Violence***

It is not always possible to predict behavior that will lead to violence or any number of other destructive acts. Educators and parents, however, can learn to recognize certain signs that suggest the existence of a problem or the potential for aggressive deeds.

Research studies indicate that most young persons whom become violent toward themselves or others feel rejected and psychologically victimized. In most cases, children who become violent as adolescents have exhibited aggressive or withdrawn behavior early in life. If not provided

***Early Signs of Violence, continued***

support, some of these children will continue a progressive developmental pattern toward severe aggression or violence. Research also shows, however, that when children have a positive, meaningful connection to an adult, whether at home, in school or in the community, the likelihood of violence is significantly reduced.

None of these signs alone is sufficient for predicting aggression and violence. More important, it is inappropriate, and potentially harmful, to use the warning signs as a checklist against which to match individual children. The I&RS team must ensure that the early warning signs are used exclusively for identification and referral purposes. Only appropriately trained and certified or licensed professionals should make diagnoses in consultation with the student's parents or guardians.

The following early warning signs from the United States Department of Education are presented with the qualifications that they are not equally significant and they are not presented in order of seriousness.

***Social Withdrawal***

In some situations, gradual and eventually complete withdrawal from social contacts can be an important indicator of a troubled child. The withdrawal often stems from feelings of depression, rejection, persecution, unworthiness and lack of confidence.

***History of Discipline Problems***

Chronic behavior and discipline problems both in school and at home may suggest that underlying emotional needs are not being met. These unmet needs may be manifested in violating norms and rules, defying authority, disengaging from school, acting out and aggressive behavior.

***Excessive Feelings of Isolation and Being Alone***

Research on these factors is mixed. The majority of children who are isolated and appear friendless are not violent. In fact, these feelings are sometimes characteristic of children and youth who may be troubled, withdrawn or have internal issues that hinder development of social affiliations. Research has also shown that in some cases, however, feelings of isolation and not having friends are associated with young persons who behave aggressively and violently.

***Intolerance for Differences and Prejudicial Attitudes***

All people have preferences. An intense prejudice, however, toward others based on racial, ethnic, religious, language, gender, sexual orientation, ability and physical appearance, when coupled with other factors, may lead to violent assaults against those who are perceived to be different. Membership in hate groups or the willingness to victimize individuals with disabilities or health problems should also be treated as early warning signs.

**Early Signs of Violence, continued*****Excessive Feelings of Rejection***

Many young people experience emotionally painful rejection in the process of growing up. Children who are troubled often are isolated from their mentally healthy peers. Without support, they may be at risk of expressing their emotional distress in negative ways, including violence. Some aggressive children who are rejected by non-aggressive peers seek out aggressive friends who, in turn, reinforce their violent tendencies.

***Affiliation with Gangs***

Gangs that support anti-social values and behaviors, including extortion, intimidation and acts of violence toward other students, cause fear and stress among students. Youth who are influenced by these groups may adopt these values and act in violent or aggressive ways in certain situations. Gang-related violence and "turf" battles are common occurrences tied to perceived "threats," insults or differences or the use of drugs that often result in injury and/or death.

***Feelings of Being Picked on and Persecuted***

The youth who feels constantly picked on, teased, bullied, singled out for ridicule and humiliated at home or at school may initially withdraw socially. If not given adequate support in addressing these feelings, some children may vent them in inappropriate ways, including possible violence and aggression.

***Patterns of Impulsive and Chronic Hitting, Intimidating and Bullying Behaviors***

Children often engage in acts of shoving and mild aggression. Some mildly aggressive behaviors, however, such as constant hitting and bullying of others that occur early in children's lives, if left unattended, might escalate into more serious behaviors.

***Low School Interest and Poor Academic Performance***

It is important to assess the emotional, cognitive and social reasons for academic changes to determine the true nature of the problem. In some circumstances, such as when the low achiever feels frustrated, unworthy, chastised, and denigrated in the performance of schoolwork, acting out and aggressive behaviors may occur.

***Inappropriate Access to, Possession of and Use of Firearms***

Young persons who inappropriately possess or have access to firearms can have an increased risk for violence. Research shows that such youngsters also have a higher probability of becoming victims. Families can reduce inappropriate access and use of firearms and other weapons by restricting, monitoring and supervising children's access to them.

**Early Signs of Violence, continued****Uncontrolled Anger**

Anger is a naturally occurring response to hurt, frustration or fear. Anger that is expressed frequently and intensely in response to minor irritants might signal potential violent behavior toward self or others.

**Drug and/or Alcohol Use**

Apart from being unhealthy behaviors, drug and/or alcohol use reduces self-control and exposes children and youth to violence, either as perpetrators, as victims, or both.

**Expression of Violence in Writings and Drawings**

Young persons often express their thoughts, feelings, desires and intentions in their drawings and in stories, poetry and other written expressive forms. Many students produce work about violent themes that for the most part is harmless when taken in context. An overrepresentation of violence in writing, drawings or music that is directed at specific individuals (e.g., family members, peers, other adults) consistently over time may signal emotional problems and the potential for violence. The very real danger of misinterpreting such signs underscores the importance of seeking qualified professionals (e.g., psychologist, other mental health specialist) to determine their meanings.

**Past History of Violent and Aggressive Behavior**

Unless provided with support and counseling, a youth who has a history of aggressive or violent behaviors is likely to repeat those behaviors. Youth who show early patterns of antisocial behavior frequently and across multiple settings are particularly at risk for future aggressive and antisocial behavior. Similarly, youth who engage in overt behavior, such as bullying, generalized aggression and defiance, and covert behaviors, such as stealing, vandalism, lying, cheating and fire setting also are at risk for more serious aggressive behavior.

Research suggests that age of onset may be a key factor in interpreting early warning signs. For example, children who engage in aggression and drug abuse before age 12 are more likely to show violence later on than are children who begin such behavior at an older age. In the presence of such signs it is important to review the child's history with behavioral experts and seek parents' observations and insights.

**Serious Threats of Violence**

Idle threats are common responses to frustration. Alternately, one of the most reliable indicators that a youth is likely to commit a dangerous act toward self or others is a detailed and specific threat to use violence. Incidents across the country clearly indicate that threats to commit violence against oneself or others should be taken seriously. Steps must be taken to understand the nature of these threats and to prevent them from being carried out.

### ***Imminent Warning Signs of Violence***

Unlike early warning signs, *imminent warning signs* indicate that a student is very close to the *possibility* of behaving in a way that is potentially dangerous to self and/or others. Imminent warning signs require an immediate response. Therefore, the I&RS team should be vigilant in examining the data collected for team review to determine a student's risk for causing harm to self or others, or make requests for assistance based on their own observations of behaviors of concern.

No single warning sign can predict that a dangerous act will occur. Rather, imminent warning signs usually are presented as a sequence of overt, serious, hostile behaviors or threats directed at peers, staff or other individuals. Usually, imminent warning signs are evident to more than one staff member, as well as to the student's family, which underscores the importance of thorough information gathering by a coordinated system of I&RS.

Imminent warning signs may include:

➤ <b><i>Serious physical fighting with peers or family members.</i></b>	➤ <b><i>Severe rage for seemingly minor reasons.</i></b>	➤ <b><i>Possession and/or use of firearms and other weapons.</i></b>
➤ <b><i>Severe destruction of property.</i></b>	➤ <b><i>Detailed threats of lethal violence.</i></b>	➤ <b><i>Threats of suicides or other self-injurious behaviors.</i></b>

When warning signs indicate that danger is imminent, safety must ***always*** be the first and foremost consideration. Specific ameliorative interventions can be designed after the immediate threat of danger has been contained. The I&RS team and other school staff should *immediately* refer warning signs for urgent intervention by school authorities, consistent with school board policies and state and federal regulations, and consideration should always be given to calling upon law enforcement officers when a student:

- ❑ ***Has presented a detailed plan (i.e., time, place, method) to harm or kill self or others, especially if the student has a history of aggression or has attempted to carry out threats in the past.***
- ❑ ***Is carrying a weapon, particularly a firearm, and has threatened to use it.***

**SUBSTANCE ABUSE**

Of continuing alarm for educators are the unacceptably high rates of student substance abuse. Significant concerns involve the increased use of alcohol, tobacco and other drugs (ATOD) by *younger* students; the increased *intensity* of use by young people; the *frequency* of use by students; and the *variety* and *unpredictable contents or strengths* of substances that are used either individually or in combination.

Adult denial, or deciding not to recognize and appropriately respond to ATOD abuse as a *primary* problem, has been a foremost dynamic that has prevented student substance abusers from recovering and performing to their potential in school. Youth substance abuse often is perceived as either an individual or a social phase, which, like other “trends,” will pass. All too often adults’ thoughts and actions regarding ATOD use among youth are counterproductive (e.g., “We drank when we were kids and it didn’t hurt us.”). The I&RS team can be an important mechanism for breaking the pattern of denial described above by ensuring that substance abuse and related issues are given full consideration as educational problems to be solved. Since all districts are required to “establish a comprehensive substance abuse intervention...and treatment referral program” (N.J.S.A. 18A:40A-10), the provisions of the I&RS code can also help districts fulfill the substance abuse intervention and referral program requirement.

Effective strategies for dealing with student ATOD-related problems must be designed to address the complexity, scope and context in which they occur. ATOD problems are particularly insidious because, as is the case with most students who have difficulties with ATOD, we typically do not observe direct substance use until the later stages of students’ ATOD problems. We are far more likely to witness changes in students’ academic performance, behavior and health long before we have hard evidence of ATOD abuse.

ATOD and related problems that have taken weeks, months, years or more than a decade to develop will not be resolved by a single act. The first action, however, is necessary to begin the intervention process. As indicated in the Life Skills Deficiency Model, which is explained earlier in this section of the manual, I&RS teams will enable substance abuse problems to continue if they only consider presenting or obvious problems. The I&RS team should remain vigilant in considering all possible influences (e.g., ATOD abuse) on student behavior as it reviews the compiled academic, behavior and health information for each case.

**Substance Abuse, continued**

Since the I&RS team collects comprehensive information on identified problems, it is in an ideal position to recognize the signs of substance abuse and other high-risk behaviors and take action to address student ATOD abuse as a primary problem, at early stages of identification.

Described below is information that can provide perspectives and insights into connections between substance abuse and academic, behavior or health facts. It is important for teams to remember that their role is to identify possible substance abuse and related behaviors of concern, rather than make a diagnose of substance abuse or chemical dependence or treat these problems. Certified experts outside the school should be used to make a clinical diagnosis for students of concern to either determine the nature of the substance abuse problem; recommend an appropriate course of action; or establish that substance abuse is ruled out as a primary problem and does not warrant a diagnostic categorization or placement.

**Continuum of Youth Substance Use**

The nature of youth ATOD use has followed a fairly consistent pattern since the 1970s; in fact, their pattern closely follows the nature of adult involvement with psychoactive chemical substances. The information provided below is not intended to prepare team members to diagnose ATOD problems, but to provide perspective on potential target audiences and give strength to the importance of *early identification* of student's *risk for harmful involvement* with substances.

Category of Use	Percentage of Youth	Summary of Characteristics	Considerations
<b>No Use</b>	5-15%	<ul style="list-style-type: none"> <li>▪ Not particularly peer-oriented.</li> <li>▪ More adult-oriented (seeks out and takes direction from parents and teachers).</li> <li>▪ More likely to live in strong, stable families with healthy traditions and rituals.</li> <li>▪ Has clear goals and strategies for goal achievement.</li> </ul>	<ul style="list-style-type: none"> <li>▪ There probably is far less concrete information on these students, when compared to the preponderance of research literature on student substance users.</li> <li>▪ It is important, however, for schools to provide sufficient support to student's choices not to use substances; reinforce the message that substance abuse is wrong, harmful and not "normal" behavior; and provide opportunities for them to be positive role models.</li> </ul>

**Continuum of Youth Substance Use, continued**

<b>Category of Use</b>	<b>Percentage of Youth</b>	<b>Summary of Characteristics</b>	<b>Considerations</b>
<p><b><i>Experimental/Recreational Use</i></b></p>	<p>65-85%</p>	<ul style="list-style-type: none"> <li>▪ Very peer-oriented.</li> <li>▪ Common age of first use: 11-13 years.</li> <li>▪ Looks like an adult addict or alcoholic, if we only look at the fact that chemicals have been used, rather than considering the nature of the use and the role it plays in young persons' lives.</li> <li>▪ Use tends to be tied to social activities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ A significant portion of students, who are engaged in this illegal and inappropriate student behavior, typically would not be diagnosed with a dependency problem. They, however, get in trouble (e.g., DUI arrests, vandalism, school policy violations) as a result of their use.</li> <li>▪ Since we can not know which categories students will eventually fit into (e.g., a recreational user could eventually become dependent), teams must take all incidences of substance abuse seriously. Teams should constantly look for opportunities to intervene at the earliest possible stages of identification for all problems they review, because any observed at risk behavior could have its roots in substance abuse or related problems.</li> </ul>

**Continuum of Youth Substance Use, continued**

<b>Category of Use</b>	<b>Percentage of Youth</b>	<b>Summary of Characteristics</b>	<b>Considerations</b>
<b>Circumstantial Use/ Harmful Involvement/ Dependence</b>	5-20%	<ul style="list-style-type: none"> <li>▪ Use becomes a part of students' style of coping with every day life events and stressors.</li> <li>▪ Common age of first use: 9-10 years.</li> <li>▪ Risk-taking dramatically increases.</li> <li>▪ More high-risk variables are associated with their lives.</li> <li>▪ Tend to look peer-oriented, but there is little intimacy and support in these students' lives.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Since these students tend to be the most obvious cases, they are more likely to come to the attention of the team. Providing appropriate care to these students is important. Teams, however, should guard against only considering the more pronounced cases.</li> <li>▪ In addition to being well prepared to appropriately identify students with apparent problems, school staff should be trained to identify indicators that place youth at risk for <i>developing</i> substance abuse and related problems.</li> </ul>

**Progression of Chemical Dependency**

As explained in Intervention: How to Help Someone Who Doesn't Want Help, by Vernon E. Johnson, the progression of chemical dependency can be described in the following four sequential phases. In Johnson's model, social users remain in phases one or two. Phase three signals the loss of control over one's use of chemicals. We do not fully understand why some people progress and some do not. We, however, do know what happens to them when they do.

**Phase One: Learning about the Mood Swing.**

**Phase Two: Seeking the Mood Swing.**

**Phase Three: Harmful Involvement.**

**Phase Four: Harmful Dependency.**

**Progression of Chemical Dependency, continued**

<b>Phase One</b>		
<b>LEARNING ABOUT THE MOOD SWING</b>		
<b>Characteristics</b>	<b>Priorities</b>	<b>Consequences</b>
<ul style="list-style-type: none"> <li>➤ Every person who has consumed a psychoactive chemical substance (e.g., alcohol, marijuana, nicotine) has engaged in this phase: <i>learning how to use</i>.</li> <li>➤ First experience(s) of the chemically induced <i>mood swing</i>.</li> <li>➤ <i>Learns</i> one's mood can be changed and that the chemically induced euphoria is <i>temporary</i>.</li> <li>➤ <i>Learns</i> to <i>trust</i> the chemical and its effects.</li> <li>➤ <i>Learns</i> to <i>control</i> the degree of the mood swing by regulating the quantity taken.</li> <li>➤ The experience is predominantly positive, both socially and emotionally. There often is learning that, contrary to the cautionary messages from parents, teachers and the communications media, the use of the substance was not a bad or life-threatening experience.</li> <li>➤ There are no "<i>price tags</i>" or negative consequences when the effects of the chemical wears off.</li> </ul>	<ol style="list-style-type: none"> <li>1) Family.</li> <li>2) Friends.</li> <li>3) School or Job.</li> <li>4) Sports.</li> <li>5) School Activities or Hobbies.</li> <li>6) Getting "<i>high</i>" or <i>intoxicated</i> is added to the list for the first time.</li> </ol>	<ul style="list-style-type: none"> <li>➤ Social: Few, if any, other than the first episode of intoxication or "getting high."</li> <li>➤ Personal: Few, if any, with the exception of toxic inhalants.</li> <li>➤ Physical: Possibly, a first hangover, which is frequently offset by euphoric recall (i.e., remembering the positive aspects and the positive social experience surrounding the substance use).</li> </ul>

**Progression of Chemical Dependency, continued**

<b>Phase Two</b>		
<b>SEEKING THE MOOD SWING</b>		
<b>Characteristics</b>	<b>Priorities</b>	<b>Consequences</b>
<ul style="list-style-type: none"> <li>➤ First <i>negative</i> dimension (e.g., guilt, hangover) experienced, but always <i>returns to normal</i>.</li> <li>➤ Increased <i>tolerance</i> to dosage levels or quantities.</li> <li>➤ <i>New peer group</i> identities might form around substance use (i.e., friends not known to one's parents) while <i>maintaining old friendships</i> (i.e., friends known to one's parents).</li> <li>➤ Continued ability to <i>control</i> the times, quantities and outcomes of use.</li> <li>➤ <i>Pattern</i> of use might exist, but weeknight use is the exception.</li> <li>➤ <i>Reasons devised</i> to use at times other than acceptable occasions (e.g., impress friends, get ready for a social event).</li> <li>➤ <i>Self-imposed rules</i> (e.g., "I only drink at parties." "I only smoke on weekends." "I never use with younger kids.") are made to govern use.</li> <li>➤ Activities might suffer.</li> <li>➤ Sneaking out at night; secretive or anonymous phone calls.</li> <li>➤ The attraction is as much the camaraderie, excitement, and belonging that come from the experience, as it is the effects of the chemical.</li> </ul>	<ol style="list-style-type: none"> <li>1) Family.</li> <li>2) Friends (<i>old and new</i>).</li> <li>3) School or Job.</li> <li>4) Getting "<i>High</i>" or <i>Intoxicated</i>.</li> <li>5) Sports.</li> <li>6) School Activities or Hobbies.</li> </ol>	<ul style="list-style-type: none"> <li>➤ <i>Legal</i>: Increased risk of being caught.</li> <li>➤ <i>School</i>: Possible truancy or suspension from extra-curricular activities.</li> <li>➤ <i>Home</i>: Consequences for not doing chores or fulfilling responsibilities.</li> <li>➤ <i>Physical</i>: Hangovers, bad psychoactive experiences e.g., "trips") trouble sleeping on weekends, oversleeping on Monday morning.</li> <li>➤ <i>Mental</i>: Spends more time and energy planning the next "high;" minimizes extent of use; denies and makes excuses for substance use and behavior changes.</li> <li>➤ <i>Emotional</i>: Severe and unexplainable mood swings; normal emotional tasks (e.g., grieving, relationship issues) are delayed.</li> <li>➤ <i>Spiritual</i>: Family values and substance using values come into conflict.</li> </ul>

**Progression of Chemical Dependency, continued**

<b>Phase Three</b>		
<b>HARMFUL INVOLVEMENT</b>		
<b>Characteristics</b>	<b>Priorities</b>	<b>Consequences</b>
<ul style="list-style-type: none"> <li>➤ Periodic <i>loss of control</i> (i.e., can not predict the outcome of one's use once it has begun).</li> <li>➤ <i>Violates value</i> system, which results in emotional pain.</li> <li>➤ Spontaneous <i>rationalizations</i> (e.g., "Everyone else does it." "I don't use as much as other kids." "It only happened this once, and won't happen again." "I only use at parties.") occur to hide the emotional pain.</li> <li>➤ The rationalizations contribute to a <i>loss of insight</i> that grows into a complex <i>delusional system</i>. As a result, negative feelings remain <i>unidentified</i> and are <i>unresolved</i>.</li> <li>➤ <i>Projections</i> (e.g., "Mom's a nag." "The teachers don't like me." "The other kids are weird." "You...." "They....") of self-hatred onto others.</li> <li>➤ Anticipation and <i>preoccupation</i> with use.</li> <li>➤ Complete <i>lifestyle</i> changes (e.g., music, clothes, language, established rituals for use, solitary use begins, ingenious at hiding ATOD, expert "cons").</li> <li>➤ <i>Peer group change</i> becomes distinct and complete.</li> </ul>	<ol style="list-style-type: none"> <li>1) <i>Chemical-induced "High."</i></li> <li>2) Family.</li> <li>3) <i>New Friends.</i></li> <li>4) School or Job.</li> <li>5) Sports.</li> <li>6) School Activities or Hobbies.</li> </ol>	<ul style="list-style-type: none"> <li>➤ <i>Legal:</i> Shoplifting, vandalism, selling drugs, arrests.</li> <li>➤ <i>School:</i> Declining grades and/or truancy becomes more frequent; sleeping in class; marked changes in attitude; school suspensions; forged passes and excuses for absences.</li> <li>➤ <i>Home:</i> Stealing from parents; spending increasing amounts of time in room with door closed, or outside of the house; staying out overnight; becoming verbally and physically abusive.</li> <li>➤ <i>Friends:</i> Losing or dropping non-using friends; loss of intimacy and support.</li> <li>➤ <i>Physical:</i> Personal hygiene suffers; injuries; respiratory or other medical problems; weight loss or gain; overdoses; brain damage.</li> <li>➤ <i>Mental:</i> Blackouts begin; shorter attention span; decreased motivation and drive.</li> <li>➤ <i>Emotional:</i> Depression or suicidal thoughts; feeling cut off from friends, ridiculed or ostracized.</li> <li>➤ <i>Spiritual:</i> Severe shame and guilt result from the conflict between family values and substance using values.</li> </ul>

**Progression of Chemical Dependency, continued**

<b>Phase Four</b>		
<b>HARMFUL DEPENDENCY</b>		
<b>Characteristics</b>	<b>Priorities</b>	<b>Consequences</b>
<ul style="list-style-type: none"> <li>➤ Spends increasing amounts of time getting or preparing to get “high,” because he can not stand the way he feels in his normal state.</li> <li>➤ Uses for <i>survival</i>, rather than euphoria. Uses to feel normal, rather than less bad.</li> <li>➤ More <i>rigid</i> about how and when substances are used (e.g., must use first thing out of bed, or before lunch, or on the way to school, or as soon as the school day ends or before attending family functions).</li> <li>➤ <i>Blackouts</i> (i.e., periods of amnesia) become more frequent.</li> <li>➤ <i>Arrested development</i> (i.e., social, emotional, cognitive, behavioral, physical, spiritual).</li> <li>➤ <i>Physical addiction</i> can occur.</li> <li>➤ <i>Paranoid</i> thinking.</li> <li>➤ Total <i>conflict with values</i>.</li> <li>➤ <i>Geographic</i> escapes and change of drugs.</li> <li>➤ Loss of desire to live; lows are really low.</li> </ul>	<ol style="list-style-type: none"> <li>1) <i>Chemical-induced “High.”</i></li> <li>2) <i>New Friends.</i></li> <li>3) <i>Family.</i></li> <li>4) <i>School or Job.</i></li> <li>5) <i>Sports.</i></li> <li>6) <i>School Activities or Hobbies.</i></li> </ol> <p><b>NOTE:</b> Priorities 3-6 are either nonexistent or are in complete conflict with the new lifestyle.</p>	<ul style="list-style-type: none"> <li>➤ <i>Legal:</i> Commits crimes (e.g., breaking and entering, robbery, assault, battery, prostitution); might deal more drugs, more frequently; engages in physical violence; spends more time in the legal system.</li> <li>➤ <i>School:</i> Might sell drugs at school; substance use during school hours is common; might be suspended or expelled; might vandalize school.</li> <li>➤ <i>Home:</i> Family fights become more physical or severe; stays away from home for longer periods of time; might leave or be told to leave.</li> <li>➤ <i>Friends:</i> Responds to peers who express concern by avoiding them or using violence against them.</li> <li>➤ <i>Physical:</i> More injuries; rapid deterioration of health (e.g., chronic cough, severe weight loss); withdrawal.</li> <li>➤ <i>Mental:</i> Impaired recall and functioning; flashbacks.</li> <li>➤ <i>Emotional:</i> Deep remorse and despair; suicidal.</li> <li>➤ <i>Spiritual:</i> The conflict between values and behavior no longer restrains or inhibits substance use.</li> </ul>

**Substance Abuse, continued**

**The Disease Concept** Chemical dependency (e.g., alcoholism, drug addiction) meets all of the criteria for a disease set forth by the American Medical Association. The criteria for determining whether a condition is a disease are described below:

**A DISEASE:**

**Can Be Described:** It has its own symptoms, which can be observed and explained. There are identifiable patterns; we know what we are looking at when we see it. Just as a physician diagnoses diabetes, addiction can be identified by its characteristics and manifestations.

**Is Predictable:** It follows a consistent pattern.

**Is Progressive:** It becomes progressively worse. The affected person becomes physically, spiritually, emotionally and psychologically ill.

**Is Chronic and Permanent:** There is no cure for the disease; it only gets worse. Recovery from the disease must be based on abstinence from mood-altering chemical substances.

**Is a Primary Problem:** It is not a secondary symptom of some other problem (e.g., poverty, domestic violence, poor academic performance, truancy, broken home).

**Is Terminal/Fatal:** If left untreated or if the pattern continues, the result is premature death. The disease can only be arrested. As is the case with individuals who have diabetes or cancer, the person will die if the disease is not checked.

**Substance Abuse, continued**

**Intervention** As discussed earlier in this section of this manual (i.e., Scope of Services for Building-based I&RS Teams) one of the modes of operation for I&RS teams is a *direct services mode*, in which the team takes over *partial or total* responsibility for a case. It is likely that the direct services mode will apply to cases where a student's harmful involvement with substance abuse is an area of concern. In substance abuse cases, the direct services mode includes the planning and execution of formal or informal *interventions*.

**Intervention Definitions**

Some common definitions of intervention are provided below:

- 1) *A process or event that prevents, alters or interferes with the progression of a condition.*
- 2) *Any actions or decisions made that get between the individual and his behavior.*
- 3) *All of the critical steps undertaken to increase one's motivation for change.*
- 4) *A process of change over a period of time.*

It is important for teams to remember that intervention is a *process*, rather than a single event. Intervention is a *series* of actions, conditions or stages that are designed to ameliorate a condition. Understanding intervention as a process is particularly important for teams as they deal with the denial, projections and delusional thinking exhibited by most individuals who are harmfully involved with psychoactive chemical substances. The very nature of their harmful involvement with substances prevents these individuals from responding with rational thought or to one intervention event.

Therefore, teams should be prepared for significant resistance from students and their families, and design I&RS action plans as a process or a series of interventions designed to achieve the *ultimate goal: to help the person become motivated to accept the team's offer for professional help or change*. Once the goal has been achieved, the intervention process becomes one of support, referral and health maintenance.

**Intervention, continued**

An intervention *event* is always one of the actions, conditions or stages undertaken in the intervention *process*. Each event is designed to provide a student and/or his family with the opportunity to make a choice to accept the team's offer of help. An intervention event is a supportive action, service or confrontation that is based on the findings of specific information about a student's behavior. When the decision is made to present the student with data on his behavior, the firm recitation of facts is *always* balanced with expressions of *caring and concern* and is presented in a *supportive* manner, with *warmth and respect*.

**Intervention Assumptions and Considerations**

- **“Raising the Bottom”** – As explained above, there is a predictable and progressive pattern to chemical dependence that is chronic and terminal. We do not have to wait for the disease to run its course and watch students “bottom-out” before help is offered. We can “raise the bottom” to arrest the condition and initiate recovery.
- **Precipitating a Crisis** – The bottom can be raised through crises. Crisis situations will either come about “naturally” (e.g., through the student's behavior) or the team can create crises for students through the intervention process. The key for interventions is to effectively *combine consequences and concern* to stimulate the student to respond to offers of help.

The fact that *consequences are not synonymous with punishments* is important for teams to remember. If the goal is to influence a student's choice to accept help, crisis opportunities should be fully used to attach *meaningful consequences* (e.g., intervention-education groups, community service in drug/alcohol treatment centers, in-school suspension programs that include class work, assessments and counseling, drug/alcohol policies and procedures that are gradated and that balance consequences with care and supportive services) that will increase the chances that the goal will be achieved.

- **School Assessment vs. Clinical Diagnosis** – Teams must not diagnose substance abuse problems; not all student substance use indicates addiction or requires community treatment services. Appropriately certified school staff may conduct *assessments* for the purpose of making preliminary determinations regarding students who exhibit behavioral patterns that suggest involvement with alcohol or other drugs. On the other hand, *clinical diagnoses* are conducted by appropriately certified professionals from *outside the school*.

Recommendations from clinical diagnoses determine the appropriate interventions or level of care. Teams can significantly facilitate the diagnostic process by providing information on cases to diagnosticians.

**Substance Abuse, continued**

**Substance Abuse Treatment**

The I&RS team should be cognizant of the dynamics, vocabulary and stages of substance abuse treatment. All school staff should be aware of some key assumptions about treatment:

- 1) *Treatment is not a cure.*
- 2) *Treatment is a brief period or event in the extended process of recovery.*
- 3) *The process of recovery is initiated in treatment, but often takes two to three years or longer to take hold.*
- 4) *Sobriety is a lifelong challenge.*

**Phases of Recovery**

As explained in When Chemicals Come to School: The Student Assistance Program Model, by Gary L. Anderson, and adapted below, there are four basic phases of the recovery process, regardless of treatment modality:

TREATMENT PHASE	CHARACTERISTICS AND GOALS
<p><b>Phase 1: Admission</b></p>	<ul style="list-style-type: none"> <li>➤ The emphasis is on <i>cognitive</i> changes.</li> <li>➤ The individual is helped to learn the signs of chemical dependence and recognize them in himself; helped to identify with others who have experienced similar symptoms; and helped to see the extent of his denial.</li> <li>➤ At the cognitive level, at least, he identifies himself as being chemically dependent.</li> </ul>

**Phases of Recovery, continued**

<b>TREATMENT PHASE</b>	<b>CHARACTERISTICS AND GOALS</b>
<p><b>Phase 2:</b> <b>Compliance</b></p>	<ul style="list-style-type: none"> <li>➤ The emphasis is on <i>behavioral</i> changes.</li> <li>➤ Superficial changes in lifestyle or situational habits are made to accommodate the needs of the outside world, rather than because the individual believes he needs them.</li> <li>➤ The individual's primary mission centers on the question: "What do I have to do to get out of here?"</li> <li>➤ Believes he can stay "straight" on his own, that "this can be beaten" by the exertion of one's will.</li> <li>➤ It is not uncommon for the individual to leave treatment in this phase, with little buy-in to the requirements for a lifetime of recovery.</li> </ul>
<p><b>Phase 3:</b> <b>Acceptance</b></p>	<ul style="list-style-type: none"> <li>➤ The emphasis is on <i>emotional</i> changes.</li> <li>➤ Begins to accept the disease and its past, present and future implications at some emotional depth.</li> <li>➤ Learns the seductive and genuine power of his denial, which leads to acceptance of the idea that support from others is an essential ingredient for ongoing recovery.</li> <li>➤ More open to assessment, more trusting of others and more favorably inclined to change.</li> </ul>
<p><b>Phase 4:</b> <b>Surrender</b></p>	<ul style="list-style-type: none"> <li>➤ The emphasis is on <i>spiritual</i> changes.</li> <li>➤ There is complete openness to change and help on a spiritual level and from other people.</li> <li>➤ There is a complete identification with the chronic nature of the disease and its future implications.</li> <li>➤ There is a major transformation from a focus on the negative to the integration of a positive pattern of thinking, feeling and behaving.</li> <li>➤ There frequently is a profound sense of gratitude, and forgiveness for self and others.</li> </ul>

**Substance Abuse Treatment, continued**

Treatment for young people is different in many respects from treatment for adults. One of the most significant differences is an emphasis on *habilitation*, rather than rehabilitation. Rehabilitation, by definition, is the restoration of something to a former capacity, state of being, condition of health or useful or constructive activity. Young people in treatment, however, often have missed or retarded significant stages of social, emotional, spiritual and even physical development as a result of their substance abuse. The task in adolescent treatment is not to restore young people to a previous state, but *to make them capable* of functioning in a healthy, useful and constructive way.

Due to the onset of major changes in the health care delivery system, many students do not have the opportunity to receive services of sufficient duration or intensity for fully bringing about these dramatic developmental changes. Therefore, I&RS teams must be cognizant of the treatment stages described above to help understand each student's behavior, develop appropriate interventions and provide adequate support for students' recovery when they return to school.

**Issues  
in Recovery**

As indicated above, recovery is a lifelong process. A magic wand is not waved in treatment programs that makes individuals perfect. Individuals in recovery struggle to maintain their commitment to a life of sobriety. This dynamic is exacerbated by the oppositional and testing behavior that characterizes adolescence. Additionally, young people in treatment are instructed to avoid "*people, places and things*" that contribute to a drug-using lifestyle, but are placed back in school, which often represents the "*people, places and things*" to be avoided in order to stay sober.

Described below are some principles and issues for teams to understand and address with students who are returning from treatment:

**Relapse Principles**

- Relapse is a reactivation of old behavior patterns, which begins *before* the use of a substance.
- Relapse is a *symptom of the disease*, rather than a failure of treatment.
- Relapse is a *normal* occurrence in the recovery process and should be planned for and proactively addressed.

**Issues in Recovery, continued****Relapse Issues**

Students will typically demonstrate signs of relapse *before* they use a substance. The I&RS team and other school staff should be trained to identify and intervene when they observe these indicators. In so doing, they can increase the chances that students will not use again and will maintain their recovery program.

The I&RS process does not end when a student enters treatment. It makes little sense for teams to spend time and energy on getting students into treatment and doing little or nothing to ensure that treatment takes hold. I&RS teams should think of themselves as partners in the treatment and recovery process. The distinction is that I&RS teams' responsibilities come *before* and *after* students' participation in a program outside of the school.

Since intervention is a continuing process of change over a period of time, rather than a one-time event, teams should devise systematic plans for identifying early warning signs of relapse and providing students with support, as extensions of or amendments to the teams' original intervention plans.

Students in recovery are accustomed to being confronted on their behavior and in being open and honest with themselves and others. When a behavior of concern is identified, an intervention does not have to be a sophisticated plan of action. An intervention can be a one-on-one conversation that includes the following:

**Relapse Interventions**

- A sincere expression of caring and concern.
- A description of the behavior or issue of concern.
- An invitation to talk and/or a referral to an appropriate school resource.
- Encouragement to get back to "working the program" of recovery.

**Relapse Issues, continued****Student Relapse Indicators**

Some of the more prominent issues that can affect students' recovery and the feelings and behaviors that might indicate relapse are described below:

- **Workaholism** – Replacing substances with work. Undue emphasis on what one “should be,” rather than what one is. Can reflect unrealistic expectations and avoidance of intimacies.
- **Setting Unachievable Goals** – This is a set-up for disappointment, frustration and self-pity. Recovering students should only set out to be sober today, rather than for the next day or the next 25 years.
- **Self-Pity** – Feeling victimized, rather than taking responsibility for oneself.
- **Fatigue** – Becoming abnormally tired and careless about one's health.
- **Frustrations** – Can reflect lack of feeling or appropriate expression of anger; feeling blocked from achieving goals; unrealistic expectations or poor coping skills. Seeing the “cup” as half empty, rather than half full.
- **Dishonesty** – Various forms of excuse-making (e.g., exaggerations, cover-ups, under-estimations) that often start small and innocent, but typically grow into more elaborate “cons,” deceptions, denials and delusions.
- **Forgetting Gratitude** – Not remembering that one needs and must appreciate others to stay sober.
- **Righteousness** – As things get better, a feeling of arrogance and superiority toward those who continue to struggle with recovery.
- **Relaxing** – Letting up on the continuous discipline of recovery (e.g., “I'm okay now.”). Not integrating daily meditations, affirmations, meetings, support groups into their lives, but using them as “pills” from time to time when “needed.” Forgetting that the mainstay of recovery is a changed lifestyle.
- **Impatience** – Suggests the illusion of control and dissatisfaction with the rate and direction of recovery.

**Relapse Issues, continued****Issues for School Staff**

In addition to the relapse indicators described above, there a number of issues that school staff should take into consideration when working with recovering students.

- **Re-entry** – The recovering student is not a “new” person, but is in the process of learning a new way of being. He is not cured, but is recovering “one day at a time.”
- **Too Much or Too Little Expected** – It is unrealistic to expect a “D” student to suddenly become an “A” student. It is unfair to dismiss the student because he is only a “junkie.”
- **“Rehab High”** – The recovering student may have false expectations that the “real world” will mimic the support, safety and intimacy of the treatment environment. There is a feeling that “Never again will I have problems.”
- **Delayed Social and Emotional Development** – The recovering student frequently has the emotional make-up of a child, but the body of an adolescent. It takes time for the recovering student to catch up with each year of missed development.
- **Trust is Shaky** – People often have not changed their feelings about the student, and the student has not completely changed, only stopped using substances.
- **Grades/Career Goals** – The recovering student becomes concerned with his school performance and his future. Panic often ensues (e.g., “How can I possibly catch up?”).
- **Peers (Old and New)** – The recovering student is faced with the challenge of making new friends, while having a negative reputation. At the same time, he must contend with those with whom he previously got “high.”
- **People, Places and Things** - The recovering student must learn to avoid that which supported the substance abuse. Some students, particularly drug-using friends, are threatened by the new behavior and will take it as a personal challenge to get the recovering person to use again.

## **DEPRESSION AND SUICIDE**

An ever-present concern for schools is the possibility that a member of the school community will attempt or be successful at taking his own life. Suicide among children is a rare event; however, the increased suicide rates among young persons underscores the need for intensified prevention efforts.

Significant numbers of students attempt suicide every year. Obviously, a child who attempts suicide needs attention, but many who make attempts go unknown or unnoticed by systems unequipped to provide them with services. Experts in the field of suicidology contend that an unknown number of deaths among all youth that are listed as accidents (e.g., being struck by a car, being in a single car accident) are actually suicides. Provided below are some facts on youth suicide:

### **YOUTH SUICIDE FACTS**

- ❑ A suicide attempt is made every 2.5 minutes.
- ❑ A completed suicide occurs every 90 minutes.
- ❑ The suicide rate has risen 300% in the last 30 years.
- ❑ Drugs and alcohol are involved in up to 80% of all suicides.
- ❑ For the total population, 7-21% of alcoholics commit suicide, compared to 1% of the general population.
- ❑ Females attempt suicides four to eight times more frequently than males.
- ❑ Males complete suicides four times more frequently than females.

### **Methods for Attempting and Completing Suicides:**

<b>BOYS</b>		<b>GIRLS</b>	
Firearms	65%	Firearms	58%
Hanging	20%	Hanging	5%
Overdose	10%	Overdose	20%

**Depression and Suicide, continued****Warning Signs of Suicide**

- *Actual* suicide attempts or gestures.
- *Previous* suicide attempt(s).
- Expressing suicidal *thoughts* or *threats*.
- Making *final arrangements* (e.g., giving away valued items, completing all unfinished class work and chores), as though for a final departure or putting affairs in order.
- Recent *loss* of a close relationship through death or suicide; *loss* of self-esteem (e.g., as a result of rejection, humiliation), or any *loss* of significance to an individual.
- Pre-occupation with *themes of death* expressed in talking, writing, music or art work.
- Prolonged depression (i.e., inability to find pleasure in otherwise pleasurable experiences), with manifestations of hopelessness, guilt, persistent sadness, despair, helplessness and worthlessness.
- Physical signs of *depression* (e.g., changed sleeping patterns, changed eating habits, loss of appetite, weight loss, frequent stomach aches, headaches, fatigue, loss of energy).
- Major *personality* or *behavior changes* (e.g., excessive anxiety, anger, apathy, lack of interest in personal appearance, decreased sexual activity).
- Sudden unexplained “*switch*” in mood (e.g., euphoria or heightened activity after a long period of “gloom and doom;” an outgoing person becoming withdrawn, aloof and isolated).
- *Self-destructive* or persistent risk-taking behavior (e.g., self-inflicted cigarette burns, cuts, stabbings, jumping from high places, excessive speeding, reckless driving).
- *Persistent* abuse of alcohol and other drugs.
- Loss of *interest* or pleasure in usual activities.
- *Speaking* and/or *moving* with unusual speed or slowness.
- Diminished ability to *think* or *concentrate*; slowed thinking or indecisiveness; preoccupation with personal thoughts; excessive daydreaming.
- Failing grades or marked *decline* in school performance (e.g., failing grades, truancy, falling asleep in class).

***Depression and Suicide, continued***

There are few events in the life of a school that are more painful than the suicide of a student. Fortunately, most student suicides do not initiate cluster responses, although apprehensiveness about copycat suicides is not misplaced, and the development of proactive strategies to minimize “contagion” is warranted.

The sudden violent loss of a member of a school community resulting from suicide creates a crisis for all the remaining members. As explained in Managing Sudden Traumatic Loss in the Schools, by Maureen M. Underwood and Karen Dunne-Maxim, that was co-sponsored by the New Jersey Department of Education, “The most helpful approach to resolution of the situation makes use of the principles of crisis intervention theory, which suggest that 1) *Support*, 2) *Control*, and 3) *Structure* stabilizes a situation until it can return to its pre-crisis state. In addition, the fear of contagion or imitation after a suicide also provides some guiding principles that add to this intervention framework:

- 1) *Nothing should be done to glamorize or dramatize the event.*
- 2) *Doing nothing can be as dangerous as doing too much.*
- 3) *The students cannot be helped until the faculty is helped.”*

Schools can approach these principles by establishing clear policies and procedures that address implementation details and which are centered on the following points:

- 1) ***Maintain the structure and order of the school routine*** (e.g., following class schedules, not dismissing the student body early) to provide some predictability and to help faculty and students feel in control; and
- 2) ***Facilitate the expression of grief in a controlled and organized way*** (e.g., using small classroom discussions, rather than general school assemblies, as vehicles for discussion of the death; limiting funeral attendance to students with parental permission) to also introduce order into an event that may otherwise be chaotic.

Although the I&RS team is not designed to be the school’s emergency and crisis response team, it typically includes members of the crisis team and can be a valuable supportive resource in the event of a suicide or other sudden traumatic loss event. It can also assist in the development of strategic plans for managing these crises.

***Depression and Suicide, continued***

In Grief Counseling and Grief Therapy, William Worden describes the various stages or “tasks” that need to be accomplished before mourning is completed. As suggested in Managing Sudden Traumatic Loss in the Schools, his framework provides structure for schools to plan for grief and healing. His model, which is summarized below, can be used as an outline for planning the school’s response to loss.

**TASKS OF GRIEVING*****Task One: To Accept the Reality of the Loss***

- Acknowledge the loss.
- Stick to the facts.

***Task Two: To Work through the Pain of Grief***

- Provide a time and place for people to grieve.
- Assess the needs of high-risk students and use community resources to provide them with assistance.

***Task Three: To Adjust to an Environment in which the Deceased is Missing***

- Assist people in managing without the deceased.

***Task Four: To Emotionally Relocate the Deceased and Move on with Life***

- Allow people time to come to terms with the loss.

**HEALTH ISSUES AND STUDENT PERFORMANCE**

The I&RS team is designed to address student *health* issues, as well as academic and behavior concerns. School staff commonly understands that children must be healthy to learn, but they may not readily associate their concerns regarding students' behavior and academic performance with health problems.

It is incumbent upon teams to be observant of health issues that are either obvious or which may underlie identified academic or behavior concerns. Therefore, the I&RS team should include the collection and analysis of student health information, along with school performance data.

Without the coordination of information and effort of the I&RS team, concerns about a student's health can either go unnoticed or can be dealt with in an inappropriate or a fragmented and ineffective manner. The example below, which has been adapted from Health is Academic: A Guide to Coordinated School Health Programs, by Eva Marx, Susan Fredlick Wooley and Daphne Northrup, describes how a student health issue might go unnoticed or be inappropriately treated:

*It is Monday morning in physical education class. Syreeta is complaining again to her teacher that she has a stomach ache. The teacher recalls that Syreeta sat out last week's class because her stomach was bothering her. The teacher wonders whether she should send the student to the school nurse this time.*

*In second period history class, Syreeta's teacher catches her dozing and, when the homework assignments have been collected, Syreeta's is not among them, once again. The teacher wonders whether it is time for a parent-teacher conference.*

*During lunch, Syreeta is quiet and withdrawn, poking at her food with a fork, but not eating it. The teacher who is monitoring the cafeteria is Concerned Syreeta is usually an outgoing, good-humored person, but she has been like this for the last several days. The monitor wonders whether he should ask the school counselor to set up an appointment to talk with Syreeta.*

***Health Issues and Student Performance, continued***

In the example, each teacher has observed a fragment of potentially worrisome behavior. Each has a doubt about the student's health or academic performance. More than likely, if the student's problems appear to be serious enough to eventually warrant each teacher's intervention, the interventions are likely to be fragmented: a visit to the school nurse, a conversation with the student's parents and a referral to a counselor. Even when emergency concerns require immediate action, the case can be reviewed by the I&RS team to ensure coordination, comprehensive planning and support for Syreeta, her family and her teachers.

In situations such as Syreeta's, the piecemeal, potentially competitive or uncoordinated efforts to address the intertwined social, educational, psychological and health needs of students are counterproductive and a poor use of school resources. Ultimately, uncoordinated strategies do not work for students and do not work for the students' teachers.

There is an inextricable link between students' health and their ability to learn (World Health Organization, 1996). If the team does not address students' health issues in concert with academic and behavior concerns, the school will more than likely have to deal with them, in one way or another, by default. Only when students are healthy will schools be able to fully meet their goals (Smith, 1996).

Some common health problems at the elementary level (e.g., asthma, allergies, eyesight, hearing) and at the secondary level (e.g., eating disorders, substance abuse, pregnancies, injuries) have an immediate impact upon students' ability to perform in school. Six preventable behaviors, which may be less readily apparent, are established in childhood and account for most of the serious and preventable illnesses and premature deaths in the United States (Kolbe, 1990):

- ◆ Tobacco Use.
- ◆ Poor Eating Habits.
- ◆ Abuse of Alcohol or Other Drugs.
- ◆ Behaviors that Result in Unintentional Injury.
- ◆ Physical Inactivity.
- ◆ Sexual Behaviors that Result in HIV Infection, Other Sexually Transmitted Diseases or Unintended Pregnancy.

**Health Issues and Student Performance, continued**

As explained in Health is Academic: A Guide to Coordinated School Health Programs, in some schools these problems are widespread and obvious. In others they exist just beneath the surface of school life. Whenever they emerge, however, they can disrupt students' lives, classrooms and the overall school environment. When students are sick, distracted, impaired in their ability to perform to their potential or unable to attend school, the efficiency and effectiveness of educational institutions become constrained. Underlying many academic problems are poor health or psychological or social problems that must also be addressed for schools to support the achievement of high academic standards.

Described below are examples of health problems that can interfere with students' performance in school, possible observable indicators and educational implications.

<b>Health Issue</b>	<b>Observable Indicators</b>	<b>Educational Ramifications</b>
<b>Diabetes</b>	Frequently asks to use lavatory and water fountain. Diminished attention to class activity and responsiveness when called upon.	Fluctuations in blood glucose affect attention and mood. The student's need for frequent meals, regular exercise and blood glucose monitoring may conflict with the school schedule.
<b>Eating Disorders (i.e., anorexia, bulimia)</b>	Multiple requests to be excused from class, and changes in appearance or demeanor upon return. Class tardiness. Sudden increases or decreases in weight. Extreme mood swings. Deterioration of healthy appearance of skin, hair and nails. Adoption of regular smoking of tobacco.	If the problem becomes chronic, the metabolic and emotional effects will affect alertness and clarity of thought, healthy physical and emotional development and the expression of affect.
<b>Ulcerative Colitis</b>	Multiple absences from class to use toilet.	Student viewed by the teacher as a "nuisance" or "problem student."

**Health Issues and Student Performance, continued**

<p><b>Asthma</b></p>	<p>Coughing, wheezing or difficulty breathing. Repeated requests to be excused from class to see the school nurse. Repeated absences from school.</p>	<p>Absences from school may interfere with students' academic progress. Asthma attacks could cause classroom distractions. Episodes may be triggered by airborne matter (e.g., dust, powders, mold, aerosol products) in the school building, as well as students' in-school physical activity.</p>
<p><b>Pregnancy</b></p>	<p>Change in physical appearance (e.g., thickening of the waistline, dark circles under the eyes, nausea, especially during the morning, extreme fatigue) and dress (e.g., loose-fitting clothes). Unexplained absences from school. Numerous absences from school for 'health care' reasons.</p>	<p>Potential dropout and failure to graduate. Students' behavior may have placed them at risk for additional pregnancies, sexually transmitted diseases (STDs) or human immuno-deficiency virus (HIV). Particularly for girls, sexual involvement at an early age can be an indicator of inadequate engagement with school and other pro-social institutions or activities.</p>

**The Relationship of Health Issues to I&RS**

Since the health professional has general knowledge of common health issues affecting classroom performance, it is important for the team to include their input in the I&RS process.

The educational interests of school health professionals can be represented by having them serve as members of the I&RS team or by collecting information from them as part of the comprehensive set of data that is gathered and assessed for all requests for assistance. A few examples and issues regarding the interaction of the I&RS team and school health resources or issues are provided below:

**Education and Health Example #1**

A student whose classroom work has been declining, but not his homework, may need corrective lenses or a hearing aid. The nurse can share information relevant to her concerns regarding the observed behaviors' in response to the request for assistance or upon review of team data collection. As part of the I&RS action plan, she might recommend the administration of a vision and/or hearing test.

**Health Issues and Student Performance, continued****Education and Health Example #2**

A teacher has requested assistance for a student who for the past two weeks has been requesting to use the lavatory or to get drinks of water an average of one time per class. The teacher reports that in the same time period the student has begun to have trouble focusing on tasks (i.e., not responding when called upon) and staying attentive in class (i.e., nodding off, daydreaming). His test scores have gone down, and he has not completed four homework assignments, because he has been in the lavatory when instructions are given.

Whereas the student has never been a behavior problem, he recently has demonstrated uncooperative behavior (e.g., not following directions) or attention-seeking behavior (e.g., making faces, non-task-specific comments at inappropriate times) that is interfering with instruction. When questioned by the teacher, the student has not been able to account for the behavior changes, and the student's mother has not noticed any changes at home.

Team data collection shows that two other teachers report similar observations. The physical education teacher indicates that lately the student has been lethargic and tired (i.e., just stands around with arms folded, does not participate), and has not volunteered for activities, which is a real change for this previously active student.

Based on the data, the team develops an action plan that could include the following: 1) As advised by the school nurse, suggest the parents arrange a medical evaluation to determine whether or not there is diabetes or a related medical disorder. 2) Arrange contact with the guidance counselor or substance awareness coordinator (SAC) to determine whether other issues are affecting the student's performance. 3) Consult with the teacher to permit the student to go to the bathroom as needed and to maintain a water bottle in class for a period of one week, pending the results of the medical examination. For the identified time period, suggest the teacher provide the student with written copies of all homework assignments. In addition, the teacher is asked to chart and report back to the team the student's behavior and performance for the designated time period.

After the assigned time period, the team collects and reviews the new data, which shows that the student's attentiveness has increased; all homework assignments have been submitted; classroom disruptions related to his requests to go to the lavatory have diminished; and the uncooperative and attention-seeking behavior has decreased somewhat. The counselor or SAC reports that the student indicated he was aware of the changes but could not account for them, saying: "I just don't feel right." The results of the medical evaluation have come back positive for diabetes.

The team updates the action plan to include the following activities: 1) The school nurse, in consultation with the family and health care provider, will develop an *individualized health-care plan* to address the student's health care needs within the school setting (e.g., blood glucose testing in the nurse's office, administration of insulin or carbohydrates, adjustments to the student's schedule, particularly for physical education class and meals). The plan will be shared with appropriate school personnel, and appropriate support, follow-through and monitoring will take place. 2) The guidance counselor will initiate sessions to provide support and build motivational factors for the student.

**Health Issues and Student Performance, continued****Education and Health Example #3**

Sometimes the school health professional will have specific knowledge of a student's health status, but may not share details with the team due to confidentiality regulations. The school health professional, however, *can* provide appropriate suggestions for I&RS action planning that is *based* on their privileged information. The I&RS team should respect the limitations of the health professional and accept the information that will help the team develop an appropriate action plan as it continues its work in support of the student.

For example, a student who has regularly received "C" and "B" grades has a failing grade in three subjects for the first marking period, and has been found sleeping in class on three occasions. The student has indicated little concern about his performance; has not accepted offers for instructional assistance; and has chosen not to talk with his teacher about his situation.

The school social worker, who has some knowledge of family matters related to this behavior, may suggest during team action planning that the teacher send the student to the nurse's office for a nap whenever he seems tired over the next two weeks, after which time the strategy will be reconsidered. He also indicates that the student might benefit from an after-school adult mentoring program that provides positive encouragement, adult engagement and academic assistance.

The social worker *does not* reveal that the student's mother has been hospitalized for infections related to HIV/AIDS, and that the student has been experiencing nightmares that keep him awake for long periods of time. Instead, the social worker urges the team to establish a plan to help the student handle stress and promote academic progress.

**TEEN SEXUALITY**

Students mature in their development as sexual beings at the same time that they develop other facets of their personal skills, aspirations and identities. A number of issues and problems can arise in this development, some of which bear directly upon academic performance (e.g., pregnancy leading to parenthood; preoccupation with boy/girlfriend at the expense of school work) and others of which may be more distantly related (e.g., the student whose physical development is delayed relative to peers; the student who develops early and engages in premature sex).

There is an enormous body of theory and research about the causes and antecedents of adolescent health behaviors in general, and sexual behaviors in particular. Kirby (1997) and Brindis (1991) have identified multiple factors related to sexual behavior, contraceptive use, pregnancy and childbearing.

**Teen Sexuality, continued****High Risk Factors for Unprotected Intercourse or Pregnancy,  
Premature Sexuality and Childbearing****Personal or Peer Factors**

- Early development of puberty.
- Nonconforming and impulsive behavior.
- Lack of concern about risks.
- Early delinquency or truancy.
- Substance abuse and other unhealthy behaviors.
- Low religious participation.
- Easily influenced by peers.
- Low levels of income.
- Low levels of education.
- Have friends whom they believe are sexually active.
- More aggressive and not well liked by peers.
- Experience sexual pressure or abuse.
- Begin dating young, and if female, more likely to have relationship with an older male.
- More permissive attitudes toward premarital sex.
- If sexually-involved:
  - have sex with multiple partners,
  - more negative attitudes toward contraception,
  - lower self-efficacy in getting and correctly using contraception,
  - more likely to want to have a child or to feel ambivalent about having a child during adolescence.

**School/Academic Factors**

- Low expectation for success in school.
- Low school grades.
- Few perceptions of positive life outcomes.

**Family Factors**

- Single parent.
- Low income.
- Parent(s) with low level of education.
- Permissive parents.
- Mother or sisters who were teen mothers.
- Inadequate parent-child support or supervision.
- Parents divorced, separated or never married.

**Community Factors**

- High levels of poverty.
- Significant degree of segregation.
- High unemployment.
- High residential turnover.
- Low levels of education.
- High divorce rates.
- High rates of non-marital births.

***Teen Sexuality, continued***

Blum and Rinehart (1998) report findings from the National Longitudinal Study of Adolescent Health which indicate that a student's sense that they are treated fairly at school, are close to people at school and get along with teachers and other students at school provides protection against early first sexual intercourse, as well as participation in violence and substance use. Dryfoos (1990) has also reported that students' level of engagement with school activities and students' academic performance are related to a variety of at risk behaviors, including at risk sexual behaviors. Therefore, by increasing academic and social success, the I&RS team can contribute to the reduction of risks for premature sex and the promotion of students' healthy sexual development.

I&RS teams should guard against discomfort or denial concerning the sexuality of children. Adult uneasiness can particularly pose an obstacle to addressing issues of student sexual development when clear signs of puberty (e.g., changes in facial hair, muscular or fat development, breast development) have not been displayed. For example, findings from the Youth Risk Behavior Survey report that among New Jersey high school students: 32% of students age 15 or younger indicated they ever engaged in sexual intercourse, with 19% as recently as the month prior to survey. Additionally, in Sex on Campus: The Naked Truth About the Real Sex Lives of College Students, by Elliott and Brantley, the findings of a survey of college students indicate that 17% of self-identified gay and bisexual men, and 11% of self-identified gay and bisexual women report knowing that they were gay or bisexual during grade school.

I&RS team members should remain sensitive to the tasks of adolescent sexual development and their effects on school performance. In instances where requests for assistance indicate risks for premature sexual activity or where teenage pregnancy or child rearing are issues, the I&RS team can be instrumental in arranging for appropriate instruction, supportive school services (e.g., clubs or service organizations, counseling) and community services (e.g., social services, health care, vocational guidance, recreational services, child care, adult mentors), as well as provide oversight of the students' educational progress.

Described below are some key tasks for adolescent sexual development that have been adapted from Sex is a Gamble, Kissing is a Game, by Brooks-Gunn and Paikoff, in Promoting the Health of Adolescents: New Directions for the Twenty-first Century, Millstein, Petersen and Nightingale, editors.

**Teen Sexuality, continued****Tasks for Adolescent Sexual Development**

Where appropriate, the I&RS team should strive to devise I&RS action plans that will help students:

- ❑ Develop appreciation of their own gender and the other gender.
- ❑ Develop positive feelings about newly acquired secondary sexual characteristics.
- ❑ Learn to manage sexual arousal.
- ❑ Learn to manage menstruation and other changes in physical function.
- ❑ Develop new forms of intimacy with peers.
- ❑ Establish a sense of autonomy.
- ❑ Develop skills to limit adverse consequences of sexual behavior.
- ❑ Develop positive values and goals related to sexuality and sexual behavior.

**Sexual Harassment**

A survey conducted by the American Association of University Women found that four out of five students have experienced some form of sexual harassment at school. More than one third considered this harassment as a normal part of school life. In a survey of school teachers reported by Telljohann, more than 20% said that students in their classes often use abusive language when describing homosexuals. Therefore, I&RS teams should remain cognizant of the possibility of harassment as a contributing factor to the concerns identified in requests for assistance.

**CHILD ABUSE AND NEGLECT**

By law (N.J.S.A. 9:6-8.10) and New Jersey Department of Education regulations (N.J.A.C. 6A:16-10), **any person** having a reasonable cause to believe that a child has been abused or neglected in any environment (e.g., home, school, other institution) is required to notify the Division of Youth and Family Services (DYFS), New Jersey Department of Human Services. School staff play an important role as reporters since they closely observe and interact with children on a consistent and extended basis.

As is the case with other student at risk conditions or issues, the I&RS team can play a pivotal role in identifying children who are victims of abuse and neglect. Whenever student information before the team suggests abuse or neglect, the team should immediately report the incident or concern to DYFS.

Each school district is required to have a liaison to DYFS to assist in resolving communication and procedural issues and coordinate staff training (N.J.A.C. 6A:16-10.2(a)5). The team should establish or ensure that a working relationship is established with the liaison.

Where appropriate, the team can also provide support and assistance to educators who work with abused children. The team can impart current information and appropriate strategies for helping staff to nurture and develop the potential of these students, while maintaining privacy rights.

**CHILDREN FROM HEALTHY AND VULNERABLE FAMILIES**

*“All happy families are alike,  
but each unhappy family is unhappy in its own way.”  
Leo Tolstoy*

Countless students are living with a family situation that is marked by a pattern of pain and distress. For example, research studies indicate that one in five (20%) students in a typical classroom are children of alcoholics. Unhealthy family conditions or family crises increase a child’s vulnerability, or risk, for school failure and the development of self-defeating behavior patterns and lifestyles.

The I&RS team should remain sensitive and responsive to family influences on student behavior. Family problems do not excuse inappropriate student behavior either within or outside the school setting. Understanding a student’s family circumstances, however, can provide valuable insights for I&RS team planning, and provide opportunities for support and constructive interventions.

It is important to remember that the “Norman Rockwell” picture of a family: a working father, a housewife mother and two children of school age, constitutes only six percent of households in the United States today. At least two million school-age children have no adult supervision at all after school; two million more are being reared by neither parent. On any given night, between 50,000 and 200,000 children in the United States have no home.

Team members should guard against stereotyping students, thereby limiting them, according to their family conditions. While it is true that students often act out family problems in school, teams should not assume that all acting out behavior is based in impoverished, illicit or socially unacceptable activities or family lifestyles. For example, students who face chronic illness in the family or experience the death of a loved one may be as susceptible to exhibiting high risk behaviors as are students who are victims of other types of family problems. The team should collect as much information as possible to substantiate the exact nature of a family’s pain, as appropriate, in order to provide suitable support.

Regardless of the nature of a family’s distress, the team’s role is *not to fix* or save the family or the student. Rather, the team’s role is to offer, provide and coordinate as much *help* in the school and community as possible; always maintaining focus on the student’s *behavior*.

### Healthy Family Characteristics

A goal of all systems, including families, is to maintain a sense of balance in power, relationships, communication and roles. In healthy families, these four elements are fluid, open and consistent; there is a balance in the nurturing and governance functions of parents.

**Power** is fluid. Discipline is fair, consistent, age-appropriate and allows for negotiation, as suitable to developmental levels and situations.

**Roles** are predictable and consistent. Children know what to expect ( e.g., in the morning, after school, at bedtime, during holidays).

**Communication** is open and two-way. There is talking and sharing.

**Relationships** are marked by nurturing behavior, such as quality time, warmth, caring, reaching out, giving, respecting, sharing, laughing and crying.

All families fall out of balance at various times, but tend to respond to circumstances in a manner that returns them to health. Characteristics of healthy families, which have been identified, in part, by Dolores Curran in Traits of a Healthy Family, are described below.

<p>❑ <b>Communicates</b> and <b>listens</b>. This involves quality interactions, which includes clarifying what is heard to test understanding. This communication occurs separate from parents' executive functions (e.g., giving directions, making requests, disciplining).</p>	<p>❑ Has a <b>balance of interaction</b> among <b>all</b> family members.</p>
<p>❑ <b>Affirms</b> and <b>supports</b> one another.</p>	<p>❑ Has a shared <b>religious/spiritual</b> core.</p>
<p>❑ Develops a sense of <b>trust</b> among family members.</p>	<p>❑ Values <b>service</b> to others.</p>

**Healthy Family Characteristics, continued**

<p><input type="checkbox"/> Actively <b>teaches respect</b> for self and others (e.g., clearly communicating expectations for behavior, teaching skills to carry out expectations and specifying how and when to use the skills), rather than just correcting disrespectful behavior.</p>	<p><input type="checkbox"/> <b>Respects</b> the <b>privacy</b> of one another.</p>
<p><input type="checkbox"/> Exhibits a sense of <b>shared</b> individual and family <b>responsibility</b>.</p>	<p><input type="checkbox"/> Fosters <b>family time</b> and <b>conversation</b>.</p>
<p><input type="checkbox"/> Teaches a sense of <b>right</b> and <b>wrong</b>.</p>	<p><input type="checkbox"/> Shares <b>leisure time</b>.</p>
<p><input type="checkbox"/> Has a real <b>sense of family</b> as a unit, in which <b>traditions and rituals</b> abound.</p>	<p><input type="checkbox"/> <b>Admits</b> and <b>seeks help</b> for problems.</p>

**Vulnerable Family Characteristics**

Maintaining their system of balance is just as important to vulnerable and unhealthy families as it is to healthy ones. The key difference is that balance points for vulnerable families will be marked by different characteristics from the ones that have been identified for healthy families. In vulnerable families, the four elements of power, communication, relationships and roles are rigid, closed, inconsistent and have stigma attached to them; there are inappropriate degrees and types of nurturing and governance functions.

**Power** is rigid. Authority is absolute and can not be challenged. Rules are inflexible. Discipline is arbitrary, inconsistent, harsh or nonexistent.

**Roles** are unpredictable. Children are unclear about what to expect each day (e.g., in the morning, after school, at bedtime, during holidays).

**Communication** is closed. Members of unhealthy families tend not to talk, trust or feel.

**Relationships** are marked by a lack of support and intimate involvement in family members' lives.

**Characteristics of vulnerable families are provided below:**

<p>❑ The family structure is rigid. Everything must be done one way, all of the time, and only the adult has a say in what is right and wrong. Debate or discussion is not permitted.</p>	<p>❑ Family members develop patterns of behavior that enables the family to remain unhealthy (e.g., a family covers up for a student who is in trouble; a wife, whose husband has a hangover, calls her husband out “sick” from work; a family denies allegations that a problem exists).</p>
<p>❑ Family rules and boundaries are diffuse. Rules are set and broken to meet current needs. Rules established today often will not exist tomorrow, and the adult does not inform family members of changes until after the fact.</p>	<p>❑ The family is enmeshed in their difficulties. Everyone knows something is wrong, but nothing is done to change the behavior “for the sake of the family.” No one can break away from the modes of unhealthy thinking, behaving and feeling.</p>
<p>❑ There are coalitions and collusion among family members. These alliances tend to place parents in conflict with each other, children in conflict with one another or children in conflict with parents. Secrets are kept, and the message sometimes is, “You caused a problem, but I will protect you.” Adult information is inappropriately shared with children.</p>	<p>❑ There is a general lack of appropriate communication. Family members are often so consumed with their own concerns or their concerns about family problems that there is little energy or regard for interacting and empathizing with others.</p>
<p>❑ There is mistrust among family members. Parents, in particular, tend not to follow through on promises.</p>	<p>❑ The family is unable to solve or cope with problems. Even the smallest obstacle is treated as a major crisis.</p>

❑ The family is unable or unwilling to acknowledge the existence of problems and seek help.

## ***Adaptive Roles of Students from Vulnerable Families***

The types of behaviors and roles children adopt in response to family distress are remarkably similar regardless of the source of the family distress. A student whose parent is chronically ill has as much of a chance for developing one of the four adaptive roles as does a child who lives with an active alcoholic or a young person coping with a divorce. The determinants of the role(s) a student takes on seem to be influenced by family position and the nature and intensity of the family's pain.

### ***General Guidelines***

The following general guidelines for action apply for children who exhibit adaptive roles in the school.

#### ***DO***

❑ ***Set limits or rules*** for behavior and consistently follow through with *consequences* when violated.

❑ ***Collect data*** on unusual patterns of behavior, school performance, attitudes, thinking, hygiene or appearance.

❑ ***Get support*** from other teachers and pupil support services staff. ***Discuss and compare concerns*** with others who have the student in class or who come in contact with the student.

❑ Establish ***written contracts*** with the student. If contracts are broken, use this as data for planning interventions.

#### ***DO NOT***

❑ Make ***special exceptions*** for the student, such as permitting the breaking of rules or making deals out of sympathy.

❑ ***Accept irresponsibility*** from the student (e.g., Do not accept excuses for unsubmitted or late work. Do not accept unfinished work.).

❑ ***Argue with the student, justify, defend or accept blame*** from the student for your actions when they are consistent and fair.

❑ ***Feel sorry*** for the student or accept responsibility for his/her behavior.

### ***Guidelines for Adaptive Roles in Vulnerable Families***

Listed below are descriptions and general guidelines for each of the adaptive roles students demonstrate in school, which have been adapted from the Here's Looking At You 2000 curriculum, by Roberts, Fitzmahan and Associates.

<b><u>ROLE</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>DO</u></b>	<b><u>DO NOT</u></b>
<b>HERO STUDENTS</b>	<ul style="list-style-type: none"> <li>❖ Very responsible.</li> <li>❖ Strong need to control.</li> <li>❖ Self-esteem is derived from accomplishments.</li> <li>❖ Strong need to “look good” and do “what is right.”</li> <li>❖ Never can do enough, because the value is in doing, rather than feeling good about the effort.</li> <li>❖ Manifest a drive or compulsion to be on top.</li> <li>❖ Insatiable need for attention and approval.</li> <li>❖ Feel the weight of the world on their shoulders.</li> <li>❖ Feel responsible for others.</li> <li>❖ Often class leaders who are parental and bossy in relationships with other students.</li> <li>❖ Tend to be disappointed when losing at anything.</li> <li>❖ Tend to be superior or snobbish when winning.</li> <li>❖ Frequently labeled teacher’s pets by other students.</li> <li>❖ Focuses on tangibles.</li> <li>❖ Tend to be serious.</li> <li>❖ Tend to leave home quickly.</li> <li>❖ Tend to be workaholics.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Help HERO students learn how to:                             <ul style="list-style-type: none"> <li>- relax and have fun;</li> <li>- be spontaneous;</li> <li>- follow;</li> <li>- negotiate; and</li> <li>- ask for help.</li> </ul> </li> <li>❖ Give attention to them at times they are not achieving or vying for attention.</li> <li>❖ Validate their intrinsic worth and try to separate their feelings of self-worth from their achievements.</li> <li>❖ Let them know that it is okay to make a mistake or to fail.</li> <li>❖ Give them permission to express their full range of feelings.</li> <li>❖ Help them learn it is okay to say no.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Let them monopolize conversations.</li> <li>❖ Let them always be the first to answer a question or to volunteer.</li> <li>❖ Validate their worth only in terms of their achievements.</li> </ul>

**Guidelines for Adaptive Roles in Vulnerable Families, continued**

<b><u>ROLE</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>DO</u></b>	<b><u>DO NOT</u></b>
<p><b>SCAPEGOAT STUDENTS</b></p>	<ul style="list-style-type: none"> <li>❖ Tend to blame others and make strong peer alliances.</li> <li>❖ Self-esteem is derived from rebelliousness.</li> <li>❖ Often disciplined by school staff for breaking rules.</li> <li>❖ Tend to defy by talking back and neglecting work.</li> <li>❖ Can be very frustrating to work with.</li> <li>❖ Early involvement with self-destructive behaviors (e.g., substance abuse, unwanted pregnancy, legal problems).</li> <li>❖ Tend to run away.</li> <li>❖ Confront other's, including the family's, problems.</li> <li>❖ Seldom respond to positive role models.</li> <li>❖ Identify with other troubled/problem youth.</li> <li>❖ Determine they can not measure up to the HERO, so choose not to compete.</li> <li>❖ Provide target for blame, particularly for family troubles.</li> <li>❖ The typical response is, "I don't know what to do with that student! I've tried everything!"</li> </ul>	<ul style="list-style-type: none"> <li>❖ Help SCAPEGOAT students learn how to:                             <ul style="list-style-type: none"> <li>- express anger constructively;</li> <li>- separate their mistakes from those unfairly placed and take responsibility for the former;</li> <li>- pursue activities that will bring them positive attention;</li> <li>- express their hurt feelings; and</li> <li>- forgive themselves.</li> </ul> </li> <li>❖ Let them know when their behavior is appropriate.</li> <li>❖ Give them positive "strokes" whenever they take responsibility for something.</li> <li>❖ Attempt to develop empathy for them and their behavior.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Feel sorry for them.</li> <li>❖ Treat them as special, thereby giving them more power.</li> <li>❖ Take their behavior personally or as a sign of one's own incompetence as a professional.</li> </ul>

**Guidelines for Adaptive Roles in Vulnerable Families, continued**

<b><u>ROLE</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>DO</u></b>	<b><u>DO NOT</u></b>
<p><b>LOST or ADJUSTER STUDENTS</b></p>	<ul style="list-style-type: none"> <li>❖ No sense of power or control; “shrugs” a lot.</li> <li>❖ Aloof.</li> <li>❖ Material attachments.</li> <li>❖ Often gets lost in the shuffle.</li> <li>❖ Tend to be unaware of feelings.</li> <li>❖ Adults sometimes can not remember these student’s names, because they are so quiet and are seldom behavior problems.</li> <li>❖ Have few friends, if any, and like to work alone in school.</li> <li>❖ Often very creative, but nonverbal.</li> <li>❖ Other students either leave them alone or else tease them about not getting involved.</li> <li>❖ Often live in a “fantasy” world.</li> <li>❖ Spontaneous.</li> <li>❖ Often overweight.</li> <li>❖ High risk for eating disorders and suicide.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Help LOST/ADJUSTER students learn how to:                             <ul style="list-style-type: none"> <li>- recognize their importance, feelings, wants and needs;</li> <li>- brainstorm alternatives to make choices for themselves; and</li> <li>- initiate and ask questions.</li> </ul> </li> <li>❖ Take an inventory of your students and attend to those consistently overlooked.</li> <li>❖ Contact these children one-to-one.</li> <li>❖ Point out and encourage their strengths, talents, creativity and personal interests.</li> <li>❖ Use touch slowly.</li> <li>❖ Help them build a relationship, perhaps with a classmate.</li> <li>❖ Encourage work in small groups to build trust and confidence.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Let them off the hook by allowing them to remain silent or never calling on them; wait for them until they answer.</li> <li>❖ Let their classmates take care of them by talking and answering for them.</li> </ul>

**Guidelines for Adaptive Roles in Vulnerable Families, continued**

<b><u>ROLE</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>DO</u></b>	<b><u>DO NOT</u></b>
<p><b>CAREGIVER or MASCOT STUDENTS</b></p>	<p><b>CAREGIVERS:</b></p> <ul style="list-style-type: none"> <li>❖ Tend to focus on helping other people feel better.</li> <li>❖ Tend to be nurturing or “motherly” in relationships with other students; the “social worker.”</li> <li>❖ Typically are unaware of their own needs.</li> <li>❖ Usually are liked by friends and adults.</li> <li>❖ Their sensitivity is noticeable.</li> <li>❖ Tend to be fragile.</li> <li>❖ Avoid conflict.</li> <li>❖ Fear anger.</li> <li>❖ Most aware of their families’ pain.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Help CAREGIVER students learn how to: <ul style="list-style-type: none"> <li>- receive attention, praise, help and support from others;</li> <li>- give to and focus on themselves first;</li> <li>- recognize and accept their anger and fear;</li> <li>- deal with conflict; and</li> <li>- let others be responsible for their own feelings.</li> </ul> </li> <li>❖ Ask them to identify their own desires.</li> <li>❖ Help them play.</li> <li>❖ Ask them how it feels when they are assisting a classmate.</li> <li>❖ Validate their intrinsic worth, separating it from their care-taking behaviors.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Call on them to focus on another’s emotional pain.</li> </ul>

**Guidelines for Adaptive Roles in Vulnerable Families, continued**

<b><u>ROLE</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>DO</u></b>	<b><u>DO NOT</u></b>
<p><b>CAREGIVER or MASCOT STUDENTS, continued</b></p>	<p><b>MASCOTS:</b></p> <ul style="list-style-type: none"> <li>❖ Typically are humorous.</li> <li>❖ Frequently distract proceedings to get attention.</li> <li>❖ Usually are charming.</li> <li>❖ Tend to be hyperactive.</li> <li>❖ Have short attention spans.</li> <li>❖ Tend to hide, make faces and pull pranks.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Get appropriately angry at “class clown’s” behavior.</li> <li>❖ Give them a “job” or task with some importance and responsibility.</li> <li>❖ Hold them accountable.</li> <li>❖ Encourage responsible behavior.</li> <li>❖ Encourage an appropriate sense of humor</li> <li>❖ Insist on eye contact.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Laugh with them at inappropriate times. (If you do, they won’t take you seriously.)</li> <li>❖ Laugh at silly behavior.</li> </ul>

**Indicators of Children with Chemical Dependence in Their Families**

Children from substance abusing families have a tendency not to *talk, trust or feel*. These young people, however, often exhibit observable behaviors that *suggest* the existence of alcohol, tobacco or other drug (ATOD) dependencies in the home. Students might act out their families’ substance abuse problems either during the general school day or during lessons on ATOD in the following ways, which are adapted from the book, Broken Bottles, Broken Dreams, by Deutsch.

**Indicators of Children with Chemical Dependence in Their Families, continued**

<b>GENERAL INDICATORS</b>	<b>INDICATORS DURING ATOD EDUCATION</b>
<ul style="list-style-type: none"> <li>❑ Morning tardiness, particularly on Mondays.</li> <li>❑ Consistent concern with getting home promptly at the end of a day or after an activity period.</li> <li>❑ Strong body odor or unkempt appearance.</li> <li>❑ Inappropriate clothing for the weather.</li> <li>❑ Regression (e.g., thumb sucking, enuresis, infantile behavior, name calling, hyperactivity).</li> <li>❑ Scrupulous avoidance of arguments and conflicts.</li> <li>❑ Friendlessness and isolation.</li> <li>❑ Poor attendance or constant presence.</li> <li>❑ Frequent illness and need to visit the nurse, especially for stomach complaints.</li> <li>❑ Fatigue and bitterness.</li> <li>❑ Hyperactivity and inability to concentrate.</li> <li>❑ Sudden temper and other emotional outbursts.</li> <li>❑ Exaggerated concern with achievement and with satisfying authority by children who are already at the head of the class.</li> <li>❑ Extreme fear about situations involving contact with parents.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Extreme negativity about chemicals and all substance use.</li> <li>❑ Equation of substance use with getting “high” or intoxicated.</li> <li>❑ Greater familiarity with different kinds of alcohol drinks, chemical substances and slang terms than their peers.</li> <li>❑ Inordinate attention to ATOD in situations in which its evidence is marginal.</li> <li>❑ Student’s typical passivity or distraction gives way to activity or focus during discussions on ATOD.</li> <li>❑ Changes in attendance patterns during ATOD education activities.</li> <li>❑ Frequent requests to leave the room, particularly during ATOD education activities.</li> <li>❑ Lingering after an activity to ask innocent questions or simply to gather belongings.</li> <li>❑ Mention of parents’ occasional excessive drinking/drugging.</li> <li>❑ Strong negative feelings about alcoholics and others with chemical dependence problems.</li> <li>❑ Evident concern with whether alcoholism and other chemical dependence can be inherited.</li> </ul>

## **THE RESILIENT CHILD**

Giving consideration to risk factors, early warning signs, life skill deficiencies and family influences can help identify students at risk and reduce the chances of school failure or other life problems among students. The ultimate goal of I&RS team interventions, as well as for comprehensive school health programs, however, is to develop *resilient* young persons; those who are capable of responding to and managing the many factors that may place them at risk for school failure.

The profile of a resilient young person is one who “works well, plays well, loves well, and expects well.” (Werner 1988). A resilient child possesses problem-solving skills, social skills, autonomy and a sense of purpose and future. Most youth become resilient through a complex interaction of protective factors within their world. These factors can be identified within young persons and their peers, their families, their schools and their communities.

The resiliency approach centers around the following question: “What enables some youth, not only to survive in the midst of adversity, but to do well in life?” There is a growing body of research that attempts to discern the factors and individual characteristics that make some children less vulnerable than others, though they grow up with serious family problems, poverty, violence and other stressful situations.

Researchers (Rutter 1979, Garmezy 1983, and Werner 1988) have discovered that some young persons develop specific skills, social competencies and attitudes that help them to handle stress and avoid self-destructive behavior. The researchers also learned that the greater the number of protective factors present in the key settings affecting student’s lives, the more likely they are to develop resiliency. The charts below summarize the distinguishing characteristics of *resilient* youth.

### **Characteristics of Resilient Youth**

**The resilient youth is effective in work, play and relationships:**

- Establishes healthy friendships.
- Is goal-oriented and enjoys making satisfactory progress.

**The resilient youth is self-disciplined:**

- Has the ability to delay gratification and control impulsive drives.
- Maintains a future-orientation.

**Characteristics of Resilient Youth, continued**

<p><b>The resilient youth has healthy expectancies and a positive outlook:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Believes that effort and initiative will pay.</li> <li><input type="checkbox"/> Is oriented to success, rather than failure.</li> <li><input type="checkbox"/> Sets goals realistically.</li> </ul>	<p><b>The resilient youth has critical-thinking and problem-solving skills:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is able to think abstractly, to reflect and learn from experience and to be flexible.</li> <li><input type="checkbox"/> Considers alternative solutions, both to cognitive and social problems.</li> </ul>
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<p><b>The resilient youth has self-esteem and internal locus of control:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Feels competent and has a sense of power.</li> <li><input type="checkbox"/> Believes that he or she can influence events in his or her environment, rather than being controlled by what occurs.</li> </ul>	<p><b>The resilient youth enjoys a sense of humor:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Has the ability to generate comic relief and alternative ways of looking at things.</li> <li><input type="checkbox"/> Can laugh at self and ridiculous situations.</li> </ul>
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I&RS teams should strive to develop strategies that will build students' resilience to stress and self-defeating behaviors. I&RS teams should also look for patterns of deficiencies and strengths in the resiliency factors among the student population to inform decisions for school-wide planning.

Strengthening or creating *protective factors*, which are described below, in key systems and fully utilizing or developing internal and external *assets*, are two of the primary approaches I&RS teams and school communities can use for building resilience in young persons.

**Protective Factors**

An I&RS team is well positioned to help strengthen known protective factors that can reduce high-risk behavior. As indicated in the chart below, many of the protective factors are simply the translation of the negative risk factors into positive action strategies. The work of Hawkins and Catalano has provided one of the clearest ways to define protective strategies, known as a social development model, which recommends that systems:

**Protective Factors, continued**

- ❑ Promote *bonding* to school, non-drug using peers, family and community.
- ❑ Define a clear set of *norms* about destructive behaviors.
- ❑ Teach the *skills* needed to create healthy relationships and take an active part in the community.
- ❑ Provide *recognition, rewards and reinforcement* for newly learned skills and behaviors.

The most prominent *protective factors* within key systems, as reported in Together We Can Reduce the Risks, are identified below.

<b>SCHOOL</b>	<b>PEERS</b>
<ul style="list-style-type: none"> <li>❑ Expresses high expectations.</li> <li>❑ Encourages goal setting and mastery.</li> <li>❑ Staff members view themselves as nurturing caretakers.</li> <li>❑ Encourages pro-social development (e.g., altruism, cooperation).</li> <li>❑ Provides leadership and decision-making opportunities.</li> <li>❑ Fosters active involvement of students.</li> <li>❑ Trains teachers in social development and cooperative learning.</li> <li>❑ Involves parents.</li> <li>❑ Provides alcohol/drug-free alternative activities.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Become involved in drug-free activities.</li> <li>❑ Respect authority.</li> <li>❑ Bond to conventional groups.</li> <li>❑ Appreciate the unique talent that each person brings to the group.</li> </ul>
<b>FAMILY</b>	<b>COMMUNITY</b>
<ul style="list-style-type: none"> <li>❑ Seeks prenatal care.</li> <li>❑ Develops close bonding with children.</li> <li>❑ Values and encourages education.</li> <li>❑ Manages stress well.</li> <li>❑ Spends quality time with children.</li> <li>❑ Uses a warmth/low criticism parenting style (rather than authoritative or permissive).</li> <li>❑ Is nurturing and protective.</li> <li>❑ Has clear expectations.</li> <li>❑ Encourages supportive relationships with caring adults.</li> <li>❑ Shares family responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Norms and public policies support non-use among youth.</li> <li>❑ Provides access to resources (e.g., housing, healthcare, childcare, job training, employment, recreation).</li> <li>❑ Provides supportive networks and social bonds.</li> <li>❑ Involves youth in community service.</li> </ul>

***Protective Factors, continued***

The stronger the bond to conventional systems and people, the greater the chances that youth will not engage self-defeating behavior. Hawkins points out that a bond of attachment and commitment develops:

- ◆ *When youth have opportunities for active participation.*
- ◆ *When they can develop the social, academic and interpersonal skills to perform with pride.*
- ◆ *When they receive consistent rewards.*

The I&RS team may not be in a position to enact all of the suggested school-wide and community changes under the risk and protective factors models, but their underlying principles, can be applied to I&RS cases. Since it can be frustrating and counterproductive for the I&RS team to experience the same types of problems reoccur or not improve, teams should make recommendations for school-wide changes and suggest strategies for improving the coordination and utilization of community resources based on the constructs described above, which are supported by I&RS team data on local school needs.

***Assets-based Approach***

Equal in importance to the identification and reduction of risk factors and the strengthening of protective factors to foster youth resilience, is the full assessment and development of external and internal *assets* among students, and those that exist among the various socializing institutions, such as schools, community organizations, parents/families and faith-based organizations. The distinguishing feature of assets-based approaches is the focus on the identification and development of the positive characteristics of a community and the coordination of resources to systematically build upon its assets.

In What Kids Need to Succeed: Proven, Practical Ways to Raise Good Kids, by Benson, Galbraith and Espeland, it is explained that the assets-based approach focuses on the development of existing strengths. It provides a schematic for bringing all facets of a community into alignment on the development of a common theme. The Search Institute, in The Asset Approach: Giving Kids What They Need to Succeed, has identified the following building blocks of development that help young people grow to be healthy, caring and responsible. Percentages of young people who experience each asset represent almost 100,000 sixth to twelfth grade youth surveyed in 213 towns and cities in the United States.

**Assets-based Approach, continued**

<b>40 DEVELOPMENTAL ASSETS</b>		
<b>EXTERNAL ASSETS</b>		
<b>Asset Type</b>	<b>Asset Name and Definition</b>	<b>Percent</b>
<b>Support</b>	1. <b>Family Support</b> – Family life provides high levels of love and support.	64%
	2. <b>Positive Family Communication</b> – Young person and/or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s).	26%
	3. <b>Other Adult Relationships</b> – Young person receives support from three or more non-parent adults.	41%
	4. <b>Caring Neighborhood</b> – Young person experiences caring neighbors.	40%
	5. <b>Caring School Climate</b> – School provides a caring, encouraging environment.	24%
	6. <b>Parent Involvement in Schooling</b> – Parent(s) is actively involved in helping the young person succeed in school.	29%
	7. <b>Community Values Youth</b> – Young person perceives that adults in the community value youth.	20%
<b>Empowerment</b>	8. <b>Youth as Resources</b> – Young people are given useful roles in the community.	24%
	9. <b>Service to Others</b> – Young person serves in the community one hour or more per week.	50%
	10. <b>Safety</b> – Young person feels safe at home, school and in the neighborhood.	55%
	11. <b>Family Boundaries</b> – Family has clear rules and consequences and monitors the young person’s whereabouts.	43%
	12. <b>School Boundaries</b> – School provides clear rules and consequences.	46%
<b>Boundaries and Expectations</b>	13. <b>Neighborhood Boundaries</b> – Neighbors take responsibility for monitoring young people’s behavior.	46%
	14. <b>Adult Role Models</b> – Parent(s) and other adults model positive, responsible behavior.	27%
	15. <b>Positive Peer Influence</b> – Young person’s best friends model responsible behavior.	60%
	16. <b>High Expectations</b> – Both parent(s) and teachers encourage the young person to do well.	41%
<b>Constructive Use of Time</b>	17. <b>Creative Activities</b> – Young person spends three or more hours per week in lessons or practice in music, theater or other arts.	19%
	18. <b>Youth Programs</b> – Young person spends three or more hours per week in sports, clubs or organizations at school and/or in the community.	59%
	19. <b>Religious Community</b> – Young person spends one or more hours per week in activities in a religious institution.	64%
	20. <b>Time at Home</b> – Young person is out with friends “with nothing special to do” two or fewer nights per week.	50%

**Assets-based Approach, continued**

<b>40 DEVELOPMENTAL ASSETS, continued</b>		
<b>INTERNAL ASSETS</b>		
<b>Asset Type</b>	<b>Asset Name and Definition</b>	<b>Percent</b>
<b>Commitment to Learning</b>	21. <b>Achievement Motivation</b> – Young person is motivated to do well in school.	63%
	22. <b>School Engagement</b> – Young person is actively engaged in learning.	64%
	23. <b>Homework</b> – Young person reports doing at least one hour of homework every school day.	45%
	24. <b>Bonding to School</b> – Young person cares about his school.	51%
	25. <b>Reading for Pleasure</b> – Young person reads for pleasure three or more hours per week.	24%
<b>Positive Values</b>	26. <b>Caring</b> – Young person places high value on helping other people.	43%
	27. <b>Equality and Social Justice</b> – Young person places high value on promoting equality and reducing hunger and poverty.	45%
	28. <b>Integrity</b> – Young person acts on convictions and stands up for his beliefs.	63%
	29. <b>Honesty</b> – Young person “tells the truth even when it is not easy.”	63%
	30. <b>Responsibility</b> – Young person accepts and takes personal responsibility.	60%
<b>Social Competencies</b>	31. <b>Restraint</b> – Young person believes it is important not to be sexually active or to use alcohol or other drugs.	42%
	32. <b>Planning and Decision Making</b> – Young person knows how to plan ahead and make choices.	29%
	33. <b>Interpersonal Competence</b> – Young person has empathy, sensitivity and friendship skills.	43%
	34. <b>Cultural Competence</b> – Young person has knowledge of and comfort with people of different, cultural, ethnic and racial backgrounds.	35%
	35. <b>Resistance Skills</b> – Young person can resist negative peer pressure and dangerous situations.	37%
<b>Positive Identity</b>	36. <b>Peaceful Conflict Resolution</b> – Young person seeks nonviolent resolutions to conflict.	44%
	37. <b>Personal Power</b> – Young person feels he has control over “things that happen to me.”	45%
	38. <b>Self-esteem</b> – Young person reports having high, positive self-esteem.	47%
	39. <b>Sense of Purpose</b> – Young person reports that “my life has a purpose.”	55%
	40. <b>Positive View of Personal Future</b> – Young person is optimistic about his personal future.	70%

**Assets-based Approach, continued**

A few examples of applications for the Search Institute’s assets model are supplied below:

**Internal Assets: Educational Commitment**

<b>External and Internal Assets</b>	<b>Schools</b>	<b>Parents and Families</b>	<b>Community Organizations</b>	<b>Faith Organizations</b>
<p><b>School Performance</b> (Youth do well in school.)</p>	<ul style="list-style-type: none"> <li>- Expect students to do well and encourage parents to expect the same.</li> <li>- Do not assume that youth know how to study; periodically review basic study skills.</li> </ul>	<ul style="list-style-type: none"> <li>- Affirm school success through family celebrations.</li> <li>- Stay in contact with teachers about progress; rather than waiting for a report card.</li> </ul>	<ul style="list-style-type: none"> <li>- Affirm and recognize success in school.</li> <li>- Teach basic study skills to youth who may not have developed them.</li> </ul>	<ul style="list-style-type: none"> <li>- Recognize good school performance.</li> <li>- Provide opportunities for youth to be tutors for younger children.</li> </ul>
<p><b>Achievement Motivation</b> (Youth are motivated to achieve in school.)</p>	<ul style="list-style-type: none"> <li>- Focus attention on the relevancy of classroom content to life situations and issues.</li> <li>- Affirm and encourage achievement in diverse areas as students discover their own interests.</li> </ul>	<ul style="list-style-type: none"> <li>- Model an ongoing interest in learning and new discoveries.</li> <li>- Seek to understand and address the fears and motivations that may lie behind any apathy or resistance toward school.</li> </ul>	<ul style="list-style-type: none"> <li>- Intellectually challenge youth throughout all programming.</li> <li>- Encourage youth to use what they are learning in school to address issues in the organization’s program.</li> </ul>	<ul style="list-style-type: none"> <li>- Affirm, rather than undermine, the value of education in all youth programming.</li> <li>- Make school a regular topic of conversation in youth groups.</li> </ul>
<p><b>Homework</b> (Students regularly spend time doing homework.)</p>	<ul style="list-style-type: none"> <li>- Regularly assign homework and hold students accountable for completing it.</li> <li>- Make homework relevant to other parts of students’ lives (e.g., family, work, play).</li> </ul>	<ul style="list-style-type: none"> <li>- Provide a comfortable place for children to study without distractions.</li> <li>- Turn off the television.</li> <li>- Limit hours on after-school jobs.</li> </ul>	<ul style="list-style-type: none"> <li>- Arrange after-school study programs.</li> <li>- Expect youth to complete school homework as part of program participation.</li> </ul>	<ul style="list-style-type: none"> <li>- Set up a homework hotline for youth to call on school evenings with questions.</li> <li>- Reduce conflicts between time commitments for faith activities and homework.</li> </ul>

**Assets-based Approach, continued**

**Internal Assets: Social Competencies**

<b>External and Internal Assets</b>	<b>Schools</b>	<b>Parents and Families</b>	<b>Community Organizations</b>	<b>Faith Organizations</b>
<p><b>Decision-making Skills</b></p> <p>(Youth are good at making decisions.)</p>	<ul style="list-style-type: none"> <li>- Challenge students to articulate the reasons behind their decisions.</li> <li>- Include student leaders on decision-making committees and boards.</li> </ul>	<ul style="list-style-type: none"> <li>- Include children in family decisions.</li> <li>- Explain the decision-making process.</li> <li>- Do not blow up at a poor decision; help children to learn from it.</li> </ul>	<ul style="list-style-type: none"> <li>- Let young people make decisions in programs and special projects.</li> <li>- Use experiential activities and simulations that challenge youth to make difficult decisions.</li> </ul>	<ul style="list-style-type: none"> <li>- Let teens make decisions in the direction of the youth program.</li> <li>- Show young people how their faith informs their decisions.</li> </ul>

**External Assets: Support**

<b>External and Internal Assets</b>	<b>Schools</b>	<b>Parents and Families</b>	<b>Community Organizations</b>	<b>Faith Organizations</b>
<p><b>Positive School Climate</b></p> <p>(School provides a caring, encouraging environment.)</p>	<ul style="list-style-type: none"> <li>- Nurture a sense of school ownership in students by involving them in decision making about relevant issues.</li> <li>- Create an environment where all feel supported and included.</li> </ul>	<ul style="list-style-type: none"> <li>- Report any concerns you have about children feeling uncomfortable or unsafe in school.</li> <li>- Volunteer in the school to tutor and support students.</li> </ul>	<ul style="list-style-type: none"> <li>- Teach youth how to cooperate and show care in all of their activities.</li> <li>- Break down school cliques by mixing teens into unfamiliar groups in community activities.</li> </ul>	<ul style="list-style-type: none"> <li>- Have the youth group volunteer to paint or do other projects in the school.</li> <li>- Encourage congregation members to volunteer in local schools.</li> </ul>

<p><b>Parent Involvement in School</b></p> <p>(Parents are involved in helping youth succeed in school.)</p>	<ul style="list-style-type: none"> <li>- Have teachers personally contact each family at least once during the school year.</li> <li>- Form a parent advisory committee to give input into policy decisions.</li> </ul>	<ul style="list-style-type: none"> <li>- Make it a point to talk with all of your children's teachers during the school year.</li> <li>- Regularly ask your children what they are learning in school.</li> <li>- Offer to help with homework in appropriate ways.</li> </ul>	<ul style="list-style-type: none"> <li>- Coordinate activities with the school so parents do not have to choose between school events and community events.</li> <li>- Provide activities for children to free parents to participate in parent meetings.</li> </ul>	<ul style="list-style-type: none"> <li>- Do not schedule congregation activities that conflict with important school activities for parents.</li> <li>- Encourage parents to take any concerns they have to the school.</li> </ul>
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**Assets-based Approach, continued**

**External Assets: Boundaries**

<b>External and Internal Assets</b>	<b>Schools</b>	<b>Parents and Families</b>	<b>Community Organizations</b>	<b>Faith Organizations</b>
<p><b>Positive Peer Influence</b></p> <p>(Youths' best friends model responsible behavior.)</p>	<ul style="list-style-type: none"> <li>- Offer peer helping training in the school.</li> <li>- Use cooperative learning techniques in the classroom so students can learn from each other.</li> </ul>	<ul style="list-style-type: none"> <li>- Invite teenagers' friends to spend time in your home; get to know them.</li> <li>- Talk with your teens about their friends. Ask probing questions.</li> <li>- Affirm positive friendships.</li> </ul>	<ul style="list-style-type: none"> <li>- Provide opportunities for youth to be with their peers in settings where they are modeling healthy behavior.</li> <li>- Reaffirm and honor the healthy choices youth make.</li> </ul>	<ul style="list-style-type: none"> <li>- Launch a peer ministry program.</li> <li>- Have youth think about ways they can positively influence their friends in school.</li> </ul>

The assets-based approach is consistent with the problem-solving processes used by I&RS teams. As part of the intervention and referral services process, I&RS teams develop comprehensive and proactive I&RS action plans for students after a thorough examination of their *assets* and *strengths*, and build upon these positive characteristics in a systematic way to help students grow and achieve.

**SUMMARY**

The diverse learning, behavior and health concerns students present to educators can be overwhelming. Although not a panacea, the I&RS team is positioned to assist and support educators, parents and community members in helping young people to achieve their potential.

Care should be given to pay equal attention to presenting problems, identified risk factors, family influences, protective factors and assets. Teams should guard against believing that all academic problems can be addressed with academically oriented solutions. Since it is common for problems that present themselves in the academic arena to be grounded in life skill deficiencies or life crises, the I&RS team should stand ready to view problems holistically in order to make short-term gains that lead to long-term change.

## **STRUCTURE AND FUNCTIONS OF BUILDING-BASED I&RS TEAMS**

Collaboration occurs every day in schools across New Jersey. A new teacher might seek the advice of a veteran teacher in dealing with a behavior problem. An experienced teacher might ask a trusted colleague for a perspective or approach for handling a new classroom situation or dilemma. A teacher might consult with a guidance counselor about some emotional problems confided to her by a student. A guidance counselor might approach a teacher to elicit helpful information regarding a counselee. A teacher might approach a substance awareness coordinator about suspected student drug use. A principal might solicit input from a number of staff regarding a new school initiative or a particularly vexing student problem. These and other examples of collaboration are common, appropriate and encouraged.

A school-based *program* of collaboration, such as an I&RS team, however, provides the school with an *institutionalized mechanism* and *comprehensive strategy* for enabling staff and parents to work jointly to resolve problems in a *systematic manner* over a period of time. A program of collaboration requires careful planning and maintenance to become an integral and valued part of the educational program. The fundamental elements for I&RS program planning, development and maintenance are examined below.

### **TEAM COMPOSITION**

The composition of a team may be as fixed or as flexible as necessary to perform the functions required under N.J.A.C. 6A:16-7. It is recommended, however, that the following individuals form the basis of the core group:

- **The Person Requesting Assistance** - Requests for help from the I&RS team for educational problems can be made by any individual who works with students on behalf of the school district, as well as by parents. As ad hoc members of the team, persons requesting assistance are bound by all of the same applicable rules of privacy, ethical standards and I&RS procedures as are regular or “core” members of the I&RS team.

**Team Composition, continued**

- ❑ **Building Principal or General Education Designee** – If the principal does not serve as a member of the core group, his or her designee should be on staff of the regular education program for the building and have the *authority of the principal to make decisions* to fully develop and implement I&RS action plans.
- ❑ **General Education Teacher** – The team should have a representative of the instructional staff for the building. The team may choose to include more than one teacher to represent various grades or disciplines.
- ❑ **Student Support Staff** - One or more representatives from among the following student support titles should be included on the team: substance awareness coordinator, guidance counselor, school psychologist, learning disabilities teacher-consultant, school social worker, speech language specialist or correctionist or school nurse.

The establishment, at a minimum, of a fixed *core unit* of I&RS team members is recommended for the following reasons:

- A core unit ensures sufficient representation of various professional viewpoints, which increases the probability that all appropriate information will be collected and all applicable strategies and insights will be considered.
- A core unit provides continuity from case to case.
- A core unit increases efficiency due to the establishment of a common understanding and practice of the intervention and problem-solving processes, the school's culture, the district's expectations, modes of operation and relationships among core members, team precedents and history.
- A core unit provides essential resources for initiating the problem-solving process.

***Team Composition, continued***

It is not realistic, however, to expect the core unit to have all applicable information, all answers or all knowledge of all resources for all problems. Therefore, the core I&RS team should practice “ad hococracy.” That is, whether schools choose to maintain a minimum core membership, establish a medium to large standing committee or use a different structure, they should be prepared to invite all appropriate school, home and community resources to participate in the I&RS information collection, problem-solving, and action-planning, development, implementation and evaluation phases of the process, as necessary, to fully resolve the presenting problems for individual cases. In addition to parents or guardians, some of the individuals who might be invited to contribute or participate include representatives from the following groups or organizations:

➤ Social and human services.	➤ Coaches.
➤ Health care.	➤ Transportation.
➤ Clergy.	➤ Administrative support.
➤ Law enforcement or security.	➤ Food services.

***Contributions from these representatives can include:***

◆ Participating in meetings.
◆ Providing background information and data on observed problem(s).
◆ Suggesting ideas for remediating problems.
◆ Carrying out portions of I&RS action plans.

## **TEAM MEMBER CHARACTERISTICS**

***The following characteristics should be considered in the team's makeup:***

**Team members should have their colleagues' respect.**

Staff are more likely to seek or accept input from individuals who have credibility and are held in high esteem.

**Team members should be able to apply effective group process skills.**

Underpinning team operations are the dynamics of group process. The degree to which team members are able to cooperatively work together as a healthy unit (e.g., communicate, resolve conflicts, trust one another, support one another, openly share information, observe privacy rights) will directly affect their effectiveness and longevity.

**Team members should be knowledgeable about the school building's program of I&RS and its procedures, as well as related school and community policies and resources.**

There should be understanding, agreement and commitment on the I&RS team's mission and operating procedures. Team members should be familiar with all school policies and be able to relate the implications of applicable policies to each request for assistance. Familiarity with available community resources is particularly important for proceeding with students who require assistance from resources outside of the school.

**Team Member Characteristics, continued****Team members should possess the requisite skills for assessing and solving problems in a collaborative manner.**

Most educators tend not to receive extensive instruction or have experience in the skills of collaborative problem solving in either their preparatory programs or in the workplace. Operating in a structured, collaborative mode involves far more than just “working together.” Skills such as data collection, data analysis, problem assessment, brainstorming, problem solving, consensus building, creative thinking, behavioral observation, program planning, organizational development, as well as the group process skills identified above, are necessary for staff to be effective members of an I&RS team.

**Team members should be familiar with the district’s instructional objectives and curriculum.**

Knowledge of the required curriculum and standards for instruction are essential in determining appropriate strategies for solving learning problems at all grade levels. This is particularly important for the early elementary years, since primary age students tend to exhibit at-risk behaviors more by way of academic problems, rather than behavioral issues.

**Team members should be familiar with traditional, innovative and culturally sensitive instructional practices and other education programs and methods for formulating strategies and techniques helpful to school staff and parents.**

Put simply: If school staff do what they have always done with recurring problems, they are quite likely to get the same results. Many of the problems presented by students can be readily resolved with tried and true methods, but many others may require more innovation and experimentation. In either case, once staff members have added the strategy to their supply of instructional or behavioral management practices, they have increased their capacity to address similar problems in the future, without requesting the assistance of the I&RS team. (*Continued on next page.*)

***Team Member Characteristics, continued***

When problems continue after repeated attempts at correction, imaginative strategies may be the team's most appropriate response. The implementation of an I&RS team does not magically produce innovative or effective solutions to persistent problems. Team members should be selected, in part, because of their proclivity toward creativity or a balance of right- and left-brain thinking; their breadth of knowledge and experience in techniques for individualizing instruction; their specialized skills and information base; and their ability to represent the culture, language and backgrounds of the student population.

**Team members should stay current with the research literature on effective instructional practices and actively learn new strategies in order to expand their repertoire of ideas for helping staff and parents who request assistance for problems.**

Since school staff often approach an I&RS team after they have attempted a number of correctional strategies, it is absolutely critical that team members expand their repertoire of practices and techniques for dealing with the spectrum of student academic, behavior, social-emotional and health problems. Teams are strongly encouraged to include steps to receive ongoing training in new strategies as part of their plans for developing and improving the I&RS program, which should be developed, at a minimum, on an annual basis.

A variety of funding sources are available to support these professional development and other team activities. Some examples of eligible funds include the following:

***Federal Funds***

- ◆ Local Educational Agency Formula Funds under the No Child Left Behind Act.
- ◆ Special Education Funds.

***State Funds***

- ◆ General Education Allocation.
- ◆ Comprehensive Educational Improvement Financing Act (where applicable).

**TEAM MEMBER ROLES AND RESPONSIBILITIES**

Pursuant to N.J.A.C. 6A:16-7.3, school districts must identify the roles and responsibilities of the building and district staff who participate in planning and providing intervention and referral services. It is advised that the leadership roles described below should rotate on a pre-determined basis to avert domination by one person or point of view, in particular the team leader, to fully use or develop team resources and role diversity and to avoid burnout.

***Each of the following roles should be assigned to a different member of the “core” I&RS team:***

**TEAM LEADER** The responsibilities undertaken by the team leader are essential for team operations both during and outside of meetings. The team leader is sometimes, but not necessarily, the building principal. Since the demands on building principals can cause frequent interruptions of team meetings (e.g., phone calls, requests from the central office, medical emergencies with students or staff, policy violations, transportation problems, concerned parents, law enforcement operations, student disruptions), having the principal as team leader can unduly disrupt the process, which could result in poor use of I&RS staff resources. For the purposes of program start-up, however, where the team is developing plans for full implementation of the program, it can be appropriate for the principal to serve as team leader.

The school should consider whether or to what degree the participation of principals and assistant principals pose irreconcilable conflicts of interest, which can interfere with team operations or performance of other duties. For example, certain information obtained about students during the I&RS team process may not be used by school administrators in disciplinary proceedings, per applicable confidentiality regulations or other standards of privacy.

Particularly in circumstances where the principal's duties either periodically or regularly interrupt the process or pose significant conflicts of interest, he or she may choose to delegate the role of team leader to an assistant principal or to a general education staff member. Whichever position is assigned the responsibilities of the team leader, the leader should have the *authority of the principal to formalize* I&RS action plans

**Team Leader Functions, continued**

during meetings. In other words, when the team agrees on a plan of action for an individual case, it becomes the school's formal operating strategy for that case, until it is revised or discontinued.

The team leader coordinates the general activities of the program, initiates, facilitates, *shares responsibility* and leads, rather than "rules" or dictates to the team. The team leader, as is the case with other roles on the team, performs specific tasks and functions, which are described below:

- ❑ Logging in requests for assistance.
- ❑ Determining the appropriateness of cases for review by the team.
- ❑ Prioritizing cases.
- ❑ Assigning case coordinators and simultaneously scheduling each case for the first problem-solving meeting and the first follow-up meeting.
- ❑ Convening meetings.
- ❑ Preparing meeting agendas.
- ❑ Serving either as the facilitator for the steps of the problem-solving model and the development of I&RS action plans or assigning the role of facilitator for either the problem-solving process and/or action planning to another team member.
- ❑ Clarifying and enforcing building-level operating procedures and rules.
- ❑ Maintaining an educational focus for resolving I&RS cases.
- ❑ Mediating conflicts.
- ❑ Serving as the liaison to school administrators and case coordinators.

**RECORD KEEPER**

The record keeper is responsible for the following tasks and functions:

- ❑ Registering and maintaining accurate, written accounts of all meetings.
- ❑ Maintaining all program files in a locking file cabinet.
- ❑ Retaining a supply of forms.
- ❑ Keeping a current calendar for the I&RS team.

**TIME KEEPER**

This role is particularly important when teams are engaged in the steps of the problem-solving model, since each step of the model is time-limited. The timekeeper helps maintain efficiency in team proceedings by being responsible for the following tasks and functions:

- ❑ Making sure that the team adheres to all time limits.
- ❑ Assisting the facilitator in keeping members on task during meetings to complete tasks in their allotted time periods.

**CASE COORDINATOR**

Since all team members serve turns as case coordinators or case monitors, the team should establish a pre-determined procedure for having the team leader evenly assign case coordinator responsibilities on a rotating basis.

Case coordinators are perhaps in the most pivotal position for ensuring the success of the I&RS process on a case-by-case basis. When team members serve as case coordinators, they are the primary contact with the staff member requesting assistance. Their job is to lead the requesting staff member through the process, provide support, help them

**Case Coordinator Functions, continued**

feel at ease and furnish technical assistance to all individuals responsible for implementing the I&RS action plan for the identified educational problem.

Case coordinators perform the following tasks and functions:

- ❑ Distributing all information collection forms.
- ❑ Overseeing the completion of all information collection forms.
- ❑ Collecting all completed information collection forms.
- ❑ Compiling and summarizing all of the behaviorally-specific information on the problem.
- ❑ Conducting observations of the problem, where possible, for information collection, remediation and follow-up purposes.
- ❑ Analyzing trends and patterns of documented behavior.
- ❑ Presenting the compiled information and perceived trends at the pre-scheduled meeting.
- ❑ Overseeing implementation of each component of the I&RS action plan for the identified problem(s).
- ❑ Providing technical support to those responsible for carrying out the I&RS action plan.
- ❑ Coordinating communications and plans for actively involving parents in the development and implementation of I&RS action plans (N.J.A.C. 6A:16-7.2(a)6).
- ❑ Providing insight (due to their close involvement with assigned cases) into decisions for either maintaining the current I&RS action plan, developing a new plan, terminating the existing plan or referring the case to the Child Study Team for further evaluation.

**SUPPORT FOR I&RS TEAM OPERATIONS**

Various additional members of the school district should be involved in order for the I&RS team to succeed. A brief description of the involvement of these school district representatives is provided below:

**Board of Education Members*****The school board:***

- Allocates resources.
- Approves requests for professional development activities required under N.J.A.C. 6A:16-7.1(b)4 and 6A:16-7.1(b)5.
- Establishes and implements the coordinated system of building-based multidisciplinary I&RS teams required under N.J.A.C. 6A:16-7.1(a).

**Central Office Administrators*****As the intermediaries between the Board of Education, building administrators and the I&RS team, these administrators:***

- Stay informed about the program.
- Back up building administrators' decisions.
- Assign staff support and other resources for team operations.
- Support the continuous professional development of team members and other staff, per N.J.A.C. 6A:16-7.1(b)4 and 6A:16-7.1(b)5.
- Review the results of the team's assessment of its proceedings (N.J.A.C. 6A:16-7.2(a)11) and apply them, as appropriate.

**Support for I&RS Team Operations, continued****Building Administrators**

Whether or not principals choose to be actively involved in team meetings, their job is to empower team members to implement the collaborative process (N.J.A.C. 6A:16-7.1(b)4 and 6A:16-7.1(b)5).

**Building-level administrators:**

- ❑ Provide active support by making timely decisions.
- ❑ Obtain support for I&RS activities from the central office.
- ❑ Develop a workable meeting schedule for team operations.
- ❑ Provide back-up staff for “core” team members, ad hoc team members and staff requesting assistance of the I&RS team to fully participate in team meetings and team proceedings.
- ❑ Allocate resources for the professional development of team members and other staff (N.J.A.C. 6A:16-7.1(b)4 and 6A:16-7.1(b)5) in support of the goals, functions and action plans of the I&RS team, as well as training needs that emerge as a result of team operations.
- ❑ Assist the team in communicating and coordinating with parents and actively involving parents in the development and implementation of I&RS action plans (N.J.A.C. 6A:16-7.2(a)6).
- ❑ Consider and, where appropriate, use the results or recommendations of the team’s review of its proceedings for school-wide planning purposes (N.J.A.C. 6A:16-7.2(a)11).

**School Staff**

While team members and/or other school or community resources may take an active role in implementing components of I&RS action plans, school staff should understand that the I&RS team exists to help *them* with the problems they encounter, rather than assume full responsibility for all problems presented to the team. The obvious role for school staff is to utilize the I&RS team as a resource for remediating educational problems as needed.

**Support for I&RS Team Operations, continued****School Staff, continued****Implicit in their role, staff should actively learn about:**

- The purposes of the program.
- How the program operates.
- How to access the program.
- The scope of the program.
- The benefits of the program for them, their students and their students' families.

The staff member requesting assistance becomes an *ad hoc member* of the team for the resolution of the identified problem(s), and attends the portions of meetings dedicated to the resolution of these problem(s). They are permitted to see all information and records pertaining to their case.

**School staff who request assistance are responsible for the following:**

- Completing all forms and providing all appropriate information/data.
- Cooperating with classroom or other observations of the problem.
- Remaining open to new ideas and ways of approaching educational problems.
- Actively participating in the problem-solving process.
- Supporting, implementing and evaluating I&RS action plans, as appropriate (N.J.A.C. 6A:16-7.2(a)10).
- Abiding by all privacy rights, ethical standards and applicable statutes and regulations.

**COLLABORATIVE DECISION MAKING**

It is important for team members to agree and school administrators to understand that, in a collaborative model, team members are equally empowered, rather than ranked according to professional titles. That is not to say that members do not contribute from the perspective of their professional training and their roles and experiences in the school system. On the contrary, the reason for diversity in team membership is to ensure broad-based input.

The intention is to assure that each member has only “one vote\*.” For example, if a principal and a school nurse have different perspectives on an educational problem, it is expected that each point of view will be given full consideration. When it is time to choose an approach, however, the voice or “vote” of the principal or the principal’s designee is equal to any other member of the team, no more, no less.

***The only instances in which team decision making should be influenced or overridden strictly on administrative grounds are under the following circumstances:***

- ❑ ***Financial constraints.***
- ❑ ***Policy/legal requirements.***
- ❑ ***Obvious conflicts with the philosophies or mission of the school board and school administration.***

*\*(The term “vote” is used loosely, since the I&RS team strives to reach consensus in the development of I&RS action plans, rather than vote to determine a majority.)*

**RELATIONSHIP OF I&RS TEAM  
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 described below:

**School  
Resource  
Committees**

School Resource Committees (SRC) were undertaken in 1987 as a pilot program supported by the Division of Special Education, New Jersey Department of Education. The program was validated by an evaluation study conducted by the Educational Testing Service. This committee structure, along with consultation by the Child Study Team (CST), was designed to broaden the continuum of educational services to more fully support intervention with regular education programs in order to prevent or remediate learning difficulties before more extensive special education services became necessary.

The SRC was intended as a school-based problem-solving structure to assist general education teachers who had students with mild learning or behavior problems, and who were not learning disabled. The SRC was created to forge a collaborative relationship between special education and general education staff to provide services to students using general education resources wherever possible, quickly and without the need for extensive testing or labeling.

**Core  
Teams**

In 1991, the New Jersey Department of Education and the New Jersey Department of Health and Senior Services established guidelines for training drug/alcohol core teams. Core teams help schools fulfill the provisions of N.J.S.A. 18A:40A-10 which, in part, require schools to establish a comprehensive program of substance abuse intervention and treatment referral, and N.J.S.A. 18A:40A-15 which requires in-service training programs for public school teachers to respond to student substance abuse.

Core teams are interdisciplinary committees that provide schools with a systematic process for helping students who are having school-related difficulties due to alcohol or other drug use and *associated* health,

**Core Teams, continued**

behavioral and psychosocial problems. Core teams provide schools with a reliable early identification and intervention strategy, a support system for students and families, intervention services and a treatment referral process for high-risk students and their families.

**Pupil Assistance Committees**

In response to the success of the School Resource Committee pilot program and the recommendations of the Educational Testing Service's study, the State Board of Education adopted regulations for the establishment of Pupil Assistance Committees (N.J.A.C. 6:26) in July 1992, which placed responsibility for the mandated functions in the general education program. These rules were repealed in July 1994, and at the same time replaced by new regulations for Intervention and Referral Services for General Education Pupils (N.J.A.C. 6:26).

The retracted Pupil Assistance Committee (PAC) regulations were designed to provide schools with building-based teams which would design and monitor the implementation of strategies for educating non-classified pupils who were referred because they experienced difficulties in their classes. PACs were intended to coordinate and/or deliver intervention and referral services for these pupils, and develop an annual Pupil Assistance Committee Report describing the needs and issues identified through referrals to the committee, which would be used to advise school-wide planning.

As explained in the Introduction section of this manual, the regulations under N.J.A.C. 6:26 were replaced by N.J.A.C. 6A:16-7, Intervention and Referral Services, in April 2001. The old regulations (N.J.A.C. 6:26) only required the establishment of procedures in each school building, and limited the scope of I&RS services to general education students. The new I&RS regulations (N.J.A.C. 6A:16-7) require a multidisciplinary team approach for the establishment of a coordinated system of I&RS, and permits the provision of services to students who have been determined to be in need of special education programs and services, as appropriate.

**NOTE: The functions, tasks and structure described in the original PAC code constitute an acceptable, but not required, model for implementing the mandated functions under the Intervention and Referral Services regulations.**

**504  
Committees**

Section 504 of the Rehabilitation Act of 1973 (34 CFR Part 104, Subparts A, C and D) prohibits discrimination on the basis of disability and requires schools to provide accommodations and services to students with applicable medical conditions (e.g., allergies, asthma, Lyme Disease, physical disabilities, HIV/AIDS) and educational problems (e.g., attention deficit, hyperactivity disorder, attention deficit disorder).

**Comparison of Three Building-based Multidisciplinary Teams**

	<b>I&amp;RS Teams</b>	<b>504 Committees</b>	<b>Child Study Teams</b>
<b>Regulatory Authority</b>	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.
<b>Student Population</b>	Required - Regular Education. Permitted - Special Education, coordinated with student's I.E.P. team, as appropriate.	Required - Regular Education Protected Against Discrimination - Special Education.	Required - Special Education.
<b>Team Composition</b>	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 or Speech Correctionist, as appropriate).
<b>Case Management Role</b>	Not regulated. Case Coordinators recommended.	Not regulated. Case Coordinators recommended.	Case Manager required.
<b>Assessment</b>	Functional.	Functional and/or Standardized.	Functional and Standardized.
<b>Written Plan</b>	I&RS Action Plan.	504 Accommodation Plan.	Individualized Education Program (I.E.P.).
<b>Review and Follow-up</b>	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 I.E.P. Re-evaluation of I.E.P every three years or sooner, if conditions warrant.
<b>Funding</b>	Local.	Local.	Local and State.
<b>Family's Due Process Rights</b>	No.	Yes.	Yes.
<b>Forms</b>	Not regulated.	Not regulated.	Per Regulations.

### ***I&RS Teams and Child Study Teams***

Since a program of I&RS and the CST are the primary school-based, multidisciplinary problem-solving and decision-making mechanisms, which address regulated functions in New Jersey schools, it is informative to identify further distinctions between them. Some of the distinguishing features and characteristics of these two multidisciplinary entities are highlighted in the chart below.

<b><i>I&amp;RS TEAMS</i></b>	<b><i>CHILD STUDY TEAMS</i></b>
<ul style="list-style-type: none"> <li>❑ A general education model that permits the provision of services to special education students, as appropriate.</li> <li>❑ A collegial, collaborative problem-solving model, rather than a diagnostic model, and a coordinating mechanism that addresses global learning, behavior and health issues.</li> <li>❑ Addresses students' specific learning, behavior and health needs in the context in which they occur.</li> <li>❑ Does not classify student problems.</li> <li>❑ Participates in the development of an intervention and referral services action plan.</li> <li>❑ Regulated under <u>N.J.A.C. 6A:16-7</u>, and does not fall under the provisions of the Individuals with Disabilities Education Act of 1997.</li> <li>❑ Systematically focuses all school and community resources on the resolution of individuals' educational problems, in particular, and school-wide problems, in general.</li> <li>❑ An adult-centered program, where direct assistance primarily is provided to adults who request assistance for problems encountered in the general education program.</li> <li>❑ Schools are required to actively involve parents in the development and implementation of I&amp;RS action plans.</li> </ul>	<ul style="list-style-type: none"> <li>❑ A special education model.</li> <li>❑ A joint decision-making process that identifies, evaluates and determines the eligibility for and the placement of students with educational disabilities.</li> <li>❑ Provides for appropriate placements in the least restrictive environments.</li> <li>❑ Determines students' educational disabilities.</li> <li>❑ Participates in the development of an individual education plan (IEP).</li> <li>❑ Regulated under the provisions of the Individuals with Disabilities Education Act of 1997 and <u>N.J.A.C. 6A:14</u>.</li> <li>❑ Focuses special education, general education and other pupil services on the needs of students with educational disabilities.</li> <li>❑ A student-centered program, where direct assistance primarily is provided to students with educational disabilities, and support is provided to school staff and parents.</li> <li>❑ Parents are required to participate in each step of the special education decision-making process.</li> </ul>

### **Choosing an Appropriate Model for I&RS Functions**

Schools remain free to adopt an appropriate multidisciplinary team approach for performing I&RS functions. Schools may also use any name they choose to identify their I&RS program. It is essential, however, that schools establish a comprehensive and coordinated system that is appropriately organized to *fulfill the basic I&RS functions* as set forth in N.J.A.C. 6A:16-7, and affords staff the opportunity to seek assistance for educational problems in a *safe and collegial manner*. It is also advised that schools carefully consider and apply the research literature on best practices for implementing programs of I&RS.

In some instances, schools have more than one type of problem-solving team or committee in the regular education program, each of which often is unknowingly involved with the same student(s) or unaware of information that each may possess regarding a student's academic performance, school behavior or relevant health status. Many of the same staff frequently serve on a number, if not all, of the various committees.

Since each of the structures described above (i.e., Drug/Alcohol Core Team, PAC, 504 Committee) is compatible with the mission, functions and practices of I&RS programs, it is possible for schools to satisfy all of the functions of typical general education problem-solving teams through the adoption of an I&RS team. Consolidating the various general education teams and committees can produce the following benefits:

- More efficient use of staff time.
- Non-duplication of services.
- Improved communication.
- Improved coordination of school and community resources.
- Improved case management.
- Increased likelihood of comprehensive problem analysis and action plans, thereby increasing the chances of success for educational problems.

Whichever multidisciplinary team approach is used to fulfill the required functions, it is recommended that schools establish simple mechanisms and clear procedures for regular communications among these groups.

**Choosing an Appropriate Model for I&RS Functions, continued**

The decision to either consolidate the groups or maintain more than one committee should be based, in part, on the following factors:

- **School Size** - Consolidating committees can increase the number and diversity of student cases. In some cases, the existence of only one building team might not be sufficient to accommodate the accompanying increase and variety in the caseload. An option that may particularly apply to larger school buildings is the organization of separate I&RS teams for discreet grade levels or grade level clusters.
- **Intensity of Problems** - Schools should conduct regular needs assessments to determine the intensity of student problems and appropriately configure their resources. Schools should consider whether the relative incidence and prevalence of various student problems (e.g., substance abuse, suicide, violence, physical disabilities) warrant the allocation of resources to one or more dedicated teams (e.g., drug/alcohol core team, crisis intervention team, 504 committee), in addition to the school's program of I&RS. If more than one type of building team is maintained, however, schools should take care to clearly communicate the distinct functions of each team and the precise reasons, procedures and forms for school staff to use for accessing each group.

In cases where there is an inordinately high incidence of student drug and alcohol cases, for example, it may be necessary to maintain a separate team to ensure that the high rates of youth substance abuse problems receive appropriate care, rather than run the risk of them becoming lower priority items in the more broad-brush approach of the I&RS team, or misinterpreted because of a lack of applicable training, expertise or sensitivity to the unique dynamics of youth substance abuse on the part of I&RS team members.

- **Available Programs and Resources** - Any decision on the status of school programs and services is affected by the availability of resources. It is important to note that the most fundamental and important resources required to successfully implement an I&RS team are *a few staff* who are willing to *assist their peers* for the *benefit of students* and their families.

Schools should also consider reconfiguring existing resources, as appropriate, to achieve the broad goals and functions of the I&RS

**Choosing an Appropriate Model for I&RS Functions, continued**

program. For example, funds under districts' Improving America's Schools Act Consolidated Application to the New Jersey Department of Education can be used in a coordinated manner to support programs of I&RS. Specifically, the New Jersey Department of Education has given schools a significant amount of flexibility in the use of the following funding sources:

- Title I, Part A (Helping Disadvantaged Children Meet High Standards).
  - Title I, Part D (Prevention and Intervention Programs for Children and Youth Who Are Neglected, Delinquent or At Risk of Dropping Out).
  - Title II (Dwight D. Eisenhower Professional Development Program).
  - Title IV (Safe and Drug-Free Schools and Communities Act).
  - Title VI (Innovative Educational Programs and Strategies).
- **Scheduling** - Scheduling accommodations tend to be only necessary for instructional staff members who either serve as team members or who are requesting assistance for an educational problem. The school schedule is most commonly a barrier when the program is initiated *during* the course of the first year of implementation. Schedule adjustments can be readily made in advance to accommodate the program in subsequent school years.

Modifications to the school or staff schedules are only limited by the creativity and support of school staff and administrators. Described below are some common solutions used by schools when scheduling poses a dilemma for I&RS teams:

- Use a "floating" teacher, other staff member (e.g., pupil services staff) or a substitute teacher to cover classes.
- Create two or more teams in each building, so members would attend fewer meetings.
- Schedule meetings during preparation or duty periods.
- Schedule all of a district's I&RS building-based team meetings at the same time to facilitate coverage of classes.
- Limit the number of instructional staff on the I&RS team to avoid scheduling conflicts.



## **PLANNING AND ORGANIZING BUILDING-BASED I&RS TEAMS**

### **ONGOING PLANNING FOR I&RS TEAM SUCCESS**

Central to the long-term success of I&RS teams is their ability to develop, implement and sustain plans of action that address all essential program planning elements. Formal planning on an ongoing basis helps teams bring into balance program purposes and requirements, school objectives, the strengths and needs of team members, school culture, community values and the unique characteristics of school and community resources.

In addition to being a good practice for supporting long-term program success, administrative code requires teams to review and assess their operations on a regular basis. Program development plans should be based, in part, on the information and priorities established through the following required assessments:

- ◆ Review and assess the effectiveness of the services provided under each I&RS action plan that has been developed for educational problems (N.J.A.C. 6A:16-7.2(a)10); and, in particular,
- ◆ Annually review I&RS actions that result in recommendations to the principal for improving school programs and services (N.J.A.C. 6A:16-7.2(a)11).

The initial program development plan typically takes teams three to six months to complete. The team *should not* accept referrals until the major components (e.g., policies, forms, staff in-service) of the plan, which are described in detail in the section below titled “Program Planning Elements,” are in place. Schools should consider, however, that if circumstances exist which impede implementation of *all* program elements at once, the program can grow over time based on a successful track record and documentation of the need for additional program components and resources.

It is important for schools to develop institutionalized thinking that planning for I&RS program development is not a once and done activity; *continuous planning* for program development is crucial for team success. Teams should engage in formal program planning at least once a year. The proceedings of the program planning process should always be recorded and include, at a minimum, the following information:

**Planning for I&RS Team Success, continued**

- ◆ All priority strategies for program development or improvement that are based on a comprehensive review and assessment of team activities.
- ◆ Action steps/tasks for accomplishing the strategies.
- ◆ Persons assigned responsibility for achieving the tasks.
- ◆ Target dates for task accomplishment.

Schools should be cautioned that it is not uncommon for teams to mistakenly conclude that certain program elements can not be implemented based upon members' *perceptions* of current events or their understanding of available resources. If perceptions of existing supportive resources are the primary determinant of the school's preferred or "ideal" configuration for its I&RS program, there is a significant chance that they will accept less than is possible, which can translate into fewer or inferior opportunities for students.

Decisions on program planning should not be based solely on *currently* available resources. Perceptions of limited resources should be challenged and confirmed. Teams should not assume that a resource that does not exist today can not be provided tomorrow, or that the school is the only resource that is available and interested in providing support (e.g., financial, services, influence) for the I&RS program.

Effective problem solvers and program planners first comprehensively assess the types and extent of their problems, establish goals, research possible solutions, and *then* work toward obtaining the necessary resources for achieving their goals. Once a comprehensive action plan is in place, appropriate resources can be obtained to support the preferred educational innovation(s).

Program planning and development is the practice of the *art of the possible*. The key is not to dwell on what does not exist, but to concentrate on a collective vision for the program and all that is required to attain the vision, and dedicate team efforts and thinking to making as much of the vision a reality as possible, piece by piece, if necessary, over a period of time. Successful people and institutions concern themselves with what they want to have happen, rather than be stifled by factors that appear to limit goal attainment.

**PROGRAM PLANNING ELEMENTS**

There are a number of tasks that must be completed before a team can become completely operational. There are also a variety of activities that must be engaged in to fully institutionalize and maintain the program. The key elements for planning and developing the I&RS program are described below:

**MISSION  
STATEMENT**

Each team should develop a *succinct* description of their I&RS program's global purpose, which serves as the cornerstone of the program. The statement should concisely describe: 1) who the team is, and 2) what the team does. The statement should be brief, easy to comprehend and prominently displayed for all to see. The mission statement becomes the guidepost for all I&RS team decisions and activities, as well as the embodiment of the team's identity for those outside of the team. Although the mission statement should be enduring and stable, it may change as the I&RS program or the district's priorities and practices evolve.

**I&RS  
FLOW  
CHART**

Each building should have a flow chart that provides a clear outline of the building-level coordinated system of I&RS services and gives sequential direction for proceeding through the I&RS process. (Sample flow charts are provided in Appendix D.) The flow chart should include the different tasks or steps of the process and the school or community resource(s) responsible for each step, as appropriate, beginning with the request for assistance and ending with problem resolution. The flow chart, or a separate diagram, should also attempt to clarify the relationships among various professional groups who have responsibilities for working with at-risk students.

**INFORMATION  
FLOW**

The team should develop ongoing mechanisms for keeping board of education members, central office administrators, building administrators, staff and the community informed of I&RS team activities, accomplishments and needs.

**SCHOOL POLICIES  
AND PROCEDURES**

Pursuant to N.J.A.C. 6A:16-7.1(a), district *boards of education* are responsible for establishing and implementing a coordinated system *in each school building* for the planning and delivery of I&RS

**School Policies and Procedures, continued**

services. To assist the board of education in fulfilling this responsibility, it is suggested that the team review its existing policies and procedures; make recommendations for the inclusion of building-level I&RS functions and operating procedures; and help the board of education keep them updated. The team should also ensure that I&RS policies and procedures are distributed to students, parents and school staff on an *annual* basis.

**MEETING  
SCHEDULE**

The team should consider whether to meet regularly or as needed, and establish a meeting schedule, as appropriate, at the beginning of each school year. The faculty should be made aware of the schedule. Sometimes the scheduling of meetings is complicated when *initiating* the program *during* the school year. But with appropriate planning, scheduling problems typically can be resolved for the second year of operations and beyond.

The team should determine a point in the school year when requests will no longer be accepted. There typically is little that can be done for a case that is presented to the team within one to two months of the end of the school year. Additionally, the team needs one to two months to close out or transition existing cases and to prepare for next school year.

The team should also let two to three weeks pass at the beginning of the school year before accepting requests for assistance. A two to three week time period allows staff, students and parents to settle into the new school year; provides the team with the opportunity to review cases from the previous year; affords time for the team to accept and prepare for cases that might have been transitioned to their building; and permits time for the team to make all appropriate arrangements for program start up in the new school year.

**MEETING  
SITE**

The team should secure a permanent location for meetings. The meeting room should hold all I&RS and related forms, policies, procedures, state and federal regulations and statutes (e.g., Pupil Records (N.J.A.C. 6:3-2 et seq.), Family Educational Rights and Privacy Act (34 CFR Part 99), Protection of Pupil Rights (34 CFR Part 98), Confidentiality of Student Alcohol and Other Drug Information (N.J.A.C. 6A:16-3.2), Confidentiality of Alcohol and Other Drug Abuse Patient Records (42 CFR Part 2), I&RS code (N.J.A.C. 6A:16-7 et seq.), Section 504 of the Rehabilitation Act), local ordinances (e.g., loitering, tobacco possession or consumption),

**Meeting Site, continued**

information on school and community resources and a *locking file cabinet* for securing pupil records and I&RS action plans. Where possible, the room should be of a construction and in a location that provides a reasonable degree of privacy.

**I&RS  
FORMS**

The team should develop all forms that are necessary to implement the I&RS process. The team should ensure that the forms and information collection system will support program review and assessment (see section on School-wide Planning). (Sample forms are provided in Appendix E.) Each team should consider using the following forms:

- **Request for Assistance Form** - This form is used by staff members to notify the I&RS team of their request for assistance for an educational problem. Some schools choose to use an abbreviated form for making initial requests, with a more detailed information collection form and other information collection methods (e.g., classroom observation, staff interviews, parent interview, student interview) to follow.
- **Information/Data Collection Forms** - These forms are used to obtain information/data from both the staff member requesting assistance and other members of the school and community. It is essential that these forms are designed to collect *specific, factual and observable information* on the presenting learning, behavior and health concerns. The forms should not request narrative or subjective reports. Evaluative or anecdotal information typically is not useful for objectively assessing and resolving problems. Additionally, educators and the school district can be placed in legal jeopardy if unsubstantiated or judgmental comments are recorded on the forms.

The case coordinator collects, tabulates, analyzes and reports the information and any behavioral patterns of concern at the scheduled I&RS team meeting. It may be helpful to develop separate forms for different professional groups, requesting information that is unique to their functions. For example:

- ◆ **Guidance Form** - An information/data collection form for guidance staff might ask questions about standardized test scores, psychological examinations or history of counseling or therapy.

***I&RS Forms, continued***

- ◆ **School Nurse Form** - A form for nursing staff might ask for information on known health problems, long-term medications, visits to the nurse, health assessment and physical appearance.
- ◆ **Assistant Principal Form** - A form for the assistant principal, dean of students or disciplinarian might ask for number of student contacts, number of parent contacts regarding a student's behavior, policy violations and whether a student has been detained in the office, given restricted lunch, kept for recess, given detention or been assigned suspension.
- **Release of Information Form** - Some issues that come before the team call for the assistance of other school resources (e.g., guidance counselors, substance awareness coordinators, child study teams, 504 committees) or community resources (e.g., mental health agencies, substance abuse agencies, health services facilities, law enforcement) which can benefit from information collected by the team. School involvement with some of the issues (e.g., substance abuse, suicide, medical conditions, juvenile offenses) that teams address are governed by statutes or regulations that obligate the school to obtain permission to release certain information related to the case. Therefore, teams should develop appropriate forms and procedures for the release and transfer of information.
- **Follow-up Form** - In general, nonparticipating staff do not have the right to know the details of a case that is before the team. As indicated above, sometimes the release of student information is limited or controlled by statutes or regulations.

There is nothing, however, to prevent the team from providing general follow-up communication to school staff members who have cooperated (e.g., submitted an information collection form) in the process. For example, a follow-up form could:

- ◆ Indicate the team's appreciation for their cooperation.
- ◆ Acknowledge that the information they provided was received and will be utilized, among other sources of information.
- ◆ Advise them that a determination for future action will be made soon.

***I&RS Forms, continued***

- ◆ Assure them that every attempt will be made to keep them informed, *in conformance with the laws governing confidentiality.*
- ◆ Reiterate the importance and value of their input and assistance.

Appropriate communications from the I&RS team to staff, other than the person(s) requesting assistance, impart only a suitable level of detail necessary for staff to do their jobs, while maintaining the integrity of privacy regulations and standards, reinforce colleagues cooperative efforts and provide an incentive for them to continue their support of the I&RS team's efforts.

- ***I&RS Action Plan*** - The I&RS action plan is the formal record of the team's consensus decisions for remediating the presenting problem(s). (Sample action plans can be found in Appendix E.) The plan, *at a minimum*, should include the following information:
  - ◆ Student's name (if appropriate to the issue).
  - ◆ Date the request for assistance was made.
  - ◆ Date of the meeting.
  - ◆ Names of all participants in the meeting.
  - ◆ Target behavior(s).
  - ◆ Anticipated behavioral outcomes.
  - ◆ Selected strategies for achieving the behavioral outcomes to correct the problem(s).
  - ◆ Resources and support necessary to achieve the outcomes.
  - ◆ Persons responsible for each strategy and for obtaining resources and providing support, with timelines for completion.
  - ◆ Beginning, follow-up and ending dates for the plan or other benchmarks.

**I&RS Forms, continued**

- **Checklists** - There can be a significant amount of paperwork gathered per case, all of which is received from many people at different times. Also, many steps are required to complete the process. Therefore, it can be helpful to develop checklists for different roles to help track the flow of forms, actions and information.

For example, case coordinators might have a form for tracking information collection forms from all teachers, support staff and administrators involved with the case. The checklist can also be used to document when important actions were taken (e.g., tabulated data, reviewed request with counselor, reviewed request with team, reviewed alternatives and options, communicated or met with student, communicated or met with parent).

- **Correspondence** - A personal interview is always the preferred method of contact with parents. If an interview is not possible, however, the team may use a standard letter to correspond with parents. Written correspondence might also be appropriate for some communications with other groups (e.g., health and human service providers, business and industry). (More information on parent communications can be found in the section of this manual titled Coordination of Home, Community and School Resources.)

**COMMUNITY  
LINKAGES  
AND AGREEMENTS**

Per N.J.A.C. 6A:16-7.2(a)8, school districts are responsible for coordinating the services of community-based social and health provider agencies and other community resources for achieving the outcomes identified in I&RS action plans. Therefore, the team must establish *linkages* with community agencies/resources and should keep an up-to-date resource file which includes the following information for each resource (All information on community resources should be retained in the I&RS meeting site.):

***Community Linkages and Agreements, continued***

***Resource File***

- Resource name.
- Description of resource and its services.
- Contact persons and their titles/roles.
- Street and postal addresses, as well as electronic mail addresses.
- Phone and facsimile numbers.
- Admission requirements.
- Financial arrangements.

***Agreements***

It is helpful to establish formal, written agreements with community agencies that describe specific understandings and procedures with regard to (More information on these agreements can be found in the section of this manual titled Coordination of Home, Community and School Resources.):

- Initial contact.
- Transportation and arrival of the student.
- Release of information to and from both institutions.
- Communication while a student is receiving services.
- Provision of an educational program to the student while receiving services.
- Aftercare planning.
- Student discharge.
- Continuity of care when the student returns to and remains in school.

**Professional Development Programs, continued****PROFESSIONAL  
DEVELOPMENT  
PROGRAMS**

Pursuant to N.J.A.C. 6A:16-7.2(a)4, school districts are responsible for providing *support, guidance and professional development* to school staff who identify learning, behavior and health difficulties.

Additionally, under N.J.A.C. 6A:16-7.2(a)5, school districts are responsible for providing *support, guidance and professional development* to I&RS team members.

Teams are encouraged to seek traditional, as well as innovative methods (e.g., school visitations, phone consultations with “experts” or officials, internet queries, hiring consultants to determine strengths, areas for improvement and a plan of action, consulting with professional associations or services, in-services, conferences, workshops, seminars, college courses, bibliographies) for the professional development of staff. Whichever professional development strategies are used, the team should ensure that new information is shared with all members. The team should consider ways to ensure that the skills or information will be applied in appropriate cases.

Special attention should be given to imparting the new information, as appropriate, to staff who request assistance of the team. Teams should help requestors of I&RS services make appropriate applications of the information and ensure that training is provided for staff, particularly for those who are asked to implement strategies with which they are not familiar or for which they lack sufficient mastery to achieve success. Professional development needs should be a component of each I&RS action plan, as appropriate.

**TEAM  
MAINTENANCE  
AND WELLNESS**

In addition to lack of administrative support, the most common difficulties teams experience center on *how* they work together as a group. It is often the team members’ *work relationships* and *patterns of operation* that interfere with their effectiveness, efficiency and satisfaction with helping staff, parents and students. Therefore, the subjects of group development, group dynamics and member wellness are as legitimate for regular team discussions, as are the various requests for assistance with educational difficulties.

Team maintenance meetings should be regularly scheduled (e.g., at a minimum, one per six months) to address these concerns. Team maintenance meetings and activities are specifically designed to improve

**Team Maintenance and Wellness, continued**

team functioning, and address team members' relationships as they influence the I&RS process, rather than to explore student cases. They can also be used to develop the I&RS program, but not at the expense of attending to group process and relationship issues. The primary intent for maintaining healthy deliberations among team members is to ensure that poor communication and other forms of impaired group functioning do not interfere with teams' abilities to *optimally* help staff, students and parents.

Teams should also engage in wellness activities, either as a component of their maintenance meetings or as separate health promotion functions. Healthy teams strive to spend time together on occasion when not discussing cases. Teams might consider conducting a meeting in a different format, location or time. For example, teams might meet for breakfast one morning, go out to dinner together, share dinner or at someone's house, go bowling, see a movie, support a charity or enter a contest together. Teams should be creative in devising activities where members can socialize, build camaraderie, have fun and develop strong bonds without discussing educational problems.

Healthy teams celebrate successes. Since on occasion the nature or volume of I&RS cases and periodic obstacles and delays in anticipated progress toward achieving objectives can prove to be stressful and frustrating, it is important to reward and acknowledge incremental successes as well as dramatic ones to reinforce the hard work of team members. Effective teams also value and acknowledge members' strengths, contributions, diversity and commonalities. Sound teams support one another when members are in pain or distress. (Extensive information on team maintenance and wellness can be found in the section of this manual titled Team Wellness/Maintenance.)

<b>SERVICE ORGANIZATIONS AND BUSINESS AND INDUSTRY</b>	
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	Local groups, such as service or fraternal organizations (e.g., Lions Club, Elks Club, Masonic Lodge, Moose Lodge, Rotary Club, Kiwanis Club, Independent Order of Odd Fellows, Jaycees, University Women, League of Women Voters, Rebeccas, Eastern Star) and businesses
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and industries frequently are motivated to help with efforts that assist at-risk students and improve the local education program. Members of these groups generally have children in the public schools, and often have representatives whose job it is to support worthy causes.

***Service Organizations and Business and Industry, continued***

Teams should consider approaching and developing relationships with these resources, as appropriate, to request their help in supporting the I&RS concept and I&RS program needs. Some examples of activities that can be supported in whole or in part by outside resources are provided below:

- ❑ In-kind services (e.g., donate facilities, equipment, meeting space).
- ❑ Professional development.
- ❑ Office equipment.
- ❑ Team calling cards.
- ❑ Flyers, manuals, journals/periodicals, resource texts, pamphlets and other publications.
- ❑ Distribution of documents to parents.
- ❑ Materials.
- ❑ Establishment of ancillary support programs for students.

Even a nominal donation can build support and awareness for the program and help students who are at risk by:

- ❑ Contributing to some component, activity or service of the I&RS program (e.g., equipment, texts, materials, substitute teachers, training consultants, training or conference expenses).
- ❑ Supporting the development of a new initiative that was identified through the I&RS process.
- ❑ Developing a sense of good will and ownership on the part of the contributor.
- ❑ Affording free positive public exposure for the contributor and the I&RS program.

***Service Organizations and Business and Industry, continued***

***OTHER EDUCATIONAL AND  
SUPPORTIVE RESOURCES***

The types of problems that come before the I&RS team can be diverse: from reading or task comprehension to attention problems; from substance abuse to spelling problems; from attendance to fighting and violence problems; from self-esteem to medical problems; from use of improper language to physical disabilities; or from classroom disruption to health problems.

Effective teams are proactive in anticipating potential needs and continuously seeking relevant educational resources for addressing existing conditions. The team can also be instrumental in encouraging the various human, social and health services communities to simplify procedures for accessing their services and making appropriate referrals.

**QUALITY OF IMPLEMENTATION****Program  
Coordination  
and Integration**

An emerging body of research strongly suggests that although schools may have in place a significant array of innovative educational strategies, resources, programs and practices, the mere existence of numerous educational components is not sufficient for producing effective educational programming and desired educational outcomes. The establishment of a fully coordinated and integrated program of instruction and student support requires concerted effort on the part of all school staff and administrators to understand and access all appropriate resources that will improve students' abilities to perform to their highest levels of academic achievement and human potential.

As explained in a study titled Preventive and Social Competence Programs in Use in New Jersey Schools: Findings from a Statewide Survey, which was reported in 1993 by Dr. Maurice Elias of Rutgers University, "... there is no coherent or consistent policy or implicit practice in the way in which students are provided preventive programs ... it is striking that children receive little continuity in prevention programming within and across communities." "Further, the programs that are used are not necessarily those supported by a "track record" of empirical evidence for success, or even a history of ... positive impact in districts ..." Dr. Elias goes on to explain that what appears to be missing "... is a careful process of planning and implementing programs, monitoring how they are carried out and their impact on various populations of children they are intended to help, refining programs to improve their effectiveness, and continuing this monitoring and refining process."

While I&RS teams are not responsible for schools' overall educational programs, they have significant input into the effective implementation of educational strategies developed under their I&RS action plans, and they can they are *required* to make recommendations for school programs or school-wide changes based upon the experiences and information they collect while fulfilling their mandated functions.

I&RS action plans are designed to ensure that educational strategies are carefully planned based upon a complete review of comprehensive data, monitored to support implementers, evaluated to determine effectiveness and refined, as needed, to ensure success. I&RS teams are positioned to fully utilize existing school programs and make recommendations regarding their improvement, as well as the addition of research-based programs and educational practices that will address documented needs.

***Program Coordination and Integration, continued***

Dr. Elias' report sets forth that, "Careful teacher training, program organization, administration, and parent/community involvement are part of the basic mix of features that go into a program perceived by school-based implementers as successful ... special consideration must be given to factors promoting coordinated, sustained programs integrated with the full academic curriculum of the schools. Isolated, sporadic, add-on, and short-term programs, and programs lacking in systematic skills-building components, not only do they not appear to be effective, but can be harmful in that their existence perpetuates a myth that these serious problems are being adequately "addressed" by the schools."

For example, it is necessary under N.J.S.A. 18A-40A-1 and 3 for teachers to receive training in order to competently implement the district's alcohol, tobacco and other drug abuse instructional program in each grade. An in-service program on just the curriculum, however, is not sufficient for the establishment of a coordinated and comprehensive program of substance abuse prevention and intervention. To play their part in a comprehensive program in this scenario, teachers must also be trained to identify classroom indicators of substance abuse and related problems, particularly during lessons on substance abuse; apply appropriate intervention and referral skills; provide appropriate classroom support; understand appropriate supportive resources; and be well-versed in how and when to access these resources.

School administrators must ensure that the ATOD curriculum is well-articulated across the comprehensive health and physical education curriculum and other content areas and consistent with Core Curriculum Content Standards for Comprehensive Health and Physical Education set forth by the New Jersey Department of Education; ensure support for ancillary programs which support identified problems; and promulgate policies and procedures that provide clear direction to school staff, balance consequences with support and remediation and are consistently enforced.

I&RS teams should strive to build a base of information among all staff that increases awareness of available programs, strategies, practices and resources and includes clear ideas and procedures for connecting with them. I&RS teams are key mechanisms for ensuring the quality of implementation of I&RS action plans and increasing the integrity of their schools' educational program by fully utilizing, coordinating and integrating school and community resources, programs, policies and goals, as they are consistent with the research literature and best practices in education.



## **THE I&RS TEAM PROCESS**

### **A PROACTIVE PROCESS**

Comprehensive and well-coordinated prevention and early intervention approaches have proved to be effective in enabling school communities to decrease the frequency and intensity of youth behavior problems. Approximately five to twenty percent of students, however, will need more intensive interventions to decrease their high-risk behaviors. Many of these students can be detected and helped through the I&RS process.

**Intervention** - Intervention is a proactive process that interrupts, alters or prevents the progression of a condition. The intervention *process* is comprised of all of the actions and steps a team takes to intercede with a problem. An intervention *event* is only one step in the process of intervening with and ameliorating an identified concern.

One of the keys to success for both I&RS team interventions and operations is the maintenance of an emphasis on the dynamics of the intervention *process*. The I&RS model is specifically referred to as a process because it is a *continuous* operation.

#### **The concept of the I&RS team process pertains to:**

- ❑ The institutionalization of I&RS program operations for rendering a contiguous system of services and support; and
- ❑ The implementation, evaluation and modification phases of the I&RS action plan. That is, the work of the I&RS team is not completed when an I&RS action plan is formalized, but is an integral part of all phases of the process.

Since the ultimate goal of every I&RS action plan is to maximize the chances for short-term success, as well as long term change of the individuals' involved, the team *continues* the I&RS process for each case, as necessary, to achieve the desired outcomes. A plan that does not achieve the intended results is not a failure, but provides additional information for team consideration, and it indicates that additional work must be done; this is the nature of the I&RS *process*.

***A Proactive Process, continued***

The steps of the process are sequential and linear, but the overall process for achieving success is cyclical. Team members waste valuable time and energy and are unrealistic in their expectations if they act as if every plan will be a “home run,” rather than value incremental changes toward the desired objective.

Successful I&RS teams view each action plan as a work in progress, rather than an end product, while attempting to achieve the best results with each strategy. Healthy teams guard against negative thinking and low expectations and remain positively challenged by each new opportunity to provide assistance for growth.

**PHASES OF THE I&RS TEAM PROCESS**

Research indicates that change is most likely to occur when interventions are culturally appropriate, family-supported, individualized, coordinated and monitored. Furthermore, interventions are more effective when they are designed and implemented consistently over time in cooperation with implementers (e.g., appropriate professionals) and the recipients of services (e.g., students, families). I&RS teams should make sure that their operating procedures address the full context in which identified problems occur.

The results of a study on elements for successful work groups sponsored by the Rand Corporation, as reported by Super Teams Ltd., indicate that one of the common reasons groups fail is due to their inability to consistently follow a *systematic process* or set of procedures for achieving group goals. This section features descriptions of the following standard steps of the collegial intervention process for teams to observe and the procedures school staff and parents engage in once a request for assistance has been submitted to the I&RS team:

**Phase 1:  
Request for Assistance**

**Phase 2:  
Information Collection**

**Phase 3:  
Parent/Guardian Notification**

**Phase 4:  
Problem Solve**

**Phase 5:  
Develop I&RS Action Plan**

**Phase 6:  
Support, Evaluate  
and Continue the Process**

## **Phase 1: Request for Assistance**

### **Problem**

### **Identification**

The *overall* process begins when a staff member or parent concludes that he or she needs assistance with a *learning, behavior or health* problem encountered in the general education program.

### **Complete**

### **the Request for Assistance Form**

The involvement of the I&RS team only begins when a staff member *completes and delivers* the appropriate request for assistance form to the designated location; verbal requests are not accepted. Individuals making verbal requests are asked to complete the initial request for assistance form. The form should elicit the reasons for the request, observed behaviors and all prior interventions for the behavior(s) of concern. The form should be delivered to a designated, safe place. Parents or concerned community members are also encouraged to request assistance from the I&RS team. It is made clear that requestors are *partners* with the team in the resolution of the identified concern(s).

### **Review the Request for Assistance Form**

The team leader reviews the request for assistance form to make sure it is appropriate and manageable for the I&RS team. Forms that are incomplete or include inappropriate information (i.e., subjective remarks, labels, diagnoses, judgments, generalizations, implied or non-observable behaviors) are returned to the requestor to be either completed or revised. *Supportive* instructions for making the required changes should be provided in either verbal or written form.

### **Assign the Case Coordinator**

The team leader assigns an I&RS team member to be the case coordinator, based upon a predetermined rotating selection method. All team members serve their turns as case coordinator. The case coordinator's role is not to mentor the student, but to facilitate the I&RS process, support the requestor and manage the paperwork for the case. The official I&RS case file, which is separate from, but part of the student's cumulative file, is opened upon assignment of the case coordinator. The file is stored in a locking file cabinet.

***Request for assistance, continued***

***Schedule  
I&RS  
Meetings***

At the same time, the leader schedules the initial problem-solving meeting (approximately two weeks from receipt of the request) and the first follow-up meeting (approximately four weeks after the initial problem-solving meeting) with the record keeper.

**Phase 2: Information Collection**

**Distribute  
the Information  
Collection Forms**

The first task of the case coordinator is to manage the collection of comprehensive information on the presenting problem. Only **Specific, descriptive, objective and factual** information and data on **observable behaviors** regarding **academics, behavior and health** are obtained from the person requesting assistance and other staff and community members, as appropriate, to formulate a complete picture of the problem and the context in which it occurs. A comparison of specific, descriptive, observable behaviors to implied, generalized or judged behaviors is provided below.

<b>IMPLIED vs. DESCRIBED BEHAVIOR EXAMPLE #1</b>	
<b>Implied, Generalized or Judged Behavior</b>	<b>Specific, Descriptive, Observable Behavior</b>
<p>“Nicole has been sad and depressed for a while; she’s just not the happy girl she used to be. Her homework has been incomplete, too.”</p>	<p>“For the past two weeks, Nicole has been sitting apart from her classmates, with slumped shoulders and not making eye contact. She stares out the window for most of the class and her eyes appear to tear every day. Her homework continues to be submitted on time, but it has not addressed all assigned criteria.”</p>
<b>IMPLIED vs. DESCRIBED BEHAVIOR EXAMPLE #2</b>	
<b>Implied, Generalized or Judged Behavior</b>	<b>Specific, Descriptive, Observable Behavior</b>
<p>“Devon has become extremely disruptive. He regularly acts out and mouths off to me. He also has been picking on other students.”</p>	<p>“Since the beginning of the marking period, Devon has been spontaneously getting out of his seat during silent reading time on average three times a week, which takes the other students off task. When I instruct him to sit down, he tells me that he can read just as well standing up. When he stands, I have observed and other students have reported that he snaps his fingers in their ears, closes their books or throws their belongings on the floor.</p>

**Information Collection, continued**

Every person filling out information collection forms (see Appendix E for sample forms) become ad hoc “members” of the team for the case and are bound by all ethical and privacy standards. Information to be collected includes (Note: Due to the volume of forms, it can be helpful to color code them):

<b>Student strengths.</b>	<b>Academic, discipline and health records.</b>
<b>Positive characteristics, skills and talents.</b>	<b>General school performance.</b>
<b>Successful experiences and interests.</b>	<b>Other behaviors of concern.</b>
<b>Resources used to address the problem.</b>	<b>History of the problem.</b>
<b>Information from family, friends and concerned community members.</b>	<b>Attempted strategies.</b>

The collection of comprehensive information is essential for effective problem solving. Too often I&RS action plans fail because teams begin the problem-solving process before they have all of the necessary information and an understanding of the exact nature of the problem(s). Therefore, extreme care should be given to the information gathering phase of the I&RS process.

Allow one to two weeks for return of all of the information collection forms. If all of the information has been collected before the scheduled meeting, it can be helpful to notify team members that the information is in the official file and available at any time for their review. In all instances, however, the file may not leave the I&RS meeting room.

<b>Conduct Staff &amp; Student Interviews</b>	<p>The case coordinator, at a minimum, <i>interviews</i> the person requesting assistance, and where appropriate, other school staff. The team also makes every effort to interview the student and/or collect information from the student’s perspective. It can also be useful to couple the student interview with a student self-assessment. The focus of the interviews is always on collecting and recording <i>only</i> specific, descriptive, observable and factual <i>academic, behavior and school health</i> information.</p>
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**Information Collection, continued**

The interviews should be conducted by the person(s) who has the best chance of being successful in achieving the following purposes:

- Encourage cooperation;
- Develop a supportive relationship; and
- Collect additional academic, behavior and health information.

**Consultant Role**

In conducting interviews and in communications with colleagues who request assistance of the team, it is important for team members, particularly case coordinators, to consider the nature of their relationships with requestors. Since the focus of the I&RS team process is on the provision of assistance and support to colleagues and the team typically functions in a collaborative mode of operations (for more information on modes of operation see the Scope of Services for Building-based I&RS Teams section of the manual), it is valuable for team members to view themselves as *consultants* to their “clients.” Described below are characteristics of effective consultants that should drive team members interactions and the development of effective strategies for working with colleagues:

**EFFECTIVE CONSULTANTS**

- *Actively listen* to consultees’ concerns, needs, fears, resistance and defensiveness in order to address their issues and better understand And serve them.
- Make themselves available to consultees.
- Model the promoted skills and values or use the promoted strategy.
- Do not hassle or shame consultees to buy their ideas, beliefs or products.
- Try once to influence consultees.
- Offer support, encouragement, alternatives and ideas, rather than impose.
- Suggest strategies, solutions and options, rather than demand.
- Share information, experience and knowledge, rather than preach.
- Have facts, figures and well thought out ideas.
- Leave responsibility for change with the consultees.

**Information Collection, continued****Observation of the Problem**

The case coordinator, whenever possible and appropriate, conducts or arranges a classroom or *observation* of the problem in the environment in which it occurs. An observation provides an “objective” party with an opportunity to view the problem in its full context and to obtain baseline data on the problem for comparison purposes in the follow-up and evaluation phases of the I&RS process. Examples of issues to observe (e.g., “Managing the Conditions of Learning,” “Cooperative Learning Implementation Guidelines,” “Guiding Questions for Curriculum-based Assessment”) are provided the Innovative Strategies section of the manual.

**Problem Charting**

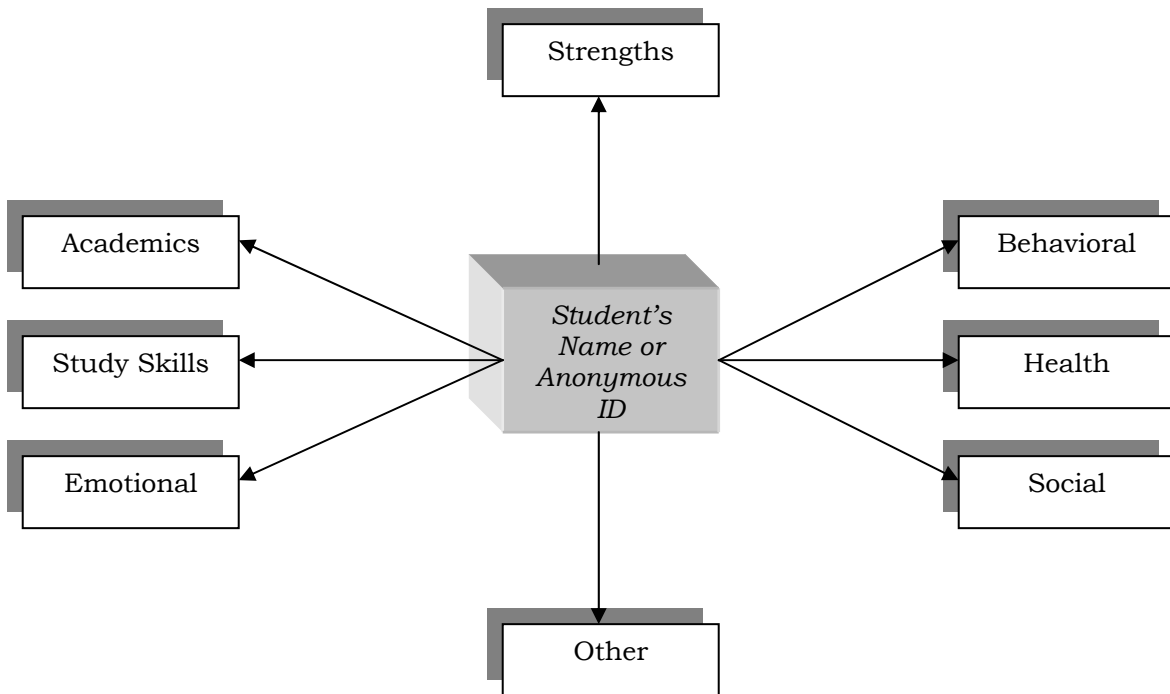
A primary purpose of the information collection phase of the process is to provide the team with sufficient information for problem solving. A key task and challenge of the case coordinator is to compile organize and present the information (see Phase 4: Problem Solve) in a way that will help teams readily identify student strengths and patterns of academic, behavior and health concerns. Case coordinators should consider adopting visual or statistical methods that summarizes all of the collected information and helps the team to easily recognize the priority school-based concerns, rather than getting bogged down in the presentation of individual, and what can seem like endless, pieces of data. The Sample Information Summary Form, which can be found in Appendix E, is one technique for organizing the behaviors of concern that have been reported (see Sample Information Collection Forms in Appendix E) by all staff who are in contact with a student.

Additional helpful techniques include “T” charts, checklists and graphs. Examples of applications of these behavioral charting techniques are provided under Life Skills in the Innovative Strategies section of the manual.

Another simple, but useful, technique for organizing the reported information is problem mapping. In problem mapping, the collected information is inserted under the appropriate school-focused categories, which are identified in the diagram below. In all cases, only *school-based and school-focused* information is recorded.

**Information Collection, continued**

**Problem Mapping\***



*\*Adapted with permission from materials provided by Barbara N. Selikoff, educational consultant.*

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

#### **Contact Parent/Guardian**

A team member or representative notifies parents or guardians about the situation. The purposes of the contact are as follows:

- Provide support to the parents and develop a personal relationship.
- Provide and obtain specific, descriptive, observable and factual academic, behavior or health information.
- Provide specific and meaningful opportunities for participation in the I&RS process.

The case coordinator is typically responsible for *ensuring* that parents are contacted. It might be best, however, for the team to determine who in the school has the greatest chance for a successful dialogue with the parents, and have them conduct the actual conversation. If the interviewer is not a core member of the team, they can become an ad hoc member for the case at hand.

A personal interview is always the preferred method of contact with parents. Even when using an interview form or survey with standard questions as a framework for the discussion, the interview should seek the information in the course of a conversation with the parent, rather than presenting the questions in the rigid and demanding form of a “test.” If an interview is not possible, the team may use a standard letter to correspond with parents.

In all cases, the individuals making contact with parents should document the interaction for the file. At a minimum, the following information should be recorded: **1) The date and time of the contact; 2) Specific, descriptive, observable and factual academic, behavior and health information obtained; and 3) A brief statement of disposition or outcome of the contact.** Do not record opinions, evaluations or analysis of any kind; only a factual representation of the contact.

It is important to remember that ultimately the reason for the intervention is to help students achieve and grow. Therefore, the team may consider placing limitations on parent contacts if it is the judgment of the team that the contact will place the student in jeopardy.

## **Phase 4: Problem Solve**

### **Convene Problem-Solving Meeting**

The problem-solving process takes place at the pre-scheduled team meeting (one to two weeks following the distribution of Information Collection Forms). The group facilitator oversees the steps of a standard problem-solving model (see below for details on an example of a problem-solving model). The problem-solving session only begins when *all* information on the case is available.

The problem-solving phase is the point at which all information is presented. Prior to the meeting, the case coordinator is responsible for organizing, summarizing and charting all of the information (For techniques to organize the information see Phase 2: Information Collection in The I&RS Team Process section of the manual). The case coordinator presents all of the information in a summative manner (e.g., “Four out of five teachers said...,” “Jose has been tardy on 10 of 60 days in the last marking period.” “Lamont has been tardy to 12 classes this semester.” “Nicole is failing three of her six classes this marking period.”)

### **Include the Person Requesting Assistance**

As a partner in the I&RS process, the person requesting assistance is always a participant in the problem-solving meeting for his or her case. While the case coordinator takes the lead in organizing and presenting the information, the requestor assists with the presentation by either offering additional facts or clarifying information and concerns for team members.

It is important to note that the I&RS team can continue to have a role to play with the person requesting assistance in situations where the case has been referred for evaluation of educational disabilities. Students who are being evaluated for special needs typically remain in their general education classroom of origin until the final results of the special education evaluation are complete and implemented. Therefore, the staff member requesting assistance often needs relief and support pending the outcome of the evaluation. The I&RS team can play a crucial role in assisting the staff member during this time.

**Phase 4: Problem Solve, continued**

**Involve  
Parents/Guardians**

Pursuant to N.J.A.C. 6A:16-7.2(a)6, parents must be actively involved in the development and implementation of I&RS action plans.

Parents can be involved in the process in a number or a combination of ways:

- While parents *may* be included in the first problem-solving meeting, teams should consider the appropriateness of including parents in the initial meeting on a case-by-case basis. For example, there may be instances where a teacher requesting assistance is uncomfortable speaking forthrightly or completely about a student problem when the parents are present.

Whether or not parents are included in the first team meeting, provisions must be made to provide meaningful opportunities for parent involvement throughout the process. Some teams choose to invite parents to the school prior to the meeting for an interview and to review I&RS team purposes and practices, as well as after the meeting to review the status of the case. Additional ideas for parent involvement are provided under Working With Parents in the Coordination of Home, Community and School Resources section of the manual.

- Parents may be re-contacted either before or after the meeting or the before or after the first contact with them to discuss appropriate actions.
- Parents should be included as implementers of selected strategies contained in the I&RS action plan.

**Include  
Other Participants**

Think of the I&RS team as a form of “ad hococracy,” where appropriate ad hoc team members from the school and/or community

are also included in the process, as necessary, to help resolve the problem.

**Phase 4: Problem Solve, continued**

**PROBLEM-SOLVING GUIDELINES**

**STEPS OF THE PROBLEM-SOLVING PROCESS**

Once *all* information has been obtained for a case, the team should be very businesslike in completing the steps of the problem-solving process within 30 to 45 minutes or less. The problem-solving model to analyze and strategize requests for assistance should incorporate the following basic steps, which are described below:

**Step 1:**  
***Describe the Problem***

**Step 2:**  
***Select and State the Priority Problem***

**Step 3:**  
***Develop a Behavioral Objective***

**Step 4:**  
***Review Prior Interventions***

**Step 5:**  
***Brainstorm Solutions***

**Step 6:**  
***Analyze and Evaluate Brainstormed Solutions***

**Step 7:**  
***Mutually Agree Upon a Solution***

**Phase 4: Problem Solve, continued****Step 1:  
Describe  
the  
Problem**

The case coordinator presents the case information. Rather than read each single piece of information, time can be saved and comprehension improved by presenting *trends and a summary* of the data (e.g., Carlos was tardy five times in the last semester; Syreeta is failing two of six subjects and has a “D” grade in two other subjects this semester, but has been a “B+” student her entire school career; Sam has violated the school’s drug policy twice since the beginning of the school year; Five of six teachers have reported changes in Lauren’s personal hygiene within the past month, as well as a failure to submit any homework assignments; Su Lin has four unexcused absences this semester). Presenting information in this manner facilitates problem solving by giving members a quick view of the substantiated, prevailing concerns.

**Step 2:  
Select and  
State the  
Priority  
Problem**

The aggregate information tends to provide insight into the *nature* of the problem. Based on an analysis of the information, the team agrees upon a clear statement of the basic issues or *categories* of problems (i.e., learning, behavior or health) to be addressed. For example, John’s seven class cuts, nine tardies, two fights and use of profanity with teachers, strongly indicates the existence of a *behavioral* problem.

The identification of categories for the presenting problem(s) can rule out other concerns and provide focus for the development of a behavioral objective, increase the effectiveness of team strategizing during the problem-solving process and provide clarity for monitoring progress. This is the stage where the team distills from among all of the case information the primary issues to be addressed. In selecting the key behaviors, the team should consider what *can* and what *must* be changed.

**Step 3:  
Develop a  
Behavioral  
Objective**

The objective is a *short-term, achievable, observable and measurable* description of the targeted *behavioral* outcome. The objective is stated in the positive and clearly indicates the desired behavior that everyone can see and document. For example, Tanya will be

**Phase 4: Problem Solve, continued**

sitting in her assigned seat in homeroom by 8:30 a.m. each day and will be sitting in her assigned seat before the second bell rings for all classes in the second semester.

The behavioral objective does *not* attempt to address every problem behavior at once. In instances where there are multiple presenting problems, it can be counterproductive to spend valuable time debating and prioritizing the relative rank of problems. Teams typically are more productive when they start with any of the prominent issues. The key is to begin the intervention process in a meaningful way.

**Step 4:  
Review Prior  
Interventions**

Consider the effects of past efforts, reasons for successes and failures and benefits to the student and others involved for not changing. Sometimes past strategies were good ideas or had elements that were beneficial, but suffered from poor planning, lack of materials, resources and support or were implemented by the wrong individuals. A historical review informs the problem-solving process by helping the team to avoid past mistakes and/or identifying potentially helpful information or resources.

**Step 5:  
Brainstorm  
Solutions**

The facilitator moderates the brainstorming session, with the timekeeper providing assistance. Quantity not quality, of ideas is the goal. The rules for brainstorming are as follows:

<b>1. Set and adhere to a time limit.</b>	<b>4. No discussion, evaluation or judgment of ideas.</b>
<b>2. Identify as many ideas as possible.</b>	<b>5. Creative and unique ideas are encouraged, in addition to the traditional.</b>
<b>3. Post each idea for all to see.</b>	<b>6. Build upon and/or modify posted ideas.</b>

**Phase 4: Problem Solve, continued**

**Step 6:  
Analyze and  
Evaluate  
Brainstormed  
Solutions**

This is the stage in which the brainstormed items are evaluated. Consider the *general* feasibility of brainstormed ideas: positive and negative consequences, strengths and concerns, benefits to the student and family, benefits to the person requesting assistance, success orientation and available resources.

**Step 7:  
Mutually  
Agree  
Upon a  
Solution**

The solution can be one or more or a combination of the brainstormed ideas. Consider whether the solution is in a new form, maintains the student's dignity, develops the student's internal locus of control over the problem, is capable of being implemented by the preferred implementers and empowers or provides relief for the person requesting assistance.

The team's goal should be to reach decisions that best reflect the thinking of all group members. Consensus decision making is not a unanimous vote, a majority vote or everyone being totally satisfied. Consensus decision making is finding a solution that is acceptable enough that all members can support it; no member opposes it. Consensus requires active participation of all group members, skills in communication (i.e., listening, message sending, conflict resolution, discussion facilitation) and creative thinking and open-mindedness.

**Phase 5: Develop I&RS Action Plan**

**Agree Upon a Plan of Action** The team develops a written plan for implementing the consensus strategies identified in the problem-solving phase of the process. (See Appendix E for sample action plan forms.) The plan should include, at a minimum, the following information:

<b>Student's name (if appropriate to the issue) or anonymous ID.</b>	<b>Baseline data on the target behavior(s) for comparison purposes.</b>
<b>Date the request for assistance was made.</b>	<b>Selected strategies for achieving the behavioral objective.</b>
<b>Date of the meeting.</b>	<b>Persons responsible for each strategy.</b>
<b>Names of all participants in the meeting.</b>	<b>Timelines for completion of each strategy.</b>
<b>Anticipated behavioral outcome (measurable and achievable).</b>	<b>Beginning, follow-up and ending dates for the plan.</b>
<b>Target behavior(s).</b>	<b>Plans for supporting implementers and evaluating progress.</b>

**Implement the Plan of Action** The case coordinator oversees the timely implementation of the components of the action plan, the achievement of the objective(s) and the follow-up plan. The case is not discussed again until it is reviewed at the pre-scheduled meeting; in the event there are serious problems that have prevented implementation and have defied attempts at resolution; or when significant information has come to the team's attention that warrants action.

Parents are re-contacted to discuss the plan and to explain the strategies identified in the plan that parents can implement at home to reinforce the activities of the school and help achieve the measurable objective for the student established in the I&RS action plan.

## **Phase 6: Support, Evaluate and Continue the Process**

### **Provide Support to Implementers**

Pursuant to N.J.A.C. 6A:16-7.2(a)5, schools are responsible for providing “support, guidance, and professional development to school staff who identify learning, behavior, and health difficulties.” Support for implementation should be a component of the I&RS action plan. Unless otherwise indicated in the plan, the case coordinator takes the lead in providing technical assistance to individuals responsible for implementing the plan.

The case coordinator first touches base with implementers within one to two weeks of the scheduled beginning date of the plan. The assistance provided can take the form of conversations, interviews, classroom observations, checklists or other procedures that will ensure full implementation and an objective assessment of the I&RS action plan. Making timely contact with implementers can increase the chances for initiation of the plan and troubleshooting.

Make appropriate arrangements and coordinate essential logistics for ensuring that implementers have the necessary and sufficient *knowledge and skills* (e.g., training, texts, periodicals); access to applicable *resources*, both technical (e.g., equipment, materials) and human (e.g., pupil support or instructional staff, community agency staff); and *support* by the I&RS team and school administrator(s) to achieve the objective.

### **Evaluate Progress**

The case coordinator collects data from implementers and/or records objective observations on progress toward achievement of the outcomes identified in the plan. The data is compared against the baseline data collected on the behavior of concern to provide an objective measure of success and to assist in decision making on the status of the current action plan.

### **Review Case**

The case is included as an agenda item at the pre-scheduled meeting to review progress and make decisions to either *continue, modify or conclude* any aspect of the intervention (e.g., desired outcomes, remedial strategies, support required for successful implementation, implementers of the plan, timeframe for the

**Phase 6: Support, Evaluate and Continue the Process, continued**

plan), based on achievement of the objective. Since the team establishes short-term behavioral objectives, the follow-up meeting to evaluate the action plan, which is scheduled by the team leader at the beginning of the process, typically should occur two to four weeks after implementation of the plan begins.

The case coordinator and person requesting assistance reviews all relevant information, records and documentation of progress to determine the degree of successful implementation of the action plan and achievement of the *outcomes* identified in the plan. All individuals whose input is necessary to make determinations about the status of the plan are in attendance.

The case is subsequently placed on the agenda only when there is a reason, otherwise the team moves on to other business. The I&RS process continues as long as necessary in current and following grades. An I&RS action plan can last one week or for a student's entire school career, depending upon the documented needs.

**TEAM MEETING AGENDAS**

The fixed and demanding school schedule makes precious the acquisition of team planning time. The nature and scope of the I&RS process requires efficiency and focus during valuable team meeting time. Therefore, team members should establish procedures and standards for ensuring productivity in all of their I&RS activities.

Teams should not spend time discussing problems for which all data has not been received. The team should be fully prepared and methodical as it problem solves to reach a consensus solution.

Teams should not discuss cases for which there already exists an I&RS action plan until the pre-scheduled follow-up meeting, unless the case coordinator or the requesting staff member specifically requests that the case be considered as a formal agenda item for additional problem solving. A case may come up for review as old business, but only for a concise indication of whether the plan is being implemented, rather than a discussion about *how* the plan is being implemented. If there are problems, the case coordinator should only indicate that *fact*; request that the issue be placed on a future agenda; prepare all information and individuals for the scheduled meeting; and *then* have a focused, purposeful problem-solving discussion about the concerns.

**Described below are examples of subject matter for team meetings:**

- ❑ Review data presented on new requests for assistance, problem solve identified issues and develop action plans.
- ❑ Review the status of I&RS action plans.
- ❑ Review records of previous requests for assistance in consultation with the case coordinator. Every case is recorded on a case log. The log is updated with any repeat or new behavior problems.
- ❑ Consult with service providers to elicit ideas for increased coordination among the school staff and community agencies.
- ❑ Discuss strategies for effectively involving parents in the I&RS process.

***Team Meeting Agendas, continued***

- ❑ Discuss strategies for team improvement, evaluation of team activities, team maintenance and other constructive criticism.
- ❑ Plan with other school staff (e.g., student support, administrators, program coordinators), community organizations, parents and other appropriate resources.
- ❑ Plan future team meetings and activities.
- ❑ Plan strategies for formal and informal interventions.
- ❑ Learn, review or practice new skills, strategies, information, statutes, regulations and policies and procedures.
- ❑ Review or develop instructional and supportive materials.
- ❑ Plan and prepare materials for publicizing the program.
- ❑ Review school policies and practices that limit achievement of the mission of the I&RS program.

## **INNOVATIVE STRATEGIES**

### ***I&RS TEAM AS A CREATIVE RESOURCE***

School staff often request assistance for problems either after they have exhausted their repertoire of correctional strategies or when they have encountered complex or intense problems that defy simple or conventional solutions. Since staff frequently have already tried many traditional approaches to correct the behavior(s) of concern or are overwhelmed by the scope of the apparent problems, the I&RS team serves as a resource that can either identify a variety of new strategies, ideas and perspectives for the resolution of the problem, or act as a vehicle for the creation of new and innovative strategies that are specifically designed to address the particulars of each case. It is questionable whether the adoption and institutionalization of an I&RS team is worth a school's effort if the team primarily adopts "cookbook" strategies for difficult problems or develops specialized plans that bear a marginal connection to the core and priority issues identified through an exhaustive review of the case information.

***Since innovation is important for I&RS team success, teams must demonstrate to their peers their ability to be:***

- ❑ Knowledgeable of current research-based practices for meeting the diverse needs of all students in the general education program.
- ❑ Adept and resourceful in assessing complex academic, behavior and health problems.
- ❑ Resourceful in designing, acquiring or adapting innovative strategies for correcting problems.
- ❑ Versatile in applying a variety of paradigms and approaches.
- ❑ Proficient in the skills of collaborative problem solving.
- ❑ Competent in consulting and collaborating with diverse groups of people.
- ❑ Excited by the benefits of fully using the IRS team process to help students, school staff and parents.

**I&RS Team as a Creative Resource, continued**

**The benefits of using the team process to evidence the above characteristics are described below:**

- **Comprehensive Assessment of Problems** – The team process increases the chance of an *accurate assessment* of problems due to the collection of comprehensive information from a broad base of school and community professionals who have diverse training, experience and credentials.
  
- **Strategies Designed to Ameliorate Problems** – Since a comprehensive analysis of problems is conducted, the strategies identified in the team’s I&RS action plans are more likely to be specifically designed to address the documented priority problems. This coordinated approach reduces or eliminates interventions that are independently undertaken by a variety of professionals working on limited facets of the problem(s) or primarily on manifestations of the priority problem(s).
  
- **Creative Strategies** – The nature of the team problem-solving process *empowers participants* to think in *new and creative ways* for the resolution of both typical and unique educational problems. In many instances, the nature of students’ problems requires the generation of new ideas if the team hopes to effect incrementally positive student outcomes.
  
- **Support for Implementation of I&RS Action Plans** – Since the I&RS process is designed to *support* staff members who request assistance for problems, it is axiomatic that staff support does not begin and end with the team problem-solving and follow-up meetings. Team meetings primarily serve to set in motion and monitor the *process* for problem resolution, rather than to actualize the goals set forth in the plans.

Therefore, I&RS action plans developed by the team should include the *types of support* to be provided to implementers, *the persons responsible* for providing the support and an *explanation of the assistance* that will be provided. This means that, in addition to the person requesting assistance, the work has just begun for various team members, such as the case coordinator, and other school and community resources that are a part of the action plan.

***I&RS Team as a Creative Resource, continued***

Teams should *not* assume that staff either possess or that they should independently acquire or arrange for the resources, knowledge or skills that are necessary to implement applicable provisions of I&RS action plans, particularly in instances where staff have already used their supply of strategies and are asked to implement innovative ones. Support implies direct staff contact and help for the persons requesting assistance, as well as the provision of all materials, supplies, professional development opportunities and logistical arrangements (e.g., scheduling, locations, communication with families) that are necessary to implement I&RS action plans. Support means that the team has partnered with the requesting staff members and is equally invested in the development and successful implementation of the provisions of the I&RS action plan.

Consistent with the idea of providing full support, the persons requesting assistance are not the only ones identified in I&RS action plans as having responsibilities for the amelioration of identified problems. I&RS action plans include all resources that are required to oversee and rectify the priority problems, which includes the provision of support to the individuals requesting assistance. Sometimes support can take the form of providing relief to staff or parents who must continue to work with the presenting problems either prior to implementation of the process, while awaiting the results of tests (e.g., child study team evaluation) or the analysis of case information or before or after a student participates in a program outside of the school (e.g., substance abuse treatment, mental health counseling, psychiatric placement, specialized tutoring).

- ***Brings Together School and Community Resources*** – While the school is not solely responsible for curing society’s ills, it receives children who manifest society’s problems. Therefore, it is incumbent upon the team to seek out and nurture relationships with as many facets of the community as possible to lay the groundwork for collaboration in problem identification, problem assessment, problem solving and service delivery. These relationships form the basis for either formal agreements, methods of operation or increased awareness of intervention resources and strategies that can expedite the problem-solving or referral processes and increase the chances of success for students, staff and families.

**APPLIED RESEARCH AND BEST PRACTICES**

In the recent past, there has been an explosion of research on how people learn and how the brain processes information, as well as strategies for translating this information into effective instructional practices. The I&RS team should remain versed in the research literature on learning, behavior and health, as well as effective techniques for teaching, learning, behavior and health management, in order to provide appropriate support and assistance to staff, students and parents.

To paraphrase John Dewey, the most mature person in any social setting is the one who is most adaptable to other people's needs. In some classrooms, approximately thirty students are adapting to the teacher, rather than the teacher adapting to them. The mature educator is able to go with the flow of a classroom, and the I&RS team should be well prepared to provide appropriate assistance to help make this happen.

Even the most flexible and multi-skilled educators will encounter complex or vexing educational dilemmas. It is anticipated that many of the educational problems presented to the I&RS team will result from students who grasp, understand and learn differently from the expected "norm." Therefore, the I&RS team must stand ready to accurately assess and plan for differences in student learning and behavior. Described below are examples of some of the more prominent areas of study that the team should be ready to apply to requests for assistance.

**Multiple Intelligences**

In his book, Frames of Mind: The Theory of Multiple Intelligences, Howard Gardner defines intelligence as a three-way mental process:

- ❑ A set of skills that enable all humans to resolve genuine problems encountered in their daily lives;
- ❑ The ability to create an effective product or to offer a service that is valued in one's culture; and
- ❑ The potential for finding or creating novel problems that enable individuals to acquire new knowledge.

Gardner makes the case for an expansion of the concept of intelligence. His Multiple Intelligences Theory (MIT) is based on the idea that each of us has at least eight intelligences, or eight distinct cognitive abilities.

**Multiple Intelligences, continued**

Gardner views the intelligences as semi-autonomous, domain-specific competencies that work together, rather than in isolation. Some of the eight intelligences will demonstrate more cognitive “promise” than others within each of us, and even within one area of intelligence an individual might have a range of weaknesses and strengths. The following synopsis of the eight intelligence domains is not presented in any order of priority.

**Gardner’s Eight Intelligences\***

<b>LEARNING DOMAINS/ INTELLIGENCES</b>	<b>CHARACTERISTICS</b>	<b>TYPICAL “ENDSTATES” OR PROFESSIONS</b>
<b>Verbal/Linguistic</b>	<p>Gardner’s verbal linguistic intelligence is the ability to exhibit language development in its fullest form. This way of knowing and comprehending the world is the ability to use language to achieve a goal and enhance understanding. A core component of this traditional "IQ-type" of intelligence is sensitivity to meanings, rhythms and sounds, or sensitivity to the different functions of language.</p> <p>Young children with a dominance in this cognitive domain might exercise this facility by demanding story after story at bedtime. As students, they often think in words, and have highly developed verbal skills, and spell and write well. They like oral and silent reading exercises, playing word games, using a variety of reading and writing materials at learning centers, writing poetry and telling complicated jokes. They tend to be precise in expressing themselves and love learning new words. Their reading comprehension is well above the norm.</p> <p>As older youth, they have strong vocabularies, and can get so lost in a thick book that they may forget about dinner. They may subscribe to magazines or keep a diary or journal.</p>	<p>According to Gardner, professionals, or “endstates” who have highly developed skills in this important language domain include, authors, poets, journalists and lawyers. Examples of individuals with strength in this intelligence are Martin Luther King, Jr., Winston Churchill, William Jefferson Clinton and Woody Allen.</p>

\* Gardner has postulated a ninth intelligence: existential intelligence. This intelligence involves our capacity to think in spiritual and moral ways; our ability to process issues of individual existence, including the concepts of good vs. bad and right vs. wrong. Unlike Gardner’s eight other intelligences, however, he has not yet identified an area of the brain responsible for this intelligence.

**Gardner's Eight Intelligences, continued****Logical/  
Mathematical**

Gardner's logical mathematical way of teaching, learning and knowing the universe is essentially the ability to demonstrate the intellectual powers of deduction and observation associated with math and science. These learners deal with inductive and deductive thinking, numbers and patterns; they think conceptually and abstractly and are able to see patterns and relationships that others often miss.

They tend to be systematic and analytical, and always have a logical rationale or argument for what they are doing or thinking. Young learners learn to count easily and are always asking how things work. They enjoy manipulatives, puzzles, categorizing activities and working on timelines. In the middle school years they enjoy creating their own word problems and logic games. As older youth, they are skilled at many areas of mathematics, calculus and science.

Three likely groups of professionals, or "endstates" according to Gardner, who are best able to use and appreciate such abstract relationships are chemists, microbiologists, and technologists. The mathematician, Albert Einstein, was especially strong in this intelligence.

**Visual/Spatial**

Gardner describes visual spatial intelligence as the special ability to form a mental model that relies upon the sense of sight and the ability to visualize. Those who exhibit strength in this domain think in mental images and employ their imagination to develop real world pictures.

These types of learners are often acutely aware of objects, shapes, colors and patterns in their environment. They enjoy drawing, painting and creating interesting designs, and like working with clay, colored construction paper and fabric. Jigsaw puzzles, reading maps and finding their way around new places intrigue them.

They frequently daydream in class and are outstanding at performing tasks that require seeing with the mind's eye (e.g., visualizing, pretending, imagining). As seniors in school, they use overheads, posters, charts, graphs and analogies to present their assignments.

They have strong opinions about matching colors, pleasing and appropriate textures and decorating.

Such learners become successful navigators, chess players, golf course designers, community planners, architects, designers and painters (e.g., Pablo Picasso).

**Gardner's Eight Intelligences, continued****Bodily/Kinesthetic**

The bodily/kinesthetic way of teaching, learning and knowing the world is characterized by the ability to use the physical movement and the wisdom of the body, or parts of the body, to create an innovative product, solve a practical problem or play a game.

This domain includes the ability to handle objects skillfully, act gracefully, apprehend directly the actions of other people or other objects, and is marked by keen body awareness, as witnessed by skateboard, dance or gymnastic abilities.

As young children, these types of learners like physical and creative movement activities. They appear to learn best by role playing, hugging, dancing, touching, smelling, tasting, creating and inventing things with their hands. They can often perform a task only after seeing someone else do it.

Middle-aged learners often find it difficult to sit still for a long time, and become easily bored if they are not actively involved in what is going on around them. They learn well from the concrete or hands-on activities often associated with field trips, as well as doing crafts such as weaving, knitting, woodworking and model building.

Older youth may be good dancers or leaders in team sports. They can also be particularly good at mimicking their teachers.

Athletes, surgeons and craft-people use all or part of their bodies in these highly skilled ways. Basketball stars Kobe Bryant and Michael Jordan, baseball legend Roberto Clemente, golfer Tiger Woods, hockey player Wayne Gretzky, boxing luminary Muhammad Ali, football player Randall Cunningham, track and field standout, Carl Lewis and all-round athlete Jim Thorpe exemplify strength in this intelligence.

**Musical/  
Rhythmic**

Gardner's musical rhythmic way of teaching, learning and knowing employs the brain to play important roles in perception and production of music. This way deals with recognizing tonal patterns, sounds, beats and rhythms, including the appreciation of music and sounds in the environment.

Young children can be heard banging on pots, moving to the beat or singing nonsense songs in the bathroom. They are sensitive to sounds in the environment: the chirp of a cricket, rain on the roof, varying traffic patterns. They can often

Musical stars such as Luciano Pavarotti, Stevie Wonder, Luther Vandross, Puff Daddy, Bruce Springsteen, John Lennon, Paul McCartney, Bonnie Raitt,

***Gardner's Eight Intelligences, continued***

***Musical/  
Rhythmic,  
continued***

reproduce a melody or rhythmic pattern after hearing it only once.

Older youth have a good memory for lyrics, like to compose songs and play instruments well. They may wince when someone sings off key.

Mariah Carey, Joni Mitchell, Shania Twain, Ella Fitzgerald and Tony Bennett all have demonstrated prowess in this intelligence.

***Social/  
Interpersonal***

This intelligence is characterized by the capacity to value and respond appropriately to motivations, moods and objectives of others. This intelligence helps us appreciate differences in neighborhoods and around the world by enabling us to recognize and make distinctions among others' feelings and intentions. Stated simply, this intellectual way is the ability to understand and work well with others.

Young children approaching this intelligence share and get along well with other children and hate to be left alone. They learn through person-to-person interaction. They generally have lots of friends and show a great deal of empathy for others, especially in understanding different types; are very good team members and skilled at drawing others into a discussion, as well as in conflict resolution and mediation.

In the middle years, these young people tend to be natural leaders, easily picking up subtle social cues and knowing how to put someone at ease.

This way is best exhibited in parents, teachers, salespersons and politicians. President John F. Kennedy, the late television actress, Lucille Ball, and the evangelist Billy Graham have demonstrated strength in this intelligence.

***Self/  
Intrapersonal***

This intelligence deals with the development and understanding of the self, including goals, feelings, anxieties, strengths and subsequently drawing from that awareness to guide personal behavior. Insight into oneself is the focal point here. This self-knowledge skill helps individuals to distinguish among feelings and build accurate mental models of themselves.

Sigmund Freud, Carl Jung, Virginia Satir, Carl Rogers, the Dali Lama, John Paul Sartre are all

**Gardner's Eight Intelligences, continued****Self/  
Intrapersonal,  
continued**

At first look, the intra-personal intelligence learner appears to function in direct contrast with the interpersonal (i.e., the ability to understand and work with others). Viewed from a deeper perspective, both the self and the other blend together: without the self, the social lies alone in a vacuum, and vice versa.

Young children who demonstrate cognitive “promise” in this intelligence can be left on their own to play happily. They may appear on the surface to be a bit stubborn. They like to work alone and sometimes shy away from others. They are self-reflective and self-aware, which keeps them in tune with their feelings, values, beliefs and meta-cognitive thinking processes. They are highly intuitive, inwardly motivated, strong-willed, self-confident and have definite, well-thought-out opinions on almost any issue; although they sometimes may give the impression of being “off the wall.”

During the middle years of school life, some students will come to these learners for advice and counsel, while others may view them as distant or weird. They appreciate a private time and place for thinking. These students learn best on their own (e.g., completing personal diaries, independent assignments).

Older children may keep a journal, express strong emotions and well-developed opinions, and seem unconcerned by other students' notions of what is “in” and “out.” They learn best when learning tasks that involve self-study programs, personal autobiographies or portfolios.

examples of individuals who have demonstrated strength in this intelligence.

**Naturalist/  
Environmental**

This intelligence involves sensitivity to the world of nature (e.g., living things, clouds, stones) or the ability to recognize patterns. Gardner defines it as an ability to recognize and classify elements of the natural world.

We all distinguish among items, going back to our ancestors who needed to recognize carnivorous animals, poisonous snakes and flavorful and safe vegetation. Some children (e.g.,

This could be anyone from a molecular biologist to a traditional medicine man who uses herbal remedies. Examples of

***Gardner's Eight Intelligences, continued******Naturalist/  
Environmental,  
continued***

experts on dinosaurs), adolescents (e.g., experts on military aircraft) and adults (e.g., hunters, botanists, anatomists) excel at this pursuit.

Young children may be fascinated by all kinds of creatures, including ants crawling along a picnic blanket. In school, these learners notice characteristics and patterns, innately sense appropriate categories based on characteristics they observe and group items accordingly. Older children enjoy learning and discerning the names and characteristics of trees and flowers.

A child strong in this intelligence skillfully sorts and classifies rocks, insects, shells, dinosaurs or sports cards. An adult can shrewdly distinguish differences among consumer products (e.g., automobile engines, sneakers, jewelry, makeup, foods) or analyze variations, for example, in fingerprints, voiceprints or eyeprints.

naturalists include George Washington Carver, Charles Darwin and Rachel Carson.

Only two of the eight intelligences, verbal linguistic abilities and logical mathematical skills, encompass the majority of the traditional three "R's:" reading, writing and arithmetic. Additionally, these two intelligences comprise practically all of what is considered in most standardized intelligence tests. Sound teaching procedures, however, can captivate, improve, expand and amplify all of the intelligences.

The work of Gardner is particularly applicable to the work of I&RS teams as they identify student's strengths and talents and consider appropriate remedial strategies for diverse learning, behavior and health problems. Capitalizing on students' native intelligences for accomplishing classroom assignments and educational objectives can make the difference between success and failure.

In the face of increasing cultural diversity in New Jersey schools, educators can also benefit from new ways of understanding how students think. Gardner's MIT provides a means for distinguishing among the many ways students solve problems and create products, which can help teams identify students' cognitive strengths. This information can guide teams in the development of classroom plans and educational strategies that address differences among cultures and their varied means for expressing assorted intelligences.

**Four Stages of Learning, continued****Four Stages of Learning**

In her book, Taming the Dragons: Real Help for Real School Problems, Susan Setley asserts that students who struggle with their schoolwork tend to show three patterns in their learning: they learn inefficiently, inconsistently and incompletely.

The cerebral cortex is where higher cognitive processing occurs. When we educate students, we are essentially changing the structure and the chemistry in students' neurons in their cerebral cortexes, growing receptive surfaces (dendrites) of nerve cells. The more students use what they learn, the more the neural pathway and the knowledge become permanent.

However memories are formed, we know that repeated, successful use strengthens them. The completion of these supposed paths through the brain would be what we think of as learning. The more solidly we establish learning, the more easily students will perform the task or recall the knowledge.

Students who learn inconsistently or inefficiently seem to build fragile pathways to the information they need. They use several partly-built paths to the information, but none of them are used consistently enough to retrieve the information quickly, easily and confidently; or, they might fragment the information, and store it completely in several places instead of establishing one reliable site.

Complete learning, that is learning that stays with us for long periods of time, takes place in stages or steps. At each of these steps, referred to by Setley as the Four Stages of Learning, we master a task a little more thoroughly, until we finally know it extremely well. Setley identifies the four steps, which are described below, as follows: *Exposure Stage, Guided Learning Stage, Independence Stage and Mastery Stage*.

### ***Four Stages of Learning***

<b>STAGE</b>	<b>DESCRIPTION</b>	<b>EXAMPLE</b>
<b><i>Exposure</i></b>	<p>This stage is encountered any time a concept is completely new to students. If we could examine the pathway for this information, and if the preliminary research is correct, we might find that at the beginning of learning a new task, in the Exposure Stage, the nerves are completely unconnected, with visible gaps between the cells.</p>	<p>In the case of long division, for example, when the teacher first explains it to students, most get confused.</p>
<b><i>Guided Learning</i></b>	<p>In this stage, students still can not solve the problems without help and guidance from the teacher. It is hard work, and they often need the teacher's help since they make a variety of mistakes. Students remain dependent on the teacher for success, so complete learning has not yet taken place.</p> <p>The connection between the dendrites might not yet be strong or dependable; knowledge is learned inadequately and incompletely. If students do not progress to the Independence Stage, little useful learning has taken place.</p>	<p>Students begin to catch on, and with encouragement, support and clues from the teacher, they can attempt to solve assigned problems.</p>
<b><i>Independence</i></b>	<p>With review, guidance and hard work, students reach the Independence Stage, when students begin to think of the task as "easy," and gain confidence in their abilities.</p> <p>If the pathway for a skill weakens, students may drop back to the Guided Learning Stage, once again unable to do the work independently. This is why, for example, elementary school math textbooks begin the school year with a thorough review of the previous year's skills. The review maintains independent skills and prevents students from slipping back to stage two.</p>	<p>Students can do most of the problems on their own, most of the time.</p>

***Four Stages of Learning, continued***

***Mastery***

Mastery comes with more practice. Students' understanding is automatic. They can do the steps of a task or skill without stopping to think what to do next.

Communication between the cells is rapid and consistent. Students literally know the information without "thinking." Students would need occasional review, however, or eventually they might forget a portion or all of the skill.

Mastery is the final goal of education. Students rarely forget anything they have learned this well.

Students have so thoroughly and completely learned to do long division that they can perform it for the remainder of their lives with no clues, no help or no review.

Students who experience difficulty in learning an individual or a complex set of tasks or skills may have a learning style that interferes with their progress through the Four Stages of Learning. Struggling students move more slowly, often getting stuck at the second stage, rarely having the powerful experience of considering any of their schoolwork as "easy."

Students who labor and can not easily do their schoolwork rarely feel "smart." For them, getting to the Independence Stage is a liberating experience. The I&RS team is in a position to help staff develop plans that will move students through the guided learning stage to independence, and eventually to mastery.

### **Managing the Conditions of Learning**

For effective schooling to occur, students should experience success in each of the variables described below. Since it is educators' jobs to provide opportunities for students' success in these areas, the I&RS team should be prepared to assess and plan for them as part of their ongoing procedures to support requests for assistance. Teams can also use these to guide teacher interviews or observations of the problem.

#### **Curricular Variables: Instructional Level**

- How developmentally appropriate is the level of curricular material?
- How appropriate is the pace of instruction?
- How is task relevant practice provided?
- How appropriate is the mode of task presentation?
- How appropriate is the mode of student response?
- How appropriate is the scope and sequence of tasks?
- How appropriate is the criterion for student success?

#### **Instructional Variables: Instructional Level**

- How appropriate is the direct instruction time?
- How appropriate is the allocation of engaged time?
- How appropriate is the degree of task structure (e.g., grouping)?
- How appropriate is the guided and independent practice?
- How appropriate are the opportunities for meaningful responses?
- How appropriate are the amounts and types of feedback?
- How appropriate are the cues and prompts?

#### **Student Performance Variables**

- How appropriate is the *time allocation for academic learning* on the following variables:
  - a) Time on task,
  - b) Task completion, and
  - c) Task comprehension?
- How appropriate are the following *student strategies*:
  - a) Organizational skills (i.e., approach to the task),
  - b) Metacognitive skills (i.e., learning to learn), and
  - c) Work habits (i.e., perseverance)?
- How appropriate is the student's *behavior* and *affect* on the following variables:
  - a) Functional behavioral strategies,
  - b) Coping skills strategies, and
  - c) Social skills (i.e., skill vs. performance deficits)?

#### **Environmental Variables**

- How do the belief systems of students, parents and educators contribute to success or failure?
- How appropriate are the communication patterns among the student, parents and educators?
- How do stressors in the home, school and community affect success or failure?
- How do the student's support systems affect success or failure?

**Cognitive/  
Learning Styles**

Cognitive styles and learning styles refer to the preferred way an individual processes information or the different ways in which children and adults think and learn. Each of us develops a preferred and consistent set of behaviors or approaches to learning.

Unlike theories of individual differences in abilities (e.g., Gardner), which describe peak performance, learning *styles* describe a person's typical mode of thinking, remembering or problem solving. Furthermore, styles are usually considered to be bipolar dimensions, whereas abilities are unipolar (i.e., ranging from zero to a maximum value). Having more of an ability is usually considered beneficial, while having a particular cognitive style simply denotes a tendency to behave in a certain manner. Cognitive style is usually referred to as a personality dimension that influences attitudes, values and social interaction.

To further our understanding of the learning process, Litzinger and Osif (1993) broke it down into several processes:

- **Cognition** – How one *acquires* knowledge.
- **Conceptualization** – How one *processes* information. There are those who are always looking for connections among unrelated events. For others, each event triggers a multitude of new ideas.
- **Affective** – People's motivation, decision-making styles, values and emotional preferences will also help to define their learning styles.

**Why is Learning Style Important?**

Understanding students' cognitive and/or learning style(s) can be useful to the I&RS Team in planning strategies or methods that will be most effective in helping educators facilitate student learning, growth and achievement. Information about students' learning styles (as well as educators' learning, facilitation and instructional styles) is important to both the educator and the student for the following reasons:

- Low satisfaction or poor performance in a course or particular activity may be misinterpreted as lack of knowledge or ability, when it is actually difficulty with a particular style of learning.

***Cognitive/Learning Styles, continued***

- ❑ Individual learning preferences, although clearly not related to aptitude, are significantly related to personal motivation and performance.
- ❑ Educators with an understanding of their students' learning styles are better able to appropriately adapt their teaching methods.
- ❑ Educators who introduce a variety of appropriate teaching methods into their classes are more likely to motivate and engage students in learning.
- ❑ Students who learn about their own style become better learners, achieve higher grades, become more motivated and have more positive attitudes about their studies, have greater self-confidence and have more skill in applying their knowledge in courses.
- ❑ Information about learning styles can help educators become more sensitive to the diversity of students.
- ❑ Information about learning styles can serve as a guide to the design of learning experiences that either match, or mismatch, students' styles, depending upon whether the educator's purpose is efficiency of students' learning or the development of skills with a style of learning in which students can improve.
- ❑ Information about learning styles can assist in working with at risk students, since they have a greater chance of dropping out of school or engaging in self-destructive behavior.

***Field Independence versus Field Dependence***

A number of cognitive styles have been identified and studied over the years. Field independence versus field dependence is one of the most widely known styles. It refers to a tendency to approach the environment in a particular, as opposed to a global manner.

At a perceptual level, field independent personalities are able to distinguish figures as discrete from their backgrounds. Field dependent individuals experience events in an undifferentiated way, and have a greater social orientation relative to field independent personalities.

***Cognitive/Learning Styles, continued***

Several studies have identified a number of major connections between this cognitive style and learning. For example, field independent individuals are likely to learn more effectively under conditions of intrinsic motivation (e.g., self-study) and are less influenced by social reinforcement.

***Scanning***

This cognitive style focuses on differences in the extent and intensity of attention resulting in variations in the vividness of experience and the span of awareness.

***Leveling versus Sharpening***

These cognitive styles emphasize individual variations in remembering that pertain to the distinctiveness of memories (i.e., sharpening) and the tendency to merge similar events (i.e., leveling).

***Reflection versus Impulsivity***

This style has to do with individual consistencies in the speed and adequacy with which alternative hypotheses are formed and responses made.

***Conceptual Differentiation***

This style focuses on differences in the tendency to categorize perceived similarities among stimuli, in terms of separate concepts or dimensions.

***David Kolb's Theory of Learning Styles***

Kolb proposes a theory of experiential learning that involves the following four principle stages that can be seen as a continuum running from concrete experience (CE), reflective observation (RO), abstract conceptualization (AC) and active experimentation (AE). Under Kolb's theory, the CE/AC and AE/RO dimensions are polar opposites, as far as learning styles are concerned.

**Kolb's Theory of Learning Styles, continued**

Kolb's theory is based on the view that learning is a series of experiences with cognitive additions, rather than as a series of pure cognitive processes. Kolb's theory sets forth that learning is a circular process in which concrete experience (CE) is followed by reflection and observation (RO), which in turn leads to the formulation of abstract concepts and generalization (AC), the implications of which are tested in new situations through active experimentation (AE).

A description of Kolb's learning styles are provided below, as well as suggested instructional strategies for teaching to each style:

<b>LEARNING STYLE</b>	<b>DESCRIPTION</b>	<b>STRATEGIES FOR TEACHING TO STYLES</b>
<b>Concrete Experience (CE)</b>	Being involved in a new experience.	Offer laboratories, fieldwork, observations or trigger films.
<b>Reflective Observation (RO)</b>	Watching others or developing observations about one's own experience.	Use logs, journals or brainstorming.
<b>Abstract Conceptualization (AC)</b>	Creating theories to explain observations.	Use lectures, papers and analogies.
<b>Active Experimentation (AE)</b>	Using theories to solve problems and make decisions.	Employ simulations, case studies and homework.

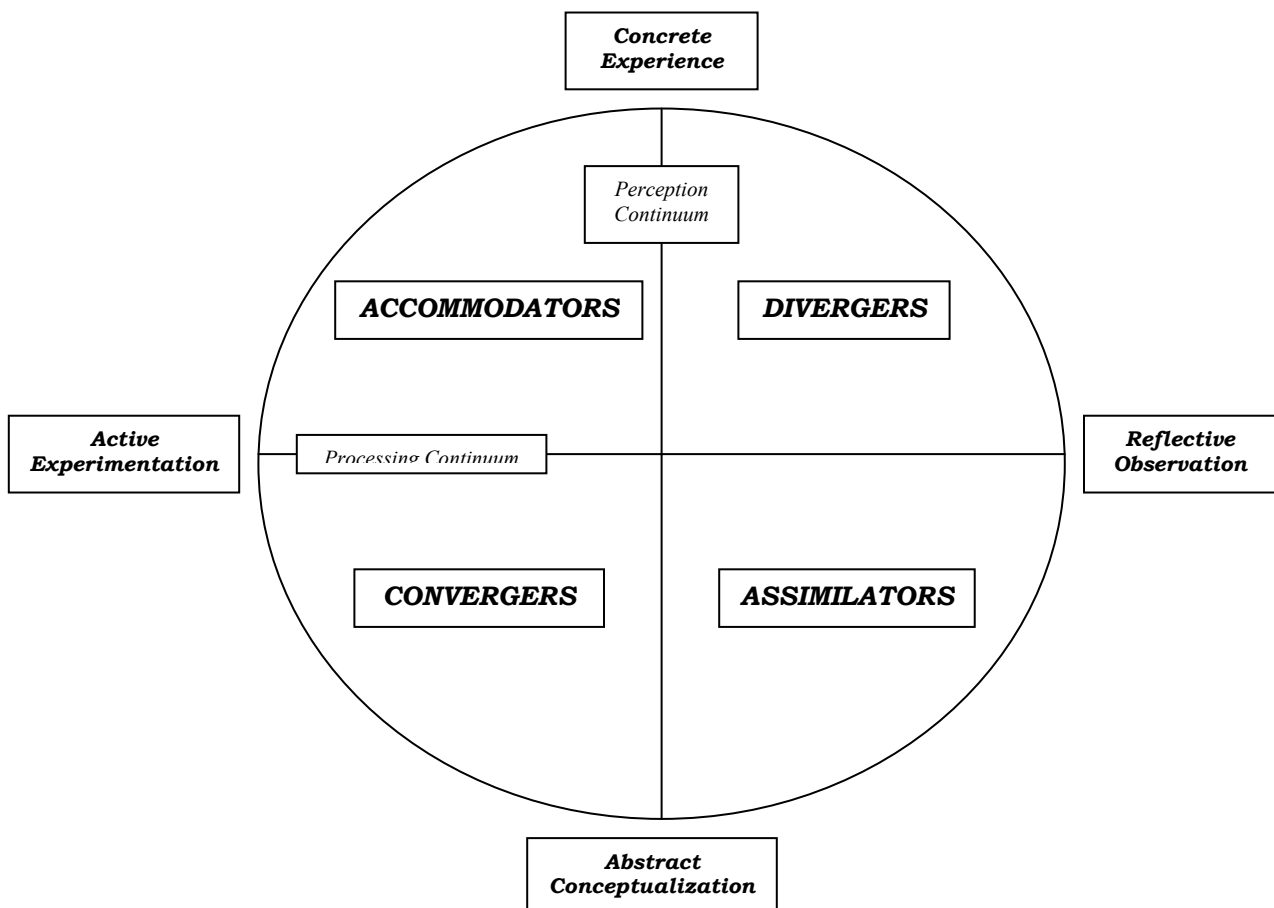
**Kolb's Theory of Learning Styles, continued**

While Kolb's theory describes an integrated process in which all stages of the continuum have to be completed over time, it also contends that people are rarely fully effective in all stages. Usually people come to prefer, and rely on, one style above the others. I&RS teams should be familiar with and able to apply information on student's learning styles when creating instructional materials, strategies and techniques for identified problems.

Kolb produced variants of his main stages, and by combining different parts of the four stages identified four main styles of learners: divergers, assimilators, convergers and accommodators, depending upon their position on the two opposite dimensions (i.e., CE/AE, AE/RO). For example, an accommodator prefers concrete experiences and active experimentation (AE, CE).

**Kolb's Learning Styles**

(Diagram from Litzinger and Osif 1993)



**Kolb's Theory of Learning Styles, continued**

<b>LEARNING STYLE</b>	<b>DESCRIPTION</b>	<b>INSTRUCTIONAL INSIGHTS</b>
<b>Accommodators</b> (CE/AE)	Accommodators are motivated by the question, "What would happen if I did this?" They look for significance in the learning experience and consider what they can do, as well as what others have done previously. These people are good with complexity and are able to see relationships among aspects of a system.	Educators working with this type of student might expect devil's advocate type questions, such as "What if?" and "Why not?" Case studies and experimentation are useful tools.
<b>Assimilators</b> (AC/RO)	Assimilators are motivated to answer the question, "What is there to know?" They like accurate, organized delivery of information and they tend to respect the knowledge of the expert. They are not comfortable randomly exploring a system, and they like to get the 'right' answer to the problem.  These learners tend to be less 'instructor intensive' than other learning styles. They will carefully follow prepared exercises, provided a resource person is clearly available and able to answer questions.	Methods that suit assimilators include: Lectures or audio/video presentations, followed by demonstrations; or exploration of a subject in a laboratory, followed by a tutorial (which they will probably stick to quite closely) and for which answers should be provided.
<b>Convergers</b> (AC/AE)	Convergers are motivated to discover the relevancy or the "how" of a situation. For convergers, the application and usefulness of information is increased by understanding detailed information about the system's operation.	Instructional methods for convergers, above all, should be interactive. Computer-assisted instruction is a possibility. Problem sets or workbooks can be provided for students to explore.
<b>Divergers</b> (CE/RO)	Divergers are motivated to discover the relevancy or the "why" of a situation. They like to reason from concrete specific information presented to them in a detailed, systematic and logical manner.	It is best to mingle with these students, answering questions and making suggestions. Ready reference guides provide handy, organized summaries for this kind of learner. Flexibility and the ability to think on your feet are assets.

### ***Learning Styles and the 4MAT System: A Cycle of Learning***

The 4MAT system for creating lesson plans for teaching to learning styles with right/left mode techniques, developed by Bernice McCarthy, is based on a number of premises:

- ❑ First, different individuals perceive and process experience in different and preferred ways, which comprise individuals' unique learning styles.
- ❑ Essential to quality learning is an awareness in learners of their own preferred mode, becoming comfortable with their own ways of learning, and being helped to develop a learning repertoire, which is developed through experience with alternative modes.
- ❑ The fact that students may have preferred and most comfortable modes does not mean they can not function effectively in others. In fact, students who have the flexibility to move easily from one mode to another to accommodate the requirements of a situation are at a definite advantage over those who limit themselves to only one style of thinking and learning.

Descriptions of the four learning styles identified by McCarthy follow:

<b>LEARNING TYPE</b>	<b>DESCRIPTION</b>	<b>EFFECTIVE INSTRUCTIONAL MODES</b>
<b><i>Type 1: Innovative Learners</i></b>	Their primary interest is in personal meaning. They need to have reasons for learning; ideally, reasons that connect with personal experience and establish the usefulness of information in daily life.	They are capable of learning effectively from cooperative learning, brainstorming and integration of content areas (e.g., health with science, math with the arts, language arts with social studies).
<b><i>Type 2: Analytic Learners</i></b>	They are predominantly interested in acquiring facts in order to deepen their understanding of concepts and processes.	They are capable of learning effectively from lectures, and enjoy independent research, analysis of data and hearing what "the experts" have to say.

**Learning Styles and the 4MAT System, continued****Type 3:  
Common Sense  
Learners**

These learners are mainly interested in how things work; they want to “get in and try it.”

Concrete, experiential learning activities work best for them, such as manipulatives, hands-on tasks and kinesthetic experiences.

**Type 4:  
Dynamic Learners**

These learners are principally interested in self-directed discovery. They rely heavily on their own intuition, and seek to teach both themselves and others.

Any type of independent study is effective for these learners. They also enjoy simulations, role plays and games.

McCarthy argues that all styles should be addressed within the curriculum, so that more than one type of student may be permitted to both “shine” and “stretch.” That is, every lesson should contain something for everyone, so each student not only finds their mode of greatest comfort, but also is challenged to adapt less comfortable, but equally valuable modes.

The instructional sequence suggested by McCarthy teaches to the four styles using both right- and left-brain processing techniques. This integration of styles and processing modes ensures that we are educating the “whole brain” (i.e., engaging both hemispheres of the brain).

**Neurolinguistics/Psycholinguistics**

Consideration of one aspect of neurolinguistics can also assist in assessing students’ and educators’ learning styles. Specifically, our tendencies toward the use of visual, auditory or kinesthetic/tactile dimensions in language and thought are strong indicators of predominant learning style.

The chart below, adapted from Accelerated Learning, by Colin Rose, provides an example of how language and other cognitive processes can illuminate ones’ primary leaning style. By reading the text in the left column, and answering the questions in the successive three columns on how you respond to each situation, you can determine your learning style. Your answers may fall into all three columns, but one column will likely contain the most answers, which indicates your main learning style.

### Learning Styles Assessment

When you...	VISUAL	AUDITORY	KINESTHETIC/ TACTILE
<b>SPELL</b>	Do you try to see the word?	Do you sound out the word or use a phonetic approach?	Do you write the word down to find whether it feels right?
<b>TALK</b>	Do you sparingly, but dislike listening for too long? Do you favor words such as <i>see, picture</i> and <i>imagine</i> ?	Do you enjoy listening, but are impatient to talk? Do you use words such as <i>hear, tune</i> and <i>think</i> ?	Do you gesture and use expressive movements? Do you use <i>words such as feel, touch</i> and <i>hold</i> ?
<b>CONCENTRATE</b>	Do you become distracted by untidiness or movement?	Do you become distracted by sounds or noises?	Do you become distracted by activity around you?
<b>MEET SOMEONE AGAIN</b>	Do you forget names, but remember faces or remember where you met?	Do you forget faces, but remember names or remember what you talked about?	Do you remember best what you did together?
<b>CONTACT PEOPLE ON BUSINESS</b>	Do you prefer direct, face-to-face, personal meetings?	Do you prefer the telephone?	Do you talk with them while walking or participating in an activity?
<b>READ</b>	Do you like descriptive scenes or pause to imagine the actions?	Do you enjoy dialogue and conversation or hearing the characters talk?	Do you prefer action stories or are not a keen reader?
<b>DO SOMETHING NEW AT WORK</b>	Do you like to see demonstrations, diagrams, slides or posters?	Do you prefer verbal instructions or talking about it with someone else?	Do you prefer to jump right in and try it?
<b>PUT SOMETHING TOGETHER</b>	Do you look at the directions and the picture?	Do you prefer to have the directions explained to you?	Do you ignore the directions and figure it out as you go along?
<b>NEED HELP WITH A COMPUTER APPLICATION</b>	Do you seek out pictures or diagrams?	Do you call the help desk, ask a neighbor or growl at the computer?	Do you keep trying to do it or try it on another computer?

### **Myers-Briggs Type Indicator**

Another construct that can be useful in determining one’s learning style is the Myers-Briggs Type Indicator (MBTI), developed by Katharine C. Briggs and Isabel Briggs Myers, which sets forth four style dimensions. The MBTI instrument provides data on four sets of preferences, resulting in sixteen learning styles, or types. A type is the combination of an individual’s four preferences (e.g., ESTJ or extraverted-sensing-thinking-judger). The four dimensions are described below, along with ideas for teaching to each polarity of the four dimensions.

<b>STYLE DIMENSION</b>	<b>INSTRUCTIONAL INSIGHTS</b>	<b>STYLE DIMENSION</b>	<b>INSTRUCTIONAL INSIGHTS</b>
<p><b><i>Extraversion (E)</i></b></p> <p>This preference tells us how people “charge their batteries.” Extroverts find energy in things and people. They prefer interaction with others and are action oriented. They are <i>interactors</i> and “on-the-fly” thinkers. There is no impression without expression.</p>	<p>Extraverted students learn by explaining to others. They do not know whether they understand the subject until they try to explain it to themselves or others.</p> <p>Since they enjoy working in groups, consider in-class or outside-of-class group exercises and projects.</p>	<p><b><i>Introversion (I)</i></b></p> <p>Introverts find energy in the inner world of ideas, concepts and abstractions. They can be sociable, but need quiet to recharge their batteries. They are <i>concentrators</i> and reflective thinkers. There is no impression without reflection.</p>	<p>To introverted students, disconnected chunks of facts are not knowledge; rather these facts are merely information. Knowledge to the introverted student means interconnecting material and seeing the “big picture.”</p> <p>Teach these students how to “chunk,” group or interconnect knowledge, to create a network or framework of facts.</p>

**Myers-Briggs Type Indicator, continued**

<p><b>Sensing (S)</b></p> <p>Sensing people are detail-oriented. They want facts and trust them.</p>	<p><b>Sensing Insights</b></p> <p>Sensing students prefer organized, linear and structured lessons. They are good at marshalling the facts of an exercise.</p>	<p><b>Intuition (N)</b></p> <p>Intuitive people seek out patterns and relationships among the facts they have gathered. They trust hunches and their intuition, and look for the “big picture.”</p>	<p><b>Intuition Insights</b></p> <p>Intuitive students prefer the discovery learning approach, which helps them uncover general principles or theories. They must have the big picture, or an integrating framework, to understand a subject.</p>
<p><b>Thinking</b></p> <p>Thinking students value fairness. To them, nothing is fairer than focusing on the logic of a situation, and placing great weight on objective criteria in making a decision.</p>	<p><b>Thinking Insights</b></p> <p>Thinking students like clear course and topic objectives, which are precise and action-oriented and avoid vague words or expressions, such as “students will appreciate...” or “students will be exposed to...”</p>	<p><b>Feeling</b></p> <p>Feeling students value harmony. They focus on human values and needs as they make decisions or arrive at judgments. They tend to be good at persuasion and facilitating differences among group members.</p>	<p><b>Feeling Insights</b></p> <p>Feeling students like working in groups, especially harmonious groups.</p>

**Myers-Briggs Type Indicator, continued**

<b>Judging</b>	<b>Judging Insights</b>	<b>Perceptive</b>	<b>Perceptive Insights</b>
Judging people are decisive, proactive and self-regimented. They focus on completing the task, only want to know the essentials and take action quickly. They plan their work and work their plan. Deadlines are sacred. Their motto is “Just do it!”	Teach the structured skills of note taking and test taking to help judging students learn more effectively. Judging students often reach closure too quickly when analyzing cases. Therefore, it can be helpful to play devil’s advocate to challenge thinking and offer alternative conclusions.	Perceptive people are curious, adaptable and spontaneous. They start many tasks, want to know everything about each task and often find it difficult to complete a task; deadlines are meant to be stretched. Their motto is “On the other hand...”	Perceptive students often postpone doing an assignment until the very last minute. They are not lazy; much to the contrary, they seek information to the very last minute (and sometimes beyond). It can be helpful to divide a complex project or paper into a series of sub-assignments and provide deadlines for each sub-assignment. The division of tasks also provides the opportunity for continuous feedback to the student.

The Myers-Briggs inventory can be a very useful tool for helping I&RS team members understand each other’s styles of learning and working. The use of personal awareness instruments, such as Myers-Briggs, are excellent resources to use for the maintenance of even fully-functioning teams, as discussed in the section of this manual titled “Team Wellness/Maintenance.”

**Cooperative  
Team  
Learning**

Cooperative team learning is an instructional strategy involving student’s participation in small group activities that promote positive interaction. Cooperative learning

***Cooperative Team Learning, continued***

promotes academic achievement, is relatively easy to implement and is not expensive.

Research conducted by Robert Slavin reports that, among the benefits of cooperative learning strategies are students' improved behavior, improved attendance and increased liking of school. It also promotes student motivation, encourages group processes, fosters social and academic interaction among students, and rewards successful group participation. Cooperative learning has also been shown to improve relationships among students from different backgrounds.

Foyle and Lyman identify the following basic steps involved in successful implementation of cooperative learning activities. The I&RS team can use these and other criteria to develop appropriate strategies and/or to assess the efficacy of existing cooperative learning strategies.

**COOPERATIVE LEARNING IMPLEMENTATION GUIDELINES**

- The content to be taught is identified, and criteria for mastery are determined by the teacher.
- The most useful cooperative learning technique is identified, and the group size is determined by the teacher.
- Students are assigned to a group.
- The classroom is arranged to facilitate group interaction.
- Group processes are taught or reviewed, as needed, to assure that groups run smoothly.
- The teacher develops expectations for group learning and makes sure students understand the purposes of the learning that will take place. A time line for activities is made clear to students.
- The teacher presents initial material, as appropriate, using whatever technique he chooses.
- The teacher monitors student interaction in the groups and provides assistance and clarification, as needed. The teacher reviews group skills and facilitates problem solving, when necessary.
- Student outcomes are evaluated. Students must individually demonstrate mastery of important skills or concepts of the learning. Evaluation is based on observations of student performance or oral responses to questions; paper and pencil need not be used.
- Groups are rewarded for success (e.g., verbal praise by the teacher, recognition in the class newsletter, recognition on the bulletin board).

**Cooperative Team Learning, continued**

When the I&RS team identifies cooperative learning as a helpful strategy for a case, a plan should also be developed for the adoption of alternative instructional strategies and styles that accommodate the learning styles of the balance of students in the classroom, who may not readily adjust or take to the cooperative learning format.

**Behavior  
Management  
and  
Student  
Discipline**

As reported by Kathleen Cotton, in School-wide and Classroom Discipline, during most of its twenty-two year existence, the Annual Gallup Poll of the Public's Attitudes Toward the Public Schools has identified "lack of discipline" as a most serious problem facing the nation's educational system. As previously indicated in this manual, educators, parents and students alike are seriously concerned about disorder and danger (e.g., cheating, insubordination, truancy, intimidation, drug/alcohol use, robbery, physical assaults that require medical attention) in school environments.

In addition to these school discipline issues, American classrooms are frequently plagued by lesser kinds of problem behavior that disrupt the flow of classroom activities and interfere with learning. Research studies report that approximately one-half of classroom time is taken up with activities other than instruction, and discipline problems are responsible for a significant portion of lost instructional time.

At the same time, there are many schools that, regardless of their size, socioeconomic influences, student composition or geographic setting, have safe and orderly classrooms and grounds. As the research literature makes clear, these disciplined and smooth-running school environments are not products of chance.

**Research on Classroom Management and Discipline**

Described below is a synthesis of findings from research studies, as reported by Ms. Cotton, which have identified effective classroom- and school-level disciplinary practices.

For example, J.S. Kounin in his book, Discipline and Group Management in Classrooms, reviewed results of studies from the kindergarten to university levels, focusing particularly on findings from a study of 80 elementary classrooms. His work was undertaken to identify strategies

**Research on Classroom Management and Discipline, continued**

and processes used in effectively and ineffectively managed classrooms, whose findings have been consistently validated.

He defined effective managers as those teachers whose classrooms were orderly, had a minimum of student misbehavior and had high levels of time-on-task, and defined ineffective managers as those whose classrooms lacked these qualities. Kounin found that effective and ineffective managers did not differ greatly in their methods for dealing with disruption. Instead, effective managers were found to be much more skilled at *preventing disruptions* from occurring in the first place. Kounin identified the specific behaviors these effective managers engaged in to keep students focused on learning and to reduce the likelihood of classroom disruption:

- **“Withitness”** – Communicating to the children by his behavior that he knows what the students are doing, and what is going on in the classroom.
- **Overlapping** – Attending to different events simultaneously, without being totally diverted by a disruption or other activity.
- **Smoothness and Momentum in Lessons** – Conducting smooth and brisk pacing, and providing continuous activity signals or cues (e.g., standing near inattentive students, directing questions to potentially disruptive students).
- **Group Alerting** – Attempting to involve non-reciting students in recitation tasks and keeping all students “alerted” to the task at hand.
- **Stimulating Seatwork** – Providing students seatwork activities that have variety and offer challenge.

Research conducted during the past twenty years have underscored Kounin’s findings and elaborated upon them to forge a more detailed list of behaviors that are associated with effective classroom management:

- **High Expectations** - Holding and communicating high expectations for student learning and behavior. Through the personal warmth and encouragement they express to students and the classroom requirements they establish, effective teachers/managers make sure that students know they are expected to learn well and behave appropriately.

**Research on Classroom Management and Discipline, continued**

- **Establishing and Clearly Teaching Classroom Rules and Procedures** - Effective managers teach behavioral rules and classroom routines in much the same way as they teach instructional content. These rules are frequently reviewed at the beginning of the school year and periodically thereafter. Classroom rules are posted in elementary schools.
- **Specifying Consequences and Their Relationship to Student Behavior** - Effective managers are careful to explain the connection between students' misbehavior and teacher-imposed sanctions. This connection is also taught and reviewed, as needed.
- **Enforcing Classroom Rules Promptly, Consistently and Equitably** - Effective managers respond quickly to misbehavior; respond the same way at different times; and impose consistent sanctions regardless of the gender, race or other personal characteristics of misbehaving students.
- **Sharing with Students the Responsibility for Classroom Management** - Effective managers work to inculcate in students a sense of belonging and self-discipline, rather than viewing discipline as something imposed from outside.
- **Maintaining a Brisk Pace for Instruction and Making Smooth Transitions Between Activities** - Effective managers keep things moving in their classrooms, which increases learning as well as reduces the likelihood of misbehavior.
- **Monitoring Classroom Activities and Providing Feedback and Reinforcement** - Effective managers observe and comment on student behavior. Appropriate behavior is reinforced through the provision of verbal, symbolic and tangible rewards.

The I&RS team can use this information to guide their classroom observations or as part of their student and teacher interviews during the information collection and assessment phases of the I&RS process. These learnings can also guide the development and implementation of I&RS action plans for discipline problems.

**Ineffective  
Disciplinary  
Practices**

Research investigations, which have yielded information on effective disciplinary practices, have also produced findings about ineffective practices. It is important for I&RS teams to be aware of the strategies research has shown to be ineffective, in part because this knowledge can assist them in planning I&RS action plans, making recommendations for school-wide improvements and identifying and redirecting colleagues

**Ineffective Disciplinary Practices, continued**

when these practices are used and believed to be contributing to educational problems. Practices that have been found to be ineffective are described below:

- **Vague or Unenforceable Rules** – The importance of clear rules becomes obvious when observing the ineffectiveness of rules such as: “Be in the right place at the right time;” and “Act like grown men and women.”
- **Educators Ignoring Misconduct** – Both student behavior and attitudes are adversely affected when teachers ignore violations of school or classroom rules.
- **Ambiguous or Inconsistent Educator Responses to Misbehavior** – When educators are inconsistent in their enforcement of rules, or when they react in inappropriate ways (e.g., lowering students’ grades in response to misbehavior), classroom discipline is generally poor.
- **Punishment which is Excessive or Delivered without Support or Encouragement** – Among the kinds of punishment that produce particularly negative student attitudes are public punishment.
- **Corporal Punishment** – The results of corporal punishment are unpredictable. Even when it is successful at inhibiting inappropriate behavior, corporal punishment still does not foster appropriate behavior. Corporal punishment is sometimes unintentionally reinforcing, since it brings attention from adults and peers. It often creates resentment and hostility, making it harder to create good working relationships in the future. Corporal punishment is related to undesirable outcomes, such as increased vandalism and dropping out.
- **Out-of-school Suspension** – Suspension does not help the suspended student, nor does it help the other students, because school staff simply get rid of troublesome students, rather than changing the school environment in such a way that will prevent or reduce discipline problems. According to William Wayson, the majority of suspensions occur over behaviors that are more irritating and annoying than truly serious. Wayson noted that discipline policies should be written and enforced in such a way that suspension, if used at all, is not used for these less serious infractions.

**Remediating  
Classroom Discipline  
Problems**

Ms. Cotton’s summary article cites that researchers have also found that effective managers intervened more quickly when disruptions occurred than did ineffective managers. In addition, managers that quickly intervened produced more immediate results.

**Remediating Classroom Discipline Problems, continued**

Described below are examples of intervention approaches for dealing with classroom misconduct that are either supported by research or show promise in reducing behavior problems.

**Behavior Modification**

Many researchers have identified reinforcement (i.e., verbal, symbolic, tangible) as effective in improving the classroom conduct of misbehaving students. The provision of reinforcement does not appear to undermine students' intrinsic motivation, provided the reinforcement is contingent upon performance and given sparingly.

Another behavior modification technique supported by research is teaching self-control skills (i.e., modeling, plus teaching self-instruction, self-monitoring, self-reinforcement) to improve the conduct of misbehaving students. Contemporary behavior modification approaches involve students more actively in planning and shaping their own behavior through participation in the negotiation of contracts with their teachers, and through exposure to training designed to help them monitor their behavior more actively; to learn techniques of self-control and problem solving; and to set goals and reinforce themselves for meeting those goals.

- **Group Contingencies** – The use of structures in which rewards and punishments are meted out to groups based on the behavior of individuals within those groups have been found effective in remediating misbehavior.
- **Pro-social Skills Training** – Training in self-awareness, cooperation, values clarification and the development of helping skills has been successfully used to improve the behavior of misbehaving students.
- **Peer Tutoring** – Peer tutoring structures have been found to lower the incidence of misbehavior in classrooms. Depending on the situation, students with behavior problems may serve as either tutors or tutees.

Many educational program developers have responded to the prevalence of school discipline and behavioral management problems by preparing and marketing packaged programs that intend to bring about reductions in misconduct and resultant increases in school order. Described below

**Remediating Classroom Discipline Problems, continued**

are some of the frameworks that teams can apply to the assessment of problem behaviors and the development of strategies for reducing or eliminating these behaviors. The information contained in these programs often is useful for parents of children who are a part of the I&RS team's caseload.

**Goals of Misbehavior**

Rudolf Dreikurs and Loren Grey, in their book, "Logical Consequences: A Handbook of Discipline," identified four categories of misbehavior and a schema for identifying and addressing these behaviors. Their schema is based on the work of the psychiatrist, Alfred Adler, who emphasized the importance of understanding the individual's reasons for maladaptive behavior and helping misbehaving students to alter their behavior, while at the same time finding ways to get their needs met.

Dreikurs and Grey use the phrase "goals of misbehavior" because they maintain that students' behavior *achieves* something for them; their behavior occurs for a *purpose*. As social beings, a primary goal in life is to *belong*. In the search to belong, young people select beliefs, feelings and behaviors that they believe will give them *significance*. According to the authors, misbehaving young people are *discouraged*; they do not believe they can or have the courage to belong in useful ways. As a result, they *seek significance or belonging through misbehavior*.

We discover the purpose for young people's misbehavior by observing its *results or consequences*. The key is to train oneself to look at the *results* of misbehavior, rather than just the misbehavior. Using the chart below as a guide, apply the following formula to begin redirecting children's behavior:

- 1) Observe your own reactions to a student's misbehavior. Your feelings point to their goal.
- 2) Observe the student's response to your attempts at correction. Their response to your behavior will also let you know what the student seeks.
- 3) Change your behavior by applying the principles identified in the far right column on the chart to the applicable behavior(s).

**Goals of Misbehavior, continued**

<b>Adult's Feeling and Reaction</b>	<b>Student's Response to Attempts at Correction</b>	<b>Student's Faulty Belief</b>	<b>Student's Goal</b>	<b>Alternatives for Adults</b>
<p>FEELING: Annoyed.</p> <p>REACTION: Remind and coax.</p>	<p>Temporarily stops. Later resumes the same behavior or disturbs in another way.</p>	<p>"I belong only when I am being noticed or served."</p>	<p><b>ATTENTION</b></p>	<ul style="list-style-type: none"> <li>➤ Ignore misbehavior, when possible.</li> <li>➤ Notice positive behavior.</li> <li>➤ Give attention when not making a bid for it.</li> <li>➤ Realize that reminding and coaxing are undue attention.</li> </ul>
<p>FEELING: Angry, provoked, as if one's authority is threatened.</p> <p>REACTION: Fight or give in.</p>	<p>Active (or passive) aggressive misbehavior or power struggle is intensified, or child submits with "defiant" compliance.</p>	<p>"I belong only when I am in control or when I am proving no one can boss me!"</p>	<p><b>POWER</b></p>	<ul style="list-style-type: none"> <li>➤ Withdraw from conflict, explaining your reason.</li> <li>➤ Realize that fighting or giving in only increases the student's desire for power.</li> <li>➤ Use power constructively by appealing for the student's help and cooperation.</li> </ul>
<p>FEELING: Deeply hurt.</p> <p>REACTION: Retaliate and get even.</p>	<p>Seeks further revenge by intensifying misbehavior or choosing another weapon.</p>	<p>"I belong only by hurting others as I feel I have been hurt (i.e., physical or verbal attacks). I can not be liked."</p>	<p><b>REVENGE</b></p>	<ul style="list-style-type: none"> <li>➤ Avoid feeling hurt.</li> <li>➤ Avoid punishment and retaliation.</li> <li>➤ Build trusting relationship.</li> <li>➤ Convince the student that he is loved.</li> </ul>
<p>FEELING: Despair, hopeless, discouraged.</p> <p>REACTION: Agree that nothing can be done. Give up.</p>	<p>Passively responds or fails to respond to whatever is done. Shows no improvement.</p>	<p>"I belong only by convincing others not to expect anything from me. I am unable. I am helpless."</p>	<p><b>DISPLAY OF INADEQUACY</b></p>	<ul style="list-style-type: none"> <li>➤ Stop all criticism.</li> <li>➤ Encourage any and all positive attempts, no matter how small.</li> <li>➤ Focus on assets.</li> <li>➤ Above all, do not pity and do not give up.</li> </ul>

**Remediating Classroom Discipline Problems, continued****The Goals of Positive Behavior**

In their book, The Parent's Handbook: Systematic Training for Effective Parenting, Don Dinkmeyer and Gary McKay postulate an ancillary schema to Dreikurs work for developing and reinforcing positive behavior.

<b>Student's Belief</b>	<b>Student's Goal</b>	<b>Student's Behavior</b>	<b>Adult Response to Encourage Goal</b>
"I belong by contributing."	<b>ATTENTION CONTRIBUTION INVOLVEMENT</b>	Helps. Volunteers.	➤ Let the student know that the contribution counts and that you appreciate it.
"I can decide and be responsible for my behavior."	<b>POWER RESPONSIBILITY AUTONOMY</b>	Shows self-discipline. Does own work. Resourceful.	<ul style="list-style-type: none"> <li>➤ Encourage decision making.</li> <li>➤ Allow the student to experience both positive and negative outcomes.</li> <li>➤ Express confidence in the student.</li> </ul>
"I am interested in cooperating."	<b>JUSTICE FAIRNESS</b>	Returns kindness for hurt. Ignores belittling remarks.	➤ Acknowledge with appreciation the child's interest in cooperating.
"I can withdraw from conflict."	<b>WITHDRAWAL FROM CONFLICT REFUSAL TO FIGHT ACCEPTANCE OF OTHERS' OPINION</b>	Ignores provocation. Withdraws from power contest to decide own behavior.	➤ Recognize the child's efforts to act in a mature manner.

**Reality Therapy**

William Glasser's Schools Without Failure explains skills for teachers to use to help students make positive choices by making clear the connection between student behavior and consequences. Class meetings, clearly communicated rules and the use of plans and contracts are featured in his approach.

***Remediating Classroom Discipline Problems, continued***

The skills are based on Glasser's publication, Reality Therapy: A New Approach to Psychiatry. It is grounded in teacher's respect for students, and instilling a sense of responsibility in them. Program components include developing and sharing clear rules, providing daily opportunities for success, as well as in-school suspension for non-compliant students.

***Assertive Discipline***

Lee Canter is one of many authors who suggest strategies for behavior management and classroom discipline. His work is designed to provide practical approaches for behavior management that help educators spend valuable time educating, rather than disciplining.

The strategies are intended to help educators create safe, positive learning environments where students behave responsibly and feel good about themselves. Canter's methods emphasize a comprehensive model for providing structure in the classroom and providing appropriate types of attention for each student.

Specifically, assertive discipline focuses on the right of the teacher to define and enforce standards for student behavior. Clear expectations, rules and a penalty system with increasingly serious sanctions are major features.

***Teacher Effectiveness Training***

In his book, Teacher Effectiveness Training, Thomas Gordon differentiates between teacher-owned, student-owned and shared problems or conflicts in the teacher-student relationship, and sets forth specific skills for dealing with each of the three problems in the student-teacher relationship. Teachers and students are taught listening, message sending, problem-solving and negotiation techniques as appropriate to the locus of problem ownership.

***School Discipline Summary***

While no one program appears to have all of the answers to school discipline issues, each of the approaches described above include components that have been validated as effective. ***As pointed out in Ms. Cotton' article, however, the research on the discipline practices of effective schools indicates that these schools generally***

**Remediating Classroom Discipline Problems, continued**

**did not use packaged programs; instead, they either developed their own programs or modified commercially available programs to meet the needs of a particular situation.**

This finding, once again, underscores the imperative for I&RS teams to use their ingenuity and apply their knowledge of the local school community to design strategies that will work for and make sense to them. It truly seems that the adage, “we support what we create,” strongly applies to the work of the I&RS team.

**Moral and Ethical Reasoning**

In his book, The Honor Level System: Discipline by Design, Budd Churchward applies the theories of Lawrence Kohlberg. Kohlberg has studied the stages of moral and ethical reasoning in people from the United States, Taiwan, Mexico, Turkey and Yucatan, and found that everyone, regardless of culture, race or gender, goes through predictable and describable stages of moral reasoning. The progression from stage to stage is the same, but the rate varies for each individual.

It is because the development of each child’s moral reasoning occurs at a different pace that Churchward emphasizes the need to be prepared to address discipline in classrooms at different levels. Churchward describes the different levels of self-discipline and provides strategies for moving students along the road to self-discipline.

**Curriculum-based Assessment**

As explained in an article titled Curriculum-based Assessment: An Introduction, by James A. Tucker, which was published in the *Journal of Exceptional Children*, curriculum-based assessment (CBA) is a relatively new term for a teaching practice that is as old as education itself: using the material to be learned as the basis for assessing the degree to which it has been learned. CBA holds that each student’s needs are best defined in terms of the context of his local educational program.

As a term in modern usage, CBA first appeared as the title for one of three training modules for school psychologists published by the National School Psychology Inservice Training Network (Gickling, 1981). In that publication, Gickling defines CBA as follows: A procedure for determining the instructional needs of a student based upon the student’s ongoing performance within existing course content, adopted by local school systems.

**Curriculum-based Assessment, continued**

As a direct classroom assessment approach, it provides the most readily available and useful source of information. The CBA title, however, can be misleading, since it is oriented toward *instruction* as much as assessment. CBA focuses on how to collect, interpret and use data in order to impact directly upon instruction.

Tucker explains that CBA simply measures the level of achievement of a student in terms of the expected curricular outcomes of the school. Of course, gauging the degree of achievement in this manner can happen only when the expected curricular outcomes are known and measurable and where there is a method for the ongoing measurement of student progress in terms of those outcomes.

Student performance often is assessed using standardized tests. These measures may be necessary for making “diagnoses” or when they are required by governing authorities, but they do not provide sufficient or useful data for instructional planning. An intelligence test may help explain why a student does not achieve; but an intelligence test is not useful in determining where a student is relative to expected curriculum-based criteria, nor can it be used to develop a program within a curriculum, because the test does not relate to the course of study.

Jenkins and Pany (1978) have documented that the restricted sampling practices promoted by standardized tests have shown to be of limited use in helping teachers meet the daily instructional needs of most low-achieving students. One reason cited for this inefficiency is that many of the items on some prominent tests do not correspond well with the curriculum programs used in schools.

Since standardized tests normally are not based on a particular curriculum, they generally are not part of CBA. However, it is not only possible, but it can be beneficial for schools to standardize CBA so that local norms and variances are available for comparison.

CBA is truly “teaching to the test,” because the materials used to assess progress are always drawn directly from the course of study. CBA provides a way of matching student ability to instruction, thereby reducing low achievement and poor student behavior responses in the school setting. For example, reading level and reading ability are assessed by having the student read material from the school’s own curriculum. The assumption is made that the best way to find out whether a student can read certain material is to ask him or her to read

***Curriculum-based Assessment, continued***

it, and have a way of translating what is observed directly into effective instruction.

According to Gickling and Thompson, the primary reason that CBA has emerged as an alternative to traditional standardized assessment practices is the need to align assessment practices with what is taught in the classroom. Its focus is on providing help for those curriculum casualty students who are unable to keep pace with the routine instruction offered through developmental programs; instruction that moves too fast and demands too much in relation to their entry skills.

Tucker acknowledges that there are students who have real handicaps that are beyond the scope of regular education. He maintains, however, that their number is very low compared to the number of students that are referred for special education consideration. Students whom are found to have one of the very rare conditions that are beyond the experience of a classroom teacher should be referred for a comprehensive individual assessment of all of the factors that may be causing the difficulty. But when the problems being experienced by students are of a variety that lay within the common experience of most teachers, the solution that should be sought is an instructional one in the general education program. It may be premature to invoke the possibility of a serious “condition” for explaining students’ lack of normal academic progress when proven instructional procedures have not been used to correct the difficulty.

Tucker asserts that one of the assumptions of CBA is that all teachers possess and use proven instructional methods. He also observes that much of the good practice that was once considered routine has been transferred to special education, leaving within general education fewer teachers who are trained in these principles and practices for working with a wider range of individual differences. As a result, when faced with students that do not perform within the frame of reference that they understand to be “normal,” these teachers may refer the students to special education where staff have the skills for handling these exceptions to the norm. CBA allows schools to take a broader view of what is considered normal performance in the classroom.

Fortunately, most students do not require modifications to their curriculum to achieve in school. As stated in *A Personal View of Curriculum-based Assessment*, by Gickling and Thompson, from the *Journal of Exceptional Children*, for some students, however, the

**Curriculum-based Assessment, continued**

assigned curriculum becomes the fulcrum for failure. Without modification, it demands too much, moves too fast and contains too great a variance in the difficulty of assignments to match the entry skills and learning rates of these students. Routine diagnostic and prescriptive practices do not generally contain the precision to deal with these variance problems or to provide the instructional control that is initially needed for low-achieving students and students with mild leaning problems to achieve levels of task success similar to those enjoyed by their peers.

Gickling and Thompson explain that CBA is a form of direct assessment and application of data that provides teachers with the specificity to pinpoint where to begin instructional sequences and an instructional strategy for teaching those sequences to specific students. It provides a format for knowing how to assess the specific demands of students' learning tasks, as well as a gauge for controlling the level of task difficulty. This is done to provide more optimal learning experiences for students and to maintain this control over time by choosing, modifying and designing assignments to conform to established ratios of success.

Gickling and Thompson report that CBA can have an immediate impact upon instruction and performance. By altering specific ratios of known to challenging information within students' assignments, it is possible to control the students' task performance patterns in predictable ways, meaning that they could create either instructional, independent or frustrational learning conditions on a task-by-task basis for students.

By using CBA techniques, schools do not have to wait for test results to gauge the extent of a student's progress or problems, or for teachers and students to feel stifled by mid-year situations indicating lack of progress. Immediate attention can be drawn to specific instructional tasks to assess their suitability for producing high academic achievement. This process requires greater attention to students' entry skills when selecting or modifying curriculum, but the end results appear worth the effort: *higher time on task, higher task completion and higher comprehension rates.*

The I&RS team is ideally positioned to assist with the implementation of CBA principles and techniques. Whether or not the I&RS team uses CBA strategies, however, some form of systematic assessment and instruction

**Curriculum-based Assessment, continued**

should be adopted by the I&RS team to help their colleagues with learning and performance problems.

**Guiding Questions for Curriculum-Based Assessment**

Examples of some basic questions that should be asked and answered as part of the CBA assessment process follow:

- Does the student have the language concepts and background knowledge for the task?
- Does the student have an adequate sight-word pool to read the selection?
- Does the student utilize strategies to decode unfamiliar words?
- When reading orally, does the student read with adequate fluency, expression and phrasing?
- When reading silently, does the student complete the task in a timely fashion?
- Can the student remember and articulate what was read?  
If he read it silently? If he read it orally? If it was read to him?  
Does the student rely on the need to look back at the text?
- Can the student summarize, paraphrase and evaluate what was read?
- Is the student's performance affected by instructional grouping (i.e., whole group, small group, partner)?
- Is the student able to follow directions in the context of instruction?  
Given orally? When written?
- Does the student have sufficient computational skills to work the assignment successfully?
- Does the student use good reasoning in problem solving?
- Does the student apply computational and problem-solving skills in meaningful ways?
- Does the student work efficiently on the assignment?
- Does the student see the material as relevant and meaningful?
- Does the student have the confidence and initiative to begin the assigned task?

**Life Skills**

Another form of assessment that can yield valuable information for I&RS planning involves the identification of life skill deficiencies. The I&RS team should assess students' competencies, at a minimum, in the five life skill areas, and associated descriptors or indicators of problems in each area, described below:

- ❑ **Identification of Feelings** – Degree of adequacy in identifying needs and wants. Degree of adequacy in correctly labeling feelings.
- ❑ **Expression of Feelings** – Degree of adequacy in exhibiting a range of emotions. Becoming frequently overwhelmed by emotions. Expressions of hurting self or others. Expressions of wanting to die.
- ❑ **Social Interaction Skills** – Degree liked by peers. Preference for being alone. Tendency to disturb others. Exhibiting inappropriate affection. Pattern of criticizing others. Follows the crowd. Recent change in friends.
- ❑ **Decision-Making Skills** – Ability to easily make a choice between two options. Ability to refuse peers when appropriate. Tendency to second-guess decisions. Ability to problem solve.
- ❑ **Self-esteem** – Derogatory comments about self. Second guesses self. Amount of reassurance required. Degree of confidence and comfort in new situations.

A simple “T” chart can be employed to help describe and plan for the deficiencies in specific, descriptive and factual terms.

<b>LIFE SKILL DEFICIENCY</b>		
Life Skill: <i>Social Interactions</i>	Dennis	Grade 4
“T” Chart:	<b>Looks Like:</b> Plays by self. Not picked to be on teams. Picks on others. Disturbs others at play. Does not smile.	<b>Sounds Like:</b> Criticism of others and self. “You’re no good.” “I’m better than you.” “I didn’t want to play, anyway” “I wish I were dead.”
Specific Goals:	Replace negative comments (e.g., “You’re no good. I’m better than you.” “I didn’t want to play, anyway.”) during play period with either positive/courteous or neutral comments.	
Method of Measurement:	Observations. Checklists. Self-monitoring and self-reports. Graphs.	
Interventions:	Participation in cooperative learning groups. Utilize peer leaders to provide support and guidance. Provide opportunity for taking a leadership role on the playground. Skill tracking or streaming. Provide student with gambits and strategies for starting conversations and making friends. Schedule student interview with guidance counselor to follow-up the comment: “I wish I were dead.”	

**Life Skills, continued**

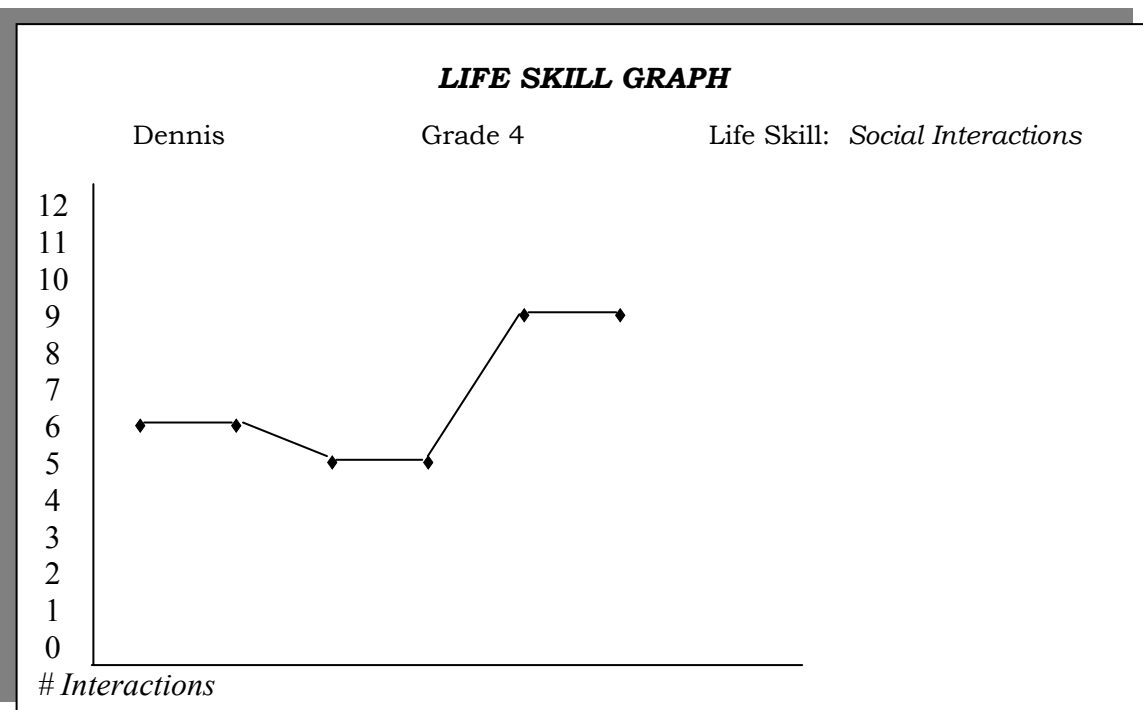
*Innovative Strategies*

Life skills can be observed and quantified. Provided below is a sample checklist for the case of a social skill deficiency, details of which are provided above.

<b>Life Skill Measurement Checklist</b>						
Dennis	Grade 4	Life Skill: <i>Social Interactions</i>				
		Date				
1. Participates in group						
2. Says appropriate remarks						
3. Smiles						
4. Offers assistance						
<b>Totals</b>						

1 = Never, 2 = Sometimes, 3 = Often

Simple graphs, such as the one below, or other charts can be developed by the case coordinator to provide a picture of the observations, which can help I&RS team members gain a more clear perspective on students' patterns:



**Cooperative  
Team Learning**

While cooperative team learning, which is described earlier in this section, is an instructional, rather than a disciplinary strategy, research studies indicate that it appears to also have a positive effect upon the incidence of classroom misbehavior.

**School  
Climate**

Negative school climate is one of several factors that have been found to increase students' risk for involvement in self-destructive behaviors. Students' risk for developing harmful behaviors can be decreased and student achievement, performance and safety can be improved by developing an atmosphere in schools where academic success, respect for self, others and property and the motivation to learn and actively participate in the school's social life are expected and rewarded.

A critical factor in the creation of positive instructional environments is the pervasive belief by all school staff that all students can achieve excellence in academics and in their general school performance. Creating a climate conducive to optimal learning is best accomplished by ensuring that all school staff and school programs consistently transmit the expectation that all students can achieve and perform to the highest possible standards, and by applying all skills, resources and support to fulfill this expectation. A positive school climate is created by placing the highest value on each staff member, each parent and each student and his/her successes, and consistently treating each with dignity and respect. A healthy school climate is also fostered by clearly informing students' of their rights and responsibilities, and holding students equally accountable for them.

As described in "Changing the Schools: A Word to School Leaders about Enhancing Student Investment in Learning," by Martin Maehr, a positive psychological environment strongly influences student motivation. School leaders can create this type of environment by establishing policies and programs that:

- ❑ Stress goal setting and self-regulation/management.
- ❑ Offer students choices in instructional settings.
- ❑ Reward students for attaining "personal best" goals.
- ❑ Foster teamwork through group learning and problem-solving experiences.

**School Climate, continued**

- Replace social comparisons of achievement with self-assessment and evaluation techniques.
- Teach time management skills and offer self-paced instruction when possible.

One of the most effective avenues for engendering student motivation is a school's culture. According to Deal (1987), school culture can be embodied and transformed through channels such as shared values, heroes, rituals, ceremonies, stories and cultural networks.

Davis (1989) suggests using a wide array of activities and symbols to communicate motivational goals. "Visible symbols," he says, "illustrate and confirm what is considered to be important in the school." He suggests using "school newsletters, statements of goals, behavior codes, rituals, symbols, and legends" to "convey messages of what the school really values." Staging academic rewards assemblies, awarding trophies for academic success and displaying them in trophy cases, scheduling motivational speakers and publicizing students' successes can help students see that the desire to be successful academically is recognized and appreciated.

Klug (1989) notes that school leaders can influence levels of motivation by "shaping the school's instructional climate," which in turn shapes "the attitudes of teachers, students, parents, and the community at large toward education." He says that by effectively managing this aspect of a school's culture, principals can "increase both student and teacher motivation and indirectly impact learning gains."

I&RS teams should give consideration to the many ways that their supportive services can positively influence the school's instructional climate. For example, I&RS teams can effect school climate by making recommendations for school-wide changes based upon the required review of I&RS team case information and activities (N.J.A.C. 6A:16-7.2(a)11).

**Cross-age Partnerships**

The application of cross-age partnerships (e.g., high school to middle students, middle school to elementary school students, adults to all students) can be a useful tool in tutoring students, increasing school safety, engendering peer respect and creating closer bonds to the school community.

**Adult  
Volunteers/  
Mentors**

As the literature from the National School Volunteer Program (1986) points out, a generation ago the term “school volunteer” meant parent volunteer. Today, school volunteers come from many sources and provide a wide range of services at the elementary and secondary levels.

While the need for school volunteers has grown, the supply has shrunk largely because mothers, the major traditional source of volunteers, have increasingly taken jobs outside the home. As result, more and more schools are discovering the wealth of experience and expertise in their communities’ senior populations.

Senior citizens have discovered that volunteering offers an avenue for exercising skills and talents gained through a lifetime of experience. Over 41 percent of Americans 60 years and older perform some form of volunteer work, and volunteered an average of 64 days a year.

Angelis (1990) outlines the following seven steps to execute in developing a successful intergenerational program:

- ❑ **Needs Assessment** – Determine student needs and what is to be accomplished through the program. Develop simple goals. Identify, inform and involve key administrators and other decision makers whose influence and support can make the program successful.
- ❑ **Job Description** – Establish expected results from the volunteer activity. Use this information to develop a list of specific tasks volunteers are to perform. A job description tells volunteers the purpose of the program, the required skills, the required amount of time and what is expected of them.
- ❑ **Recruitment** – The best technique is personal contact either by telephone or a casual query in conversation. Potential volunteers usually accept if they are approached by people they know. Contact opportunities include adult education programs at community colleges, retiree organizations, social clubs, faith institutions and library groups.
- ❑ **Screening** – After extending a warm welcome and commending candidates for their interest in education, questions should be asked about their special training, education, skills, hobbies, interests, other volunteer experiences, membership in organizations and the specific age range of students with whom they prefer to work. Health, physical

**Adult Volunteers/Mentors, continued**

limitations, criminal history and attitudes toward students should also be ascertained.

- **Orientation and Training** – Orientations should be scheduled throughout the year. Since volunteers need time to learn how things are done in a new and unfamiliar environment, it is helpful to supplement the orientation with written materials, tours of the school and surrounding areas and introductions to other teachers and administrators. Discuss the program with involved students and prepare a welcoming event that allows volunteers and students to get acquainted.
- **Recognition** – The volunteer experience carries many rewards, including social contacts and feelings of involvement and importance; but these feelings alone are often not enough to keep volunteers motivated. Therefore, it is critically important to publicly and privately recognize the contributions of volunteers.
- **Evaluation** – The success of the program should be gauged according to whether the goals and objectives, that ideally are established cooperatively by educators, volunteers and administrators, have been achieved. As part of this process, everyone involved should acknowledge what is going well; what is not going well; and what should be done differently.

Some special issues that may need to be addressed include transportation, meals, liability insurance and tuberculosis or other health tests. However a volunteer program is planned, it can provide valuable resources for the resolution of problems brought before the I&RS team.

<b>In-school Suspension</b>
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Marilyn Gootman, in an article in Educational Leadership titled “Effective In-house Suspension,” indicates that current research on protective factors for resilience suggests that a modified in-house suspension program can enable students to remain resilient through difficult times. This type of program should incorporate three protective factors that enhance resilience in students:

- A relationship with an adult who thinks they are worthwhile.
- A sensitivity to their feelings.

***In-school Suspension, continued***

- A sense of power and control in their lives.

Instead of serving as a gatekeeper or sergeant at arms, the adult(s) in charge should assume the role of a supportive resource. The intent is for the adult(s) to take an interest in the students; express the belief that they are worthwhile; encourage them; and treat them with empathy and respect, while remaining firm.

The supportive resource has two main functions: immediate intervention and long-term prevention.

- ***Immediate Intervention*** – Since students typically are raging mad when they are first sent to the in-school suspension program, arguing with them and lecturing to them is pointless. The supportive adults should responsively and non-judgmentally listen to these students to convey the message that they matter. This does not mean that agreement is required, rather it means that their right to have those feelings is respected, and they are valued enough to be heard.

Once the listening process defuses the anger, problem solving with students can help them feel powerful and in control of their lives. The intent is to place responsibility for the problem(s), as well as the solutions, in students' hands, and to create hope and optimism in students who are typically discouraged.

First, guide students to identify the problem that caused the in-school suspension. Second, brainstorm alternatives with students. Third, guide students to choose the best solutions. If the solutions do not work, students should feel safe to go back to their supportive resources to figure out better ones.

- ***Long-Term Prevention*** – The task here is to solidify a long-term relationship between students and their supportive resources, which continues beyond the in-school suspension time. After leaving the in-school suspension program, the supportive resources periodically touches base with them, checking to see how they are doing, encouraging them and redirecting them; always expressing confidence in them and the belief that they are worthwhile, even if they make mistakes.

**Alternative  
Education**

Most learning, behavior and health problems can be addressed within the context of the school's general education program or in cooperation with community resources. Some students, however, who are not succeeding in their present school settings may perform best in nontraditional educational environments or by participating in learning opportunities that are more suitable to their special needs, interests and aspirations than those offered in conventional school settings.

Alternative education programs offer a viable and suitable educational option for students who are not experiencing success in their present settings and who require increasing amounts of professional time and attention from school staff. Since these students may exhibit patterns of behavior that interfere with the educational process and often occur in conjunction with poor academic performance, a school district may find it necessary to establish an alternative education program to achieve both school-related objectives and to facilitate student success.

Optimally, alternative education programs target students who either are not engaged in school, who have lost their commitment to school or who have not succeeded in school. These programs work toward changing students' self-defeating attitudes and behavior and building student success. Alternative school programs offer most school districts a credible option for addressing the needs of students with a history of negative school experiences and patterns of chronic behavior that have been disruptive to their own education, as well as to that of their classmates.

Alternative education programs, as defined by the New Jersey Department of Education, offer non-traditional, yet effective learning environments that provide flexible educational objectives closely related to the learning styles and the individual needs of students, while addressing the Core Curriculum Content Standards.

Alternative education programs are designed as small units, with carefully selected staff who provide intense, comprehensive and individualized services to students and their families. Alternative education programs provide a caring and supportive long-term environment where rules and regulations are clearly defined and fairly and consistently enforced. These programs may incorporate site-based management approaches, cooperative learning strategies and shared decision-making within the program structure.

**Alternative Education, continued**

Alternative education programs are *not* designed to be punitive in nature nor are they short-term suspension programs for students with behavioral problems. Alternative school programs should *not* be used as a place for students and/or teachers who are perceived to be uncooperative. In some districts, alternative school programs may be the only appropriate and suitable option available for meeting the needs of particular students. With this in mind, districts must work cooperatively with students, teachers and parents to prevent alienation from the alternative school program. This means that students are continuously encouraged to become actively involved in the educational process and allowed to choose their participation in the alternative education program.

Alternative education programs that provide comprehensive services to students who have specific needs and an identifiable set of problems should work toward achieving the following objectives:

- Assist students to achieve the Core Curriculum Content Standards and satisfy both local and state high school graduation requirements;
- Provide special support and assistance to help identified students develop more responsible patterns of behavior;
- Improve the school climate by maintaining an educational environment conducive to teaching and learning; and
- Increase student understanding of and adherence to fundamental codes of conduct and compliance with the school's disciplinary policies and procedures in order to achieve a school climate that is conducive to learning and to the safety and well-being of all students.

**Alternative Education, continued****CHARACTERISTICS  
OF ALTERNATIVE EDUCATION PROGRAMS**

Alternative education programs represent an organizational configuration with the following distinctive characteristics:

- **Separate Site** – A separate wing or building.
- **Specified Population** – Students with specific needs and an identified set of characteristics or problems.
- **Site-based Program Coordinator** – A certified professional assigned at the facility with responsibility for program supervision and coordination. If the responsibility includes supervision of staff, the individual must hold a supervisor's certificate.
- **Small Program Size** – Enables the program to maintain its unique features, while providing a low student-teacher ratio that affords teachers the opportunity to establish personal relationships with students and offer individual attention to students' learning and behavioral needs. The ideal number of students in an alternate program should *not exceed sixty*. A limited student population provides for an optimum program design for achieving alternative education goals.
- **Comprehensive Support Services** – Health, substance awareness and counseling services specifically tailored to facilitate student adjustment and educational success, as well as other social services, including case work and referral services, which link the students and their families to available community resources. Additionally, students will have access to pupil support and other school-related services. In Abbott school districts, the Coordinator of Health and Social Services, as well as the Dropout Prevention Counselor should support implementation and achievement of the goals of alternative school programs.

**Alternative Education Program Requirements**

The regulations found at N.J.A.C. 6A:16-8, Alternative Education Programs (described below), set forth the requirements for the operation of alternative education programs in New Jersey schools. The regulations provide guidance in the following areas: program approval, application process and approval criteria and mandatory student placements.

**N.J.A.C. 6A:16-8.1 Program approval**

(a) Each district board of education intending to operate an alternative education program shall first submit an application and obtain approval from the Commissioner of Education.

(b) Each district board of education of an Abbott district, as defined in N.J.A.C. 6A:24-1.2, N.J.A.C. 6A:24-1.4(j) and N.J.A.C. 6A:24-6.1(a)3, shall implement plans providing for the establishment of an alternative middle school and high school.

**Alternative Education, continued****Alternative Education Program Requirements, continued****N.J.A.C. 6A:16-8.2 Application process and approval criteria**

(a) Each district board of education intending to operate a high school alternative education program shall submit an application to the county office of education and receive approval to operate based on documentation that the following criteria will be met:

1. A maximum student–teacher ratio of 12:1;
2. An Individualized Program Plan for each student enrolled in the program;
3. Individualized instruction to students that address the Core Curriculum Content Standards;
4. Comprehensive support services and programs which address each student’s health, social development and behavior;
5. Work-based learning experiences that are made available for all students;
6. Instruction by staff who are appropriately certified;
7. Compliance with attendance policies in N.J.A.C. 6:8-7.1(d)2;
8. Program services to students at least four hours per day and a minimum of 180 days per year; and
9. Credits based on the program completion option pursuant to N.J.A.C. 6A:8-5.1(a)1ii.

(b) Each district board of education intending to operate a middle school alternative education program shall submit an application to the county office of education and receive approval to operate based on documentation that the following criteria will be met:

1. A maximum student–teacher ratio of 10:1;
2. An Individualized Program Plan for each student enrolled in the program;
3. Individualized instruction to students that address the Core Curriculum Content Standards;
4. Comprehensive support services and programs which address each student’s health, social development and behavior;

**Alternative Education, continued****Alternative Education Program Requirements, continued**

5. Case management services, including, but not limited to monitoring and evaluating student progress and coordinating services;
6. Instruction by staff who are appropriately certified;
7. Compliance with attendance policies in N.J.A.C. 6:8-5.1(a)2;
8. Program services to students at least four hours per day and a minimum of 180 days per year; and
9. Transition services returning the student to the general education program.

**N.J.A.C. 6A:16-8.3 Mandatory student placements**

(a) The district shall provide placement for a student in an alternative education program in the following instances:

1. A student removed from general education for a firearms offense, pursuant to N.J.A.C. 6A:16-5.5; and
2. A student removed from general education for an assault with weapons offense, pursuant to N.J.A.C. 6A:16-5.6.

(b) If placement in an alternative education program is not available, the student shall be provided instruction at home or in another suitable facility until placement is available, pursuant to N.J.A.C. 6A:16-9.

**Additional Program Components**

While not required, districts interested in implementing and receiving approval for an alternative education program should also consider the following components:

1. The program's attendance policy, per N.J.A.C. 6:8-7.1(d)2, should be consistent with the program philosophy;
2. Faculty should monitor student attendance; identify students who may have difficulty complying with the goals in their Individualized Program Plans (IPP); and provide supports necessary to ensure compliance with their IPPs;
3. Ensure that academic instruction is designed to prepare students to acquire the skills evaluated in standard statewide assessments;
4. Incorporate the following elements in the Comprehensive Support Services: individual and/or group counseling, case management and referral services, health services, substance awareness support, linkages to school and community resources and other student support services, as appropriate; and
5. A personal development component that addresses each student's social development and behavior (e.g., conflict resolution, peer mediation, character education, service learning);

**Alternative Education, continued**

The New Jersey Department of Education's publication titled A Guide and Application for the Operation and Approval of Alternative School Programs sets forth the requirements for operating alternative education programs in high school settings and establishes a process for program approval by the county superintendents of schools. Two standard forms which are included in the publication mentioned above and described below are provided to facilitate the approval process and to assure that the educational planning process complies with the program completion requirements as set forth in N.J.A.C. 6:8-7.1.

- **Form A** – This form is to be completed by the school district seeking approval of an alternative education program. The review and approval of the program application will be conducted by the office of the county superintendent of schools.
- **Form B: Alternative Program Individualized Program Plan** – This form is to be used for each student placed in an alternative education program, whether or not the program completion option is to be used as the basis for awarding high school credit.

I&RS teams should be familiar with available alternative education programs, the characteristics of successful programs and the application, planning and approval procedures for the adoption of an alternative education program should the team decide to recommend one based on a review of the educational needs of its cases.

**Special Needs  
Students**

N.J.A.C. 6A:16-7.1(a)2 permits schools to provide I&RS services for students with learning disabilities, as long as the services do not alter the student's individualized education program (I.E.P.). The services provided for students with learning disabilities should be coordinated with the student's I.E.P team, *as appropriate*.

The boundaries are collapsing between regular and special education, and the landscape is rapidly changing for how schools configure their resources and deliver services to general and special education students. The I&RS team can play a pivotal role in supporting regular education teachers who have new demands placed upon them as students with learning disabilities are included in the general education classroom, as well as in brokering the cross-fertilization of skills among general and special education staff.

***Special Needs Students, continued***

The I&RS team can be particularly helpful in providing supportive assistance to instructional staff who are waiting for the final dispositions of child study team evaluations or 504 cases.

Highlighted below are two types of circumstances in which the I&RS team can be called upon to assist with situations involving special needs students: 1) *Inclusion* of students with disabilities in general education classrooms; and 2) Cases under *Section 504* of the Rehabilitation Act of 1973.

***Including Students with Disabilities  
in General Education Classrooms***

The Individuals with Disabilities Education Act (IDEA) requires that a continuum of placement options be available to meet the needs of students with disabilities. The law also requires that:

*“to the maximum extent appropriate, children with disabilities...are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with disabilities from the regular environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids can not be attained satisfactorily.”*

[IDEA Section 612(5) (B)].

As a result, there is a strong presumption under IDEA that students with disabilities should be educated in regular classrooms, with appropriate aids and services. Therefore, the I&RS team should be well-versed in the dynamics and issues involved when students are included in general education classes, as well as strategies for helping classroom teachers and school buildings make inclusion work.

A substantial body of research has contributed to our knowledge about the successful inclusion of students with disabilities in general education classes. Listed below is a summary of activities and support systems, developed by the Council for Exceptional Children, which are commonly found where successful inclusion has occurred. This information can help guide or provide insight into the I&RS team’s assessment of requests for assistance that involve special needs students who have been included in general education classrooms.

***Special Needs Students, continued***

***Attitudes and Beliefs***

- The general education teacher believes that the student can succeed.
- School staff are committed to accepting responsibility for the learning outcomes of students with disabilities.
- School staff and the students in the class have been prepared to receive a student with disabilities.
- Parents are informed and support program goals.
- Special education staff are committed to collaborative practices in general education classrooms.

***Services and Physical Accommodations***

- Services needed by the student are available (e.g., health, physical, occupational, speech therapy).
- Accommodations to the physical plant and equipment are adequate to meet the student's needs (e.g., toys, building and playground facilities, learning materials, assistive devices).

***School Support***

- The principal understands the needs of students with disabilities.
- Adequate numbers of staff, including aides and support personnel, are available.
- Adequate staff development and technical assistance, based on the needs of school staff, are provided (e.g., information on disabilities, instructional methods, awareness and acceptance activities for students, team-building skills).
- Appropriate policies and procedures are in place for monitoring individual student progress, including grading and testing.

**Special Needs Students, continued****Collaboration**

- Special educators are part of the instructional or planning team.
- Teaming approaches are used for problem solving and program implementation.
- General education teachers, special education teachers and other specialists collaborate (e.g., co-teaching, team teaching, I&RS teams).
- Teachers foster a cooperative learning environment and promote socialization.

**Section 504 of the Rehabilitation Act of 1973**

Section 504 of the Rehabilitation Act of 1973 (34 CFR Part 104, Subparts A, C and D) prohibits discrimination against persons with disabilities in all programs and activities conducted by recipients of federal financial assistance. Section 504 states that school districts:

*“shall provide a free appropriate public education to each qualified handicapped person...regardless of the nature or severity of the person’s handicap... the provision of an appropriate education is the provision of regular or special education and related aids and services...that are designed to meet individual educational needs of handicapped persons...”*

(34 CFR Subpart D 104.33)

A person with a disability under Section 504 is anyone who (i) has a physical or mental impairment which substantially limits one or more major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment. This definition differs from the one found in the Individuals with Disabilities Education Act (IDEA) which defines specific disabling conditions.

Pursuant to these definitions, some individuals who are not qualified for special education under IDEA may be qualified for special services under Section 504. Additionally, students who are eligible under IDEA are also protected from discrimination under Section 504.

***Special Needs Students, continued***

Regarding placement procedures, Section 504 sets forth, in part, that school districts must:

*“ensure that the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of evaluation data, and the placement options...”*

[34 CFR 104, Subpart D 104.35 (c)(3)]

Pursuant to this regulation, the I&RS team may be used to process cases under Section 504 for the following reasons:

- The I&RS team is a global problem-solving mechanism in the general education program;
- The composition of the I&RS team is representative of the school community and includes all other school and community-based resources, as appropriate, to assist in assessing and addressing student problems;
- The I&RS team can be expanded, per the circumstances of each case, to include staff or others who are familiar with identified students and staff and community-based resources who have expertise related to the case;
- The I&RS team collects and analyzes comprehensive information on identified problems; and
- The I&RS team uses a collaborative problem-solving process to develop specific action plans for addressing identified problems.

**Professional Development, Coaching and Collegiality**

Pursuant to N.J.A.C. 6A:16-7.2(a)4, school districts are responsible for providing “support, guidance, and professional development to *school staff who identify learning, behavior, and health difficulties.*” (Italics added). In addition, N.J.A.C. 6A:16-7.2(a)5 requires school districts to provide “support, guidance, and professional development to *school staff who participate in each building’s system for planning and providing intervention and referral services.*” (Italics added.) Whether the I&RS team incorporates into its I&RS action plans some of the strategies described in this manual or other approaches, it is expected that in many instances staff responsible for implementing the plans will need to develop their knowledge and skills to successfully carry out their portions of the plan.

The team should maintain files of information from professional development activities that are readily accessible during team problem-solving meetings. Discussions should ensue following professional development activities to consider ways to ensure that the new skills or information will be applied in appropriate cases.

Teams are encouraged to seek traditional, as well as innovative methods for the professional development of staff. The team should ensure that new information obtained by team members are shared with all other members. Described below are examples of professional development methods that I&RS teams should actively pursue:

<b><i>School visitations</i></b>	<b><i>Bibliographies</i></b>
<b><i>Phone consultations with “experts” or local, state and national officials</i></b>	<b><i>Higher education courses</i></b>
<b><i>Internet queries</i></b>	<b><i>Seminars</i></b>
<b><i>Literature searches</i></b>	<b><i>Workshops</i></b>
<b><i>Hiring consultants to determine staff strengths, areas for improvement and action recommendations</i></b>	<b><i>Conferences</i></b>
<b><i>Consulting with professional associations or services</i></b>	<b><i>In-services</i></b>

**Professional Development, Coaching and Collegiality, continued**

Special consideration should be given to how new information will be imparted to staff who request the assistance of the team. The team should be prepared to help staff members make appropriate applications of the information to their unique situations. The team should also play a key role in identifying the training needs of staff for implementing I&RS action plans and ensuring the provision of appropriate professional development for them.

In providing or arranging for the provision of professional development, the team should keep in mind the following findings of research on training techniques as reported by B. R. Joyce and J. Showers in Power in Staff Development Through Research on Training:

**EFFECTIVENESS OF TRAINING TECHNIQUES**

<b>TRAINING STEP</b>	<b>ACQUISITION OF SKILL KNOWLEDGE</b>	<b>ACQUISITION OF SKILL</b>	<b>APPLICATION OF SKILL-TRANSFER</b>
<b>THEORY</b>	<i>Middle to High</i>	<i>Low (5%)</i>	----
<b>DEMONSTRATION</b>	<i>High</i>	<i>Low (3-5%)</i>	----
<b>PRACTICE AND FEEDBACK</b>	<i>High</i>	<i>High (80%)</i>	<i>Low (5-10%)</i>
<b>COACHING</b>	<i>High</i>	<i>High (95%)</i>	<i>High (80%)</i>

***Professional Development, Coaching and Collegiality, continued***

The research literature strongly suggests that passive forms of adult education (i.e., theory, demonstration) may be necessary but not sufficient for the acquisition and application of skills, which should be the intent of I&RS action plans. The research also indicates that the use of experiential professional training techniques (i.e., practice, feedback) may produce the *acquisition* of new skills, but is not sufficient for skill application. Skills acquired through training initiatives tend not to be *applied* to “back-home” situations without *coaching* and support in the settings in which the skills are to be used.

Coaching is defined as two or more people who regularly observe another’s work and provide helpful feedback to assist in the mutual implementation of agreed upon skills. The foundations of coaching include:

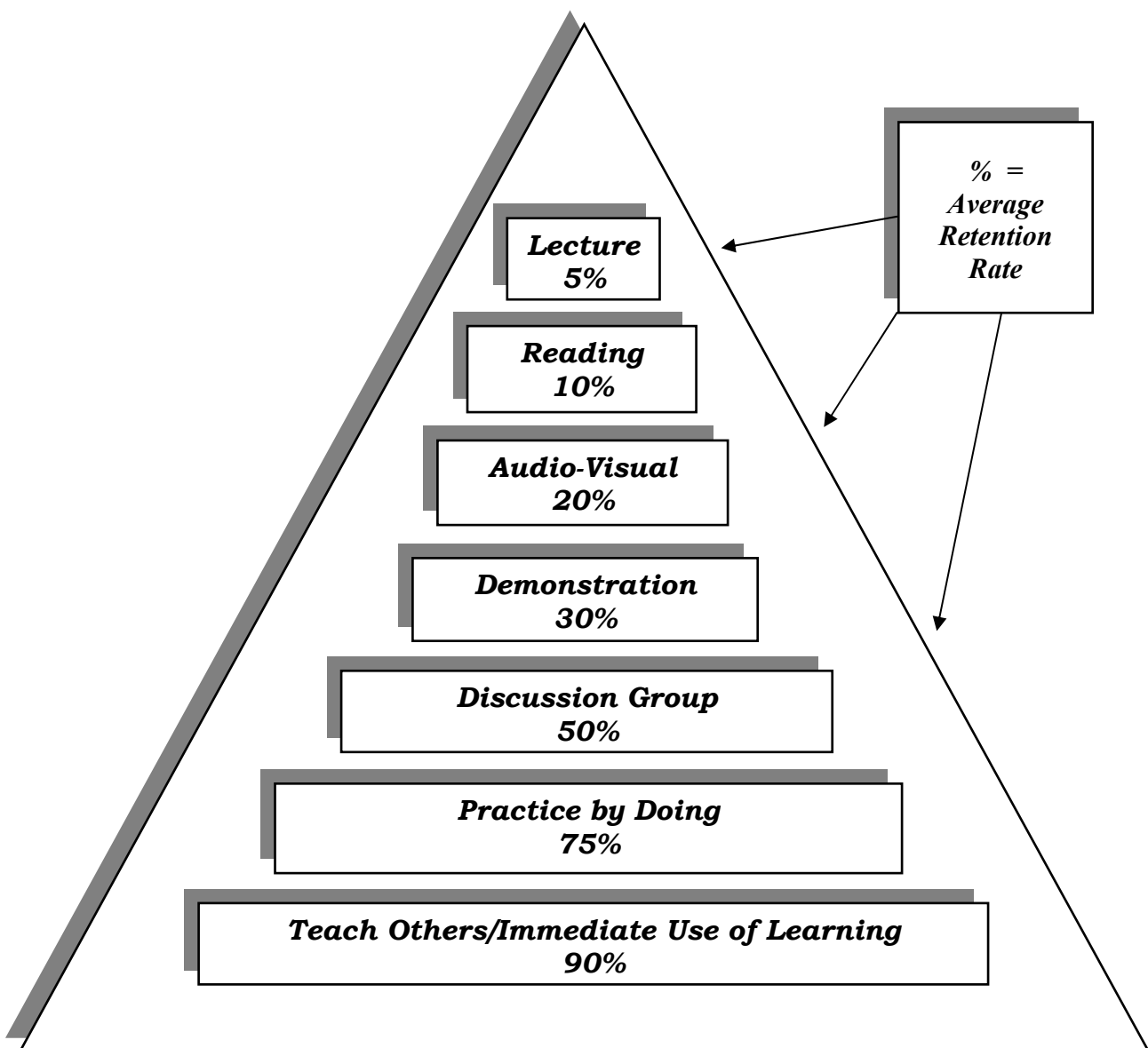
- *Companionship and interchange;*
- *Technical feedback and practice;*
- *Analysis of application; and*
- *Adaptation to different settings (transfer).*

The collegial and collaborative problem-solving and supportive processes of the I&RS team, including the functions of the case coordinator, provide an ideal context in which coaching can be applied to increase the chances of effective skill application and the success of I&RS action plans.

***Professional Development, Coaching and Collegiality, continued***

***Learning Pyramid***

I&RS teams should design professional development programs in a manner that will yield the highest retention of information and foster broad utilization of program learnings. The National Training Laboratory produced the following Learning Pyramid to illustrate the average retention rate associated with different teaching and learning strategies.



***Professional Development, Coaching and Collegiality, continued***

***Experiential Learning***

The use of various experiential learning techniques is fundamental for adult education. Experiential learning focuses on the direct learning experiences of the participant or learner, as opposed to the vicarious experiences garnered through didactic approaches.

The experiential model is an inductive rather than a deductive process: the learning, or meaning, to be derived from any experience comes from the learner himself. The participant's discovery may be facilitated by a leader, but in the end, the participant finds and validates his own experience.

The mere use of an experiential strategy, however, is not sufficient to achieve established instructional objectives. Experiential learning activities are more likely to "fail" when there is no purposeful model of facilitation used to accomplish learning objectives; when the application of the facilitation model is truncated or abbreviated; or when the model is inadequately or improperly implemented.

There are steps to be followed by group facilitators when processing member's participation in a structured experience. Each step is an essential part of the entire learning sequence; each needs sufficient attention to realize its full impact.

***Model for Facilitating Structured Experiences***

A model for processing experiential learning activities has been explained by J. William Pfeiffer in *A Handbook of Structured Experiences for Human Relations Training: Volume X*. The five revolving steps of the model (i.e., experience, publish, process, generalize, apply) are described below:

<b><i>Experience</i></b>  <i>The "Activity" Phase</i>	<b><i>The process usually starts with a structured learning experience. The participant becomes involved in an activity; he behaves in some way, or he does, performs, observes, sees or says something. This initial experience is the basis for the entire experiential learning process.</i></b>
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**Model for Facilitating Structured Experiences, continued**

<b>Publish</b>  <i>Share Reactions &amp; Observations</i>	<b><i>Following the experience itself, it becomes important for participants to share or “publish” their reactions and observations with others who have either experienced or observed the same activity.</i></b>
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<b>Process</b>  <i>Discuss Patterns &amp; Dynamics</i>	<b><i>An essential, and often neglected, part of the cycle is the necessary integration of the sharing that occurs in the publishing phase. The dynamics that emerged in the activity are explored, discussed and evaluated (i.e., processed) with other participants.</i></b>
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<b>Generalize</b>  <i>Develop Principles</i>	<b><i>Flowing logically from the processing step is the development of principles or the extraction of generalizations from the experience. Stating learnings in this way can help participants further define, clarify and elaborate on them, and help learners develop a conceptual framework for use in the next step.</i></b>
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<b>Apply</b>  <i>Plan How to Use the Learning</i>	<b><i>The final step in the cycle is to plan applications of the principles derived from the experience. The experiential process is not complete until a new learning or discovery is used and tested behaviorally or applied to a planning or problem-solving model. Application, of course, becomes an experience in itself, and with new experience, the cycle begins again.</i></b>
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## **COORDINATION OF HOME, COMMUNITY AND SCHOOL RESOURCES**

### **WORKING WITH PARENTS**

It is understood that parents play a pivotal role in students' readiness for school, their attitudes regarding learning and academic achievement and their continued school performance. The active involvement of parents is particularly important when students and school staff experience challenges in the areas of academics, behavior and health.

Pursuant to N.J.A.C. 6A:16-7.2(a)6, schools are required to "Actively involve parents or guardians in the development and implementation of intervention and referral services action plans." The nature of parent involvement and the means used to communicate with them may vary from case to case and school to school; but parents typically must be included in the I&RS team's efforts to improve their child's school-related performance.

The regulations and sound educational practice call for schools to make sincere attempts at including parents in the process in a *meaningful* way. If parents choose not to participate or elect to question the I&RS team, the team must proceed to help the requesting staff member and continue with the development and implementation of remedial plans for the identified academic, behavior or health concerns.

As important as it is to actively involve parents in the educational growth and development of their children, it is essential for I&RS team members to remember that their **"clients" are always the requesting staff member(s) and the student in question.** School staff have a responsibility to act on behalf of the child under the doctrine of "en loco parentis." Schools not only have the right to act, but are obligated to act as long as they maintain their focus on academic, school behavior and school health issues, which are within the purview of the public education system.

There are no regulations in place that prevent schools from acting in students interests, nor is there any research literature that claims the existence of educational benefits when schools do not intervene with students' academic, behavior and health concerns. On the contrary, federal and state statutes, regulations and case law assign more liability to schools when they *do not act* in the best interests of students.

**Working with Parents, continued**

Court rulings have consistently reinforced that school staff are liable for acts of *omission*, rather than for acts of commission. In other words, schools are supported when they act in the best interests of students, and within the boundaries of their authority (i.e., concerns for academics, school behavior and school health).

It is common practice for school staff to consult with students' parents, their neighboring teachers or other school resources to problem solve and strategize educational dilemmas. The I&RS team, in essence, formalizes the networking that often takes place among colleagues. The I&RS team increases the chances of the effectiveness and efficiency of responses to difficult situations by systematically bringing together all relevant resources to focus on resolutions to problems. Most parents cooperate once they understand that the I&RS team exists to provide *support* to their children, as well as to them, rather than to punish, classify or separate their children, and that the team identifies and builds upon students' strengths in order to resolve school-related concerns.

**Purposes of  
Parent/Guardian  
Contacts**

The purposes of parent contacts are as follows:

- ❑ To provide support to parents and develop a personal relationship with them.
- ❑ To share and obtain specific, descriptive, observable and factual academic, behavior or health information that could be helpful in the development of I&RS action plans.
- ❑ To provide specific and meaningful opportunities for participation in the I&RS process.

**Who Should Make  
the Parent Contact?**

The parent contact is best made by someone on staff who will have the greatest chance of achieving the objectives described above. *A school staff member who is not a regular or core team member, including the staff member requesting assistance, can make the contact.* If a non-team member makes the contact, or performs any other service in support of a case on behalf of the I&RS team, however, the staff member becomes an ad hoc member of the team for the case and is bound by all applicable confidentiality standards and regulations.

### **Categories of Parent Responses**

Described below are four typical categories of reactions from parents in response to I&RS team contacts about their children and suggested forms of responses for each. In all cases, it is suggested that the caller not begin the conversation by focusing on the identified problems. Rather, the caller should be clear that the contact is strictly about their child's success and focuses only on documented, specific, descriptive and observable academic, behavior and health concerns of their child.

When making parent contacts, be sure to record only the following: 1) *The name(s) of all person(s) involved in the discussion;* 2) *The time and date of the contact;* and 3) *A concise description of the outcome (e.g., parent agreed to attend school meeting on (date) and (time); parent expressed concern and willingness to cooperate through phone contacts, but is unavailable for a school meeting; parent declined to participate in school meeting; unable to reach parent by phone.)* In all cases, care should be given to accommodate parents' concerns and schedule. The intent is to provide as much help and support as possible to the student and family.

<b>Category of Parent Reaction</b>	<b>Suggested Response</b>
<i>Parent is concerned and cooperative.</i>	Thank the parent for the concern and cooperation. Schedule a meeting at school or at home that is <i>convenient for the parent(s)</i> . Document names, date and time of call and outcome. Continue to work with student and requesting staff member(s).
<i>Parent is concerned, but unavailable.</i>	Thank the parent for the concern and cooperation. Interview the parent over the phone. Document names, date and time of call and outcome. Continue to work with student and requesting staff member(s).
<i>Parent is unconcerned and not available.</i>	Thank the parent for his/her time. Document names, date and time of call and outcome. Leave the door open for future contact. Continue to work with student and requesting staff member(s).
<i>Parent is angry and resistant.</i>	Thank the parent for his/her time. Document names, date and time of call and outcome. Leave the door open for future contact. Refer the parent to school administrators if the parent mentions legal action or involvement. Continue to work with student and requesting staff member, unless instructed otherwise by school administrators.
<i>Parent cannot be reached.</i>	Document all attempts at making contact. Send a certified letter that explains that there are concerns and invites the parent to contact the school to discuss them. Continue to work with student and requesting staff member.

**Parent Meetings/Interviews**

It is preferred that the team arrange face-to-face meetings with parents, either in school or at home, to establish a partnership with the I&RS team in support of their children. The team should consider the following factors when scheduling a visit with parents:

- **Parent Comfort** – Meeting with school staff can be an intimidating and unsettling experience for parents. When the meeting is at school, the simple act of coming to school can be frightening to some parents. School staff have a well-articulated and comprehensive picture of their concerns, supported by a wealth of documentation. Parents, on the other hand, frequently do not even know or fully understand what the concerns are that prompted the meeting.

Teams can create a supportive environment for parents and increase the quality of their cooperation, in part, by attending to the following suggestions:

- *Value Parents* - Make parents feel welcome by clearly communicating the value and importance you place on their participation in the I&RS process and your appreciation for them taking the time to meet with you.
- *Empathize with Denial* - Understand that denial and resistance, even from the most educated and caring parents, is natural. It is the parent's job to protect their children. Do not be surprised when they react with disbelief and suspicion, rather, accept it as normal, listen to it, empathize with it and stay with the *facts*.
- *Accommodate Parents* - Whenever possible, accommodate parent's schedules. It can be counterproductive to maintain the importance of parent cooperation, while providing no flexibility in working with them.
- *Welcome Input* - Invite and remain open to information from parents about the situation, including possible remedial strategies. Do not administer written surveys or questionnaires. Obtain important information through interview/conversation.
- *Emphasize Positives* - Balance discussion of student strengths with the documented concerns. Emphasize that the intent of the I&RS team is to build upon student strengths and help the student grow and achieve to the young person's potential, and to help the adults in the student's life support this objective.

**Parent Meetings/Interviews, continued**

- *Give Parents Strategies* - Provide parents with specific recommendations for supporting the objectives of the I&RS team.
  - *Stay Optimistic* - Stay positive and hopeful about the situation.
  - *Keep it Simple* - Minimize the volume of paperwork, forms and information that parents are exposed to, unless a large quantity of objective information is considered to be a critically important strategy for counteracting parent denial or when parents ask to be completely informed.
  - *Eliminate Jargon* – Use laymen’s language. Where it is necessary to apply technical terms or concepts, be sure to provide clear explanations. The goal is not to impress them with your knowledge and credentials, but to facilitate communication, understanding and cooperation.
  - *Maintain Contact* - Inform parents that you will follow-up with them once the team has established the I&RS action plan, and that you will maintain contact with them. Emphasize to parents that they are partners in the process.
- **Staffing** – Meetings with parents should not be conducted with the entire team present. The meeting typically should be conducted by two staff members, unless there is a strong rationale for the inclusion of larger numbers of staff:
- a) *The person who made the original phone contact with the parent(s), and*
  - b) *A second supportive staff member.*

It is important to have, at a minimum, two staff members present for the following reasons:

- a) *A partner can provide support, direction, input, clarification, perspective, comfort, an alternate style or a helpful comment or strategy, as necessary; and*
- b) *A partner can verify specifics of the conversation in the event that statements made by parents are later denied, challenged or altered.*

## **General Tips for Forming Alliances with Parents**

- Actively listen to the content and feeling of parents' statements.
- Paraphrase the content of parents' statements..."So, the way you see it is..."
- Acknowledge negative feelings... "It seems like this situation really makes you feel (e.g., angry, afraid, overwhelmed, insecure)."
- Listen to, do not argue with, rationalizations.
- Give hope..."We know it looks difficult right now, but we also know things can get better."

### **Turn Negatives into Positives**

Parents may have a variety of emotional responses to the outreach efforts of staff from their children's schools. Some of the reactions from parents can include anger, feeling overwhelmed and apathy. Described below are some ideas for turning three negative reactions into positives:

#### **APATHY**

##### *Negative Parent Comment*

"I just don't care anymore. He's been violent and totally out-of-control! From now on he can just figure things out and make them happen by himself. I'm done trying."

##### *Positive School Response*

"You sound exhausted. I know that when people are frustrated and tired of a situation, it is hard to care or act. Maybe we can work on it together. Will you work with me one step at a time?"

#### **OVERWHELMED**

##### *Negative Parent Comment*

"I can't handle all of this; it's just too much! I can't seem to get it together with my job, my four kids, my divorce and my ailing mother. I haven't felt well for a long time myself."

##### *Positive School Response*

"It's hard to manage all of that or even know where to begin. Let's focus on \_\_\_\_\_ first, OK?"

**Turn Negatives into Positives, continued**

**ANGER**

*Negative Parent Comment*

*Angry with school:* “You people are blowing this way out of proportion, and making a big deal out of nothing! You’re always blaming other people for your own incompetence and putting your nose where it does not belong. Just who do you think you are, anyway?”

*Angry with young person:* “Just wait until I get my hands on her! I am sick and tired of her yanking everybody’s chain. She’s gonna’ wish this never happened when I’m done with her. If she thought I was mad before, she ain’t seen nothin’ yet.”

*Positive School Response*

(After actively listening) “It seems like you’re really frustrated and angry, and I am glad you told me. It shows you care very much about what happens to your daughter. I think things can get better for both of you if we work together.”

In all cases, the school should act on behalf of the student’s interests. Be prepared to tell parents the action you intend to take, either with or without their input or involvement. Be professional, honest and clear about what you must do; maintain parents’ dignity; and leave the door open for their involvement at any time.

**Techniques for  
Resistant Parents**

There are instances where parents may resist or challenge the efforts of the I&RS team. Some suggestions to prepare for and address these circumstances are provided below:

- ❑ **Develop and rehearse a core message:**
  - Explain your concern for the child.
  - Present specific, observable and factual information.
  - Offer helpful options that can be accepted with dignity.
  - Restate your caring and your concern.

***Techniques for Resistant Parents, continued***

- ***Respond to arguments, objections and negatives:***
  - Do not challenge beliefs.
  - Convert negative responses to questions or issues to be discussed, rather than issues to be debated or argued.
  - Bridge back to your core message.
  - When confused, share feelings and speak to the concerns.

## **WORKING WITH COMMUNITY RESOURCES**

All institutions of society have necessary parts to play in addressing the underlying social causes of high-risk behavior. This responsibility, however:

- 1) *is not borne exclusively or primarily by schools; and*
- 2) *is not within the capabilities of the education system alone to address.*

The primary mission of schools is to provide quality instruction in safe learning environments. It is not the job of schools to provide a panacea for all of society's problems. Community institutions and organizations other than schools have responsibilities to fulfill in the remediation of students who have pathological problems or those that have become severely and chronically disruptive to the educational process. Schools, however, can serve as points of contact and facilitate the transition between students and the many institutions and agencies designed to serve them. Schools can also function as advocates for services on behalf of the interests of students and parents.

Pursuant to N.J.A.C. 6A:16-7.2(a)3, schools are required to:

*“Develop and implement action plans which provide for appropriate school or **community** interventions or referrals to school and **community** resources...”*  
(Italics and bold added.)

In addition, under N.J.A.C. 6A:16-7.2(a)8, schools are obligated to:

*“Coordinate the services of **community-based** social and health provider agencies and **other community resources** for achieving the outcomes identified in the intervention and referral services action plans.”* (Italics and bold added.)

### **Supportive Organizations/ Resources**

The vast number and variety of community-based agencies and the pervasive and rapid changes to health care delivery systems prohibit a listing of available community resources. Described below, however, are some government and related resources that can help I&RS teams:

- ❑ Identify appropriate resources (e.g., agencies, funding) for addressing the specific needs of individual cases, either within or outside of the school's area; and
- ❑ Utilize existing service delivery systems.

**Supportive Organizations/Resources, continued**

Whether the specific resources described below or others are involved in I&RS team cases, schools should establish *written letters of agreement* with provider agencies and other supportive community resources to formalize their work relationships and provide protocols for helping students, particularly in the event of emergencies. Suggestions for issues to be addressed in the letters of agreement are provided in the section of this manual titled “Structure and Functions of Building-based I&RS Teams,” under the program planning element, “Community Linkages and Agreements.”

**MENTAL HEALTH SERVICES**

Mental health services in New Jersey are provided through a variety of hospitals, agencies and independent practitioners, in group and solo practices. These entities accept private insurance and public funding for payment.

Listings for emergency mental health resources can be found on the first page of each county’s telephone book. Other county mental health resources can be found in the Action Index in the telephone book for each county under the following headings: “Adolescent and Child Counseling,” “Mental Health Services” and “Psychiatric Services.” Schools can also refer to the blue pages of their local phone books for information on supportive government resources.

The New Jersey Department of Human Services (NJDHS), Division of Mental Health Services (DMHS) is responsible for the delivery of public mental health services. DMHS prioritizes the delivery of services to young people with serious emotional disturbances. DMHS, together with the Division of Youth and Family Services, NJDHS, provides a system of care that includes psychiatric inpatient settings, (e.g., state psychiatric hospitals), residential and community-based treatment, as well as rehabilitative and social support services. School staff may contact DMHS directly at (800) 382-6717 to obtain information regarding appropriate regional staff who can provide assistance to their district.

Schools may also consult with professional associations, such as the New Jersey Association of Mental Health Agencies, Inc. (NJAMHA). NJAMHA can supply each school with information on the member

***Supportive Organizations/Resources, continued***

community mental health service providers in the school's area. This information may be obtained by contacting the Office Manager for NJAMHA at (732) 528-0900.

NJDHS can provide direct assistance to I&RS teams in either the provision or coordination of mental health services. Direct assistance to I&RS teams is available through NJDHS' Youth Incentive Program (YIP). YIP is a statewide program of individualized service planning and cross-service development. NJDHS has established the following resources at the county level in support of YIP:

***Case Assessment Resource Team (CART)***

CARTs typically bring together representatives from agencies that provide direct services to young persons and families to coordinate service planning. Funds from a variety of sources, usually within NJDHS, are used to provide services that focus on the needs of the child and the family, often in non-traditional ways. Depending on the county's capacity to serve priority populations (i.e., youth in psychiatric hospitals, youth placed by NJDHS in residential treatment, youth at-risk for placement in residential treatment centers), the CART may also serve youth outside of the priority groups, who are at risk for therapeutic out-of-home placement.

Most important to the I&RS team, CARTs will include schools in the design and implementation of service plans for individual young persons and their families, whether or not the school is a standing member of the CART. Therefore, it is important for the I&RS team to establish a work relationship with their respective CART coordinator to benefit from this county-based coordinating and problem-solving mechanism.

***County Interagency Coordinating Council (CIACC)***

CIACCs operate in each county under protocols established by NJDHS. The CIACCs monitor the operations of the respective CARTs. They also identify priorities for service development, as well as service gaps and barriers, and report these to state and county government agencies.

CIACCs strive to represent all systems that serve children and youth. I&RS team or other school representatives may choose to participate in the county-level systems planning and development undertaken by the CIACCs to attend to the interests and needs of I&RS programs.

***Supportive Organizations/Resources, continued***

***DRUG/ALCOHOL SERVICES***

New Jersey has a comprehensive system of drug/alcohol service providers. To identify available substance abuse prevention and treatment resources, schools should either contact the Division of Addiction Services (DAS), New Jersey Department of Health and Senior Services, at (609) 292-4414, or the local chapter of the National Council on Alcoholism and Drug Dependence at (800) 225-0196.

Information on drug and alcohol resources can be found in the Action Index in the telephone book for each county under the following headings: "Alcoholism Information and Treatment Centers" and "Drug." Schools may also refer to the blue pages of their local phone books for information on supportive government agencies. Described below is the primary planning and coordinating body for substance abuse services that exists in each county.

***Local Advisory Council on Alcoholism and Drug Abuse (LACADA)***

The governing body of each county, in conjunction with the county's office on alcoholism and drug abuse, has established a LACADA. The LACADA exists to assist the governing body in the development of the annual comprehensive plan for substance abuse services. The LACADA and the designated drug/alcohol administrative authority in each county can assist in identifying appropriate prevention, intervention, treatment and aftercare services or in responding to priority service needs.

***PUBLIC HEALTH SERVICES***

The I&RS team can play an important role in linking students with appropriate public health services. Described below are some resources that either provide public health services or contribute consultation and technical assistance regarding health issues.

**Supportive Organizations/Resources, continued**

**School Nurses Associations**

Schools frequently access or obtain information about the public health system through the school nurse. Each county has a County School Nurse Association that can help facilitate understanding of available public health resources and provide consultation for accessing public health services. Consult a school nurse for information on the County School Nurse Association in your area or the New Jersey State School Nurses Association.

**Public Health Departments**

New Jersey has a statewide system of public health services. The public health department in each county or locale is available to provide technical assistance with health issues and provide information on available resources. Refer to the blue pages of your local phone book for the phone number of the public health department in your area.

The primary mission of the health departments is to provide efficient cost saving services to the community on either a local or countywide basis. The following services are provided by the health departments:

- ❑ *Public Health Clinics* – Primary care is provided for the indigent. These services include the following programs: Women, Infants and Children (WIC), which provides free food and baby formula; Tuberculosis services (e.g., testing, treatment); Baby Clinics; Mammogram Program; Pre-natal Clinics; and services for those with Human Immunodeficiency Virus (HIV) and Sexually-transmitted Diseases (STDs).
- ❑ *Human Services* – Each department offers a different array of mental health and addictions services.
- ❑ *Communicable Disease Clinics* – Education is provided to the public on how diseases are communicated. Additionally, the departments inspect nursing homes and investigate outbreaks of food poisonings.
- ❑ *Environmental Services* – These services, which are primarily regulatory, aim to protect the environment (e.g., maintain sanitation, maintain water quality, check wells, check septic systems).
- ❑ *Animal Shelters* – The departments provide animal and rabies control. They also contract with municipalities for the care of animals.

**Supportive Organizations/Resources, continued****JUVENILE JUSTICE**

I&RS cases may include students who have either entered or who are returning from the juvenile justice system. New Jersey has a comprehensive system of services that address juvenile issues. The primary resources for juvenile issues in New Jersey are described below.

**Juvenile Conference Committees**

Many communities in New Jersey have established Juvenile Conference Committees (JCCs) to work with pre-adjudicated juvenile offenders. JCCs are volunteer citizen advisory panels that are appointed by the Family Division Judge of the Superior Court.

JCCs review offenses such as criminal mischief, criminal trespass, shoplifting, attempted theft, theft, receiving stolen property, simple assault and disorderly persons offenses. JCCs are responsible for the following functions:

- 1) *conducting confidential hearings regarding a juvenile's offense(s); and*
- 2) *interviewing the juvenile, the juvenile's parent(s) and the complainant.*

Based on the interviews, JCCs make recommendations (e.g., counseling, restitution, community work programs, letters of apology, other sanctions) to the Family Court Judge that are intended to help the child become a responsible adult. If the parties (i.e, juvenile, juvenile's parents, complainant) agree and the Family Court Judge approves the recommendations, they become a court order. The JCC monitors the court order until the conditions are fulfilled.

The I&RS team can be involved with JCCs in the following ways: 1) having I&RS team representation on JCCs, 2) providing recommendations to JCCs on student cases, which is based on the information collected as a result of the I&RS process; and 3) assisting with the implementation and monitoring of court orders. For information on existing JCCs or on the establishment of new JCCs, contact the Family Division at (609) 984-4227.

***Supportive Organizations/Resources, continued***

***Youth Services Commissions***

The Youth Services Commissions (YSCs) were established to assess the priorities and needs of the following youth: 1) those who are at-risk for involvement in the juvenile justice system; 2) those who are involved in the juvenile justice system; and 3) those who are at-risk for further involvement in the juvenile justice system. YSCs develop, implement and contract for community programs for juveniles, as well as review and monitor new and existing programs to determine their effectiveness. YSCs are comprised of family court judges, prosecutors, detention center directors, public defenders, community agency directors and community members who are interested in the juvenile justice system.

The I&RS team can be involved with YSCs in the following ways: 1) having I&RS team representation on YSCs; 2) providing information and recommendations to YSCs on student needs; and 3) coordinating programs and services. For information on YSCs, call (609) 434-4125.

***Juvenile Justice Commission***

The New Jersey Juvenile Justice Commission (JJC) is responsible for implementing reform of the juvenile justice system. JJC serves youth through a continuum of services, including prevention, intervention, incarceration, education and aftercare. Since JJC is responsible for administering its services in collaboration with families, communities and government agencies, it is incumbent upon I&RS teams to coordinate with JJC, particularly in the planning and delivery of transitional and aftercare services. For information on JJC, call (609) 530-5037.

**Supportive Organizations/Resources, continued****FAMILY SUPPORT SERVICES**

Two of the primary resources that provide supportive services for the entire family unit are described below.

***Family Division of the Superior Court***

The Family Division addresses the needs of families in crisis in the following ways: dispute resolution, custody/visitation mediation, parent education programs, matrimonial early settlement panels, diversionary programs (e.g., crisis intervention units, intake service conferences, Juvenile Conference Committees, offense specific programs, substance abuse) and juvenile referees. Volunteers are used extensively on Child Placement Review Boards, Juvenile Conference Committees, as supervisors in the Supervised Visitation Program and the Volunteers in Probation Program. I&RS teams should maintain relationships with officials of the Family Division and coordinate services for student cases, where possible. For information on the Family Division, call (609) 984-4228.

***DIVISION OF YOUTH AND FAMILY SERVICES***

The mission of the Division of Youth and Family Services (DYFS), New Jersey Department of Human Services, is to protect children, support families, ensure permanency for children and prevent violence and disruption. DYFS has a comprehensive system of county-based service providers who carry out this mission under the following principles:

- ❑ Individuals and families possess certain inherent strengths and opportunities that can be drawn upon when problems emerge.
- ❑ Family and community settings provide the best environments for both children and adults.
- ❑ Communities can be most sensitive to the problems that affect families and can be more aware of the solutions that are likely to alleviate them.

***Supportive Organizations/Resources, continued***

- ❑ Services that are individualized, readily accessible, high quality, cost effective, culturally competent, client focused and outcome oriented are most effective in achieving family stabilization and growth.
- ❑ Permanency planning guides all intervention with children and families through timely, systematic actions and decisions that ensure the achievement of a safe, stable and permanent home for a child.
- ❑ If out-of-home placement becomes necessary for a child after reasonable efforts have been made to keep the child safe at home, services toward permanency must start immediately after placement.
- ❑ The majority of children served by DYFS reside in their own families' homes. When a decision is made to provide a child with out-of-home placement, however, DYFS uses the least restrictive setting possible that is appropriate for the treatment needs of the child. Most children placed by DYFS reside in foster care.

To contact the county office for DYFS in your area, refer to the blue pages of the local phone book, or call either (800) 331-3937 or (609) 292-8312. Additional information on related resources can be found in the Action Index in the telephone book for each county under the following heading: "Child and Adolescent Counseling."

**The School's Role  
in the Treatment &  
Recovery**

It is incumbent upon I&RS teams to be familiar with the resources that are available in their communities. It is also important that they develop

relationships and make arrangements with agency staff and agencies that will facilitate contact and transitions for students and families between schools and the community-based agencies. Schools should be proactive in making these arrangements before the services are needed. The following points summarize the school's role with treatment programs that provide services for students and their families.

- **Schools Do Not Provide Treatment Services** – As described above, the school's primary mission is to provide quality education to children and youth. It often is appropriate and necessary for school staff to adjust the educational program or provide supplemental services to accommodate students' *developmental* or *educational* deficiencies. It is typically inappropriate, however, for schools to provide direct treatment services that are designed to ameliorate students' *pathologies*. School-based counseling should be *short-term* in duration (approximately three to five sessions, at a maximum) and intended to fulfill one or both of the following purposes:

1) *Apply remedial strategies for presenting problems that are appropriate for the school context; and/or*

2) *Prepare students to receive appropriate diagnostic or treatment services outside of the school.*

- **Identify and Refer Students** – The I&RS process increases schools' capacity to identify behaviors of concern at the *earliest possible stages* of identification. Some students, however, will come to the attention of school staff after the concerns have grown beyond the school's capacity to fully respond.

Schools often must *intervene* with students' pathologies and provide *short-term counseling* to prepare students for diagnostic and/or treatment services. But the intent of the interventions and counseling should always be to seek the assistance of community resources in the diagnosis and treatment of problems that are beyond the purview of schools.

Schools do not actually make direct referrals to community agencies, rather they inform students and families of various outside agencies that might be qualified and appropriate for diagnosing or addressing

***The School's Role in the Treatment & Recovery Process, continued***

the identified behaviors of concern. Schools provide students and families with resources and available options for help, and assist in making contact with them, where appropriate.

Not only are schools not qualified to diagnose or treat pathologies, but they can be held financially and legally responsible if they recommend or select the treatment resources to be used. School selection of the treatment program presumes that they have made the appropriate diagnosis and are committed to paying for the identified services.

Schools, in cooperation with qualified professionals, however, may identify the parameters for the selection of resources, the circumstances under which the services are provided or the outcomes that can reasonably be expected upon students' reentry to school. For example, it is reasonable for a school to require that only appropriately certified professionals from outside of the school district be permitted to diagnosis a medical, mental health or behavioral disorder.

- ***Be Wise Consumer Advocates for Students and Families*** – In addition to setting certain parameters for services, schools are in a unique position to experience, first hand, the services provided by various community resources. It is recommended that select school staff visit the various programs to witness the services.

The school is the daily repository of the single most important tangible asset that adolescent treatment agencies require: youth. School staff are in a unique position to advocate for program adaptations that will address their students' needs, based upon the following factors: quality of the working relationships among the various resources and the school; student and parent feedback; student performance upon return to school; other information obtained about the programs; or knowledge of effective treatment models.

- ***Coordinate and Develop Effective Working Relationships with Treatment and Related Services*** – It is not sufficient to merely visit programs in the school's area. The chances of gaining prompt access to a facility's services can be significantly improved when there is a personal relationship between or among individuals in the school and the treatment program. These relationships are most important in times of crises or emergencies when response time can literally be the difference between life and death, or can affect the choice of a student and/or his family to cooperate and enter a program.

***The School's Role in the Treatment & Recovery Process, continued***

- ***Share Student Information, as Appropriate*** – It is a myth that schools and treatment agencies can not share information. The issue is not whether information can be shared, rather the fundamental considerations are:
  - 1) *The conditions that must exist for information sharing to take place; and*
  - 2) *The types of information that are appropriate to be shared.*

When I&RS teams are involved in the treatment referral process, they have a wealth of comprehensive information on students' health, academic performance and behaviors. Treatment agencies should welcome this store of objective information, since it facilitates comprehensive student evaluations. Therefore, schools should make every effort to have students' and/or their families sign a release of information consent form (sample form provided in Appendix E) that specifies all of the records that may be shared with the treatment program and the conditions under which the information may be shared, in accordance with the applicable ethical rules or confidentiality regulations.

Two consent forms should be signed:

- 1) *One permitting information exchange from the school to the treatment program; and*
- 2) *One permitting information exchange from the treatment program to the school.*

Schools have no practical use for, and unless consent is appropriately granted, schools are not entitled to any of the intimate details disclosed during a student's treatment regimen. When schools have been involved in students' transitions from school to treatment programs, however, there are no prohibitions against *general* communications with these agencies. Information that can be shared between the two agencies includes the following:

- 1) *The dates of students' entry into the program;*
- 2) *Students' general progress in the program;*

***The School's Role in the Treatment & Recovery Process, continued***

- 3) *Students' educational needs while in the program;*
  - 4) *Students' release dates; and*
  - 5) *General guidance on what schools can expect from students, and suggestions for preparing for and supporting students, upon their return to school.*
- ***Provide Educational Program*** – Schools are obligated to provide for students' education while they are confined to residential treatment services or when they are homebound. Therefore, arrangements must be made by schools to ensure that students are provided with an appropriate educational program, which is delivered by certified educators, while participating in an appropriately credentialed program or while under the full-time care of a qualified professional. The educational program should be consistent with the provisions of either N.J.A.C. 6A:16-9, Home or Out-of-School Instruction for General Education Students, or N.J.A.C. 6A:14-4.9, Home instruction due to temporary illness or injury for students with or without disabilities, as well as sensitive to the individual medical, mental health or behavioral conditions and capabilities of the student and the overarching goals of the programs.
  - ***Consult in the Development of the Aftercare Plan and Students' Transitions Back to School*** – As a rule, treatment programs develop plans of action for student support when they leave the program. Schools should participate in the development of these plans for students who will be returning to them. Schools should be aware of what is generally expected of them, as well as contribute components of the plan that will help students successfully transition back to school.
  - ***Provide Appropriate Continuity of Care and Support for Recovery*** – Beyond the general action steps in treatment agencies' aftercare plans, the I&RS team should develop specific steps to ease students' transitions to school and support their health, well-being and academic performance. The I&RS team, at a minimum, should address the following questions:

***The School's Role in the Treatment & Recovery Process, continued***

- 1) *Will someone meet and greet students upon reaching the school door?*
- 2) *Will students be informed of supportive resources available to them?*
- 3) *Will special support systems be provided (e.g., a personal phone contact, assigned counselor, special counseling sessions)?*
- 4) *Will school-based continuity of care support groups be provided, in addition to recommended treatment aftercare support?*
- 5) *In the case of substance abuse, will specific guidance be given for avoiding the 'people, places and things' that contribute to or support students' substance abuse problems?*
- 6) *Will staff, particularly I&RS team members, be trained in the signs of relapse and appropriate intervention skills and strategies?*
- 7) *What information and direction will be given to staff who will interact with these students?*

**The Healing Process**

In her book, *On Death and Dying*, Elizabeth Kubler-Ross sets forth the stages people go through when they experience a loss, particularly the loss of the life of a loved one. The grieving process she describes can also be thought of as a *healing process*, since the end result is one's acceptance of the loss and the ability to move forward in life.

It is important for I&RS team members, school staff and parents to understand and recognize the stages people go through when they experience loss. The intensity of one's reactions to loss varies according to the meaning of the change or the lost person, place or thing to the individual.

The person, place or thing that is considered a significant loss differs by person, as well. A loss to a five-year old may be quite different than what a seventy-five year old considers a loss; but both individuals may experience the extreme intensity of grief because of the meaning assigned to it. Examples of loss can range from death of a loved one to loss of a cherished doll; from the loss of the use of substances to missed opportunities; from the loss of one's health to a reduced standard of living; from the loss of one's parents' marriage to the loss of freedom; and from the loss of one's hopes for or perceptions of one's children to a loss of one's innocence.

An adaptation of Kubler-Ross' stages are described below, using a student's parents as an example. Understanding and observing the behaviors exhibited by those in the throes of a loss can provide insight into their needs and help the observer select appropriate responses.

There is no fixed or predictable schedule or way for individuals to go through these stages; it is different for each person. Some people move back and forth through the stages. Members of the same family will go through the stages at different rates and in different ways. Not all people go through all of the stages. Whatever the reaction to loss, I&RS teams can adopt responses that facilitate people's progress through each stage.

**The Healing Process, continued****Stages of the Healing Process****Denial**

When school staff contact parents to discuss concerns for one of their children in school, parents often instinctively respond by protecting their child. It is not uncommon for parents to defend their child by denying the bad news in a variety of ways (e.g., “*You’re not doing you’re job.*” “*We never had that problem in the past.*” “*Not my child.*” “*That never happened in our last school.*” “*Surely he’s not as bad as some of the other kids.*” “*Why are you picking on my child?*”). It is important to understand that, although denial is not helpful behavior, it is normal for parents to guard themselves and their family from pain; in one respect, it can signal that they are doing their job.

Denial is not something that can be controlled or “broken through” by an outside source. We can provide parents with options, however, that provide them with opportunities for moving forward. We can facilitate their decision by presenting reality (i.e., *specific, descriptive, observable and factual behaviors*) to them in a manner that is *clear and undeniable*, and that is coupled with *caring and concern*.

**Anger**

Anger typically is expressed when a parent or child breaks through the denial, and often is directed at the messenger. The expression of anger can take a variety of forms (e.g., *cruel personal attacks, biting sarcasm, physical or emotional intimidation, manipulation, threats of legal action*).

It is important to realize that these behaviors are primarily intended to cover-up or provide a release for suffering and lessen their pain. It is also significant to remember that anger typically is a *secondary emotion* that actually stems from feelings of *hurt, fear* or *guilt*, all of which tends to surface in later stages.

The use of effective *listening skills* is particularly important here. Do not enter into an argument; merely be quiet and mirror back the feelings and concerns that are being expressed. Allow the person the opportunity for catharsis and to lower their emotional temperatures so that eventually more rational discussions can take place.

**The Healing Process, continued****Stages of the Healing Process, continued****Bargaining**

Bargaining begins when parents indicate in some way that they might consider the information you have provided. Bargaining might sound like anger, but there typically is a question being asked: "So, what are you going to do about it?" When we hear the *question*, bargaining has begun.

Even though parents may attempt to assign the school with sole responsibility for dealing with the situation, be very clear that you intend to work *cooperatively* with *them* to help *their* child. They may or may not accept their end of the "bargain," but make it understood that you will do your part; that the parents have a role to play, as well; and that you will help them do their part.

**Sadness/Depression**

After bargaining, the reality of the situation begins to take over and weigh heavily on the person experiencing the loss or change. Once parents have worked through their primary defenses (i.e., denial, anger), they are now wide open to the full impact of the situation, and these open wounds hurt and can overwhelm them. They begin to experience and express sadness over the loss or change.

Parents express the sadness in a variety of ways (e.g., *escaping, crying, not coming back, telling you what you want to hear in a effort to quickly get away, acting as if everything is OK, taking their pain out on their children, feeling helpless and wanting to give up, refusing offers of help*). Parents can become so confounded that it can be difficult for them to see a way out of the situation or so tired that they no longer want to try.

**Acceptance**

It is important to remember that the experience in each stage is marked by intense and disturbing emotions. Therefore, acceptance is not necessarily associated with joy or happiness. Sometimes it is expressed as relief or resignation, where you can almost see the weight lift from their shoulders.

The essence of this stage is the acceptance and acknowledgement of the *facts* of the situation. Acceptance of reality is necessary for the parents to move forward with recovery and health.

**WORKING WITH SCHOOL RESOURCES**

As important as it is for teams to access the spectrum of community resources, it is equally important that they understand and fully utilize the range of instructional, student support and administrative resources that exist within the school building, the school district and the educational community. As explained in the section of this manual titled “Planning and Organizing Building-based I&RS Teams,” the establishment of a fully coordinated and integrated program of intervention and student support requires a concerted effort on the part of all school staff and administrators. A systemic effort increases the chances that school staff and administrators will be proficient in their knowledge and ability to access all appropriate school resources for the improvement of students’ abilities to perform to their highest levels of academic achievement and human potential.

I&RS teams should strive to build a base of information that increases their understanding of available school programs, strategies, practices and resources and includes clear ideas and procedures for connecting with them. Since I&RS teams are key mechanisms for ensuring the quality of implementation of I&RS action plans and increasing the integrity of their schools’ educational program, it is incumbent upon teams to fully utilize, coordinate and integrate school resources, programs, policies and goals into I&RS team operations. As explained by Dr. Maurice Elias in the discussion on “Quality of Implementation” in the section of this manual titled “Planning and Organizing Building-based I&RS Teams,” what appears to be missing “... is a careful process of planning and implementing programs; monitoring how they are carried out and their impact on various populations of children they are intended to help; refining programs to improve their effectiveness; and continuing this monitoring and refining process.”

In the short-term, the coordination could involve independent or joint meetings with the counseling staff, school nurses, school social workers, substance awareness coordinators, school psychologists, learning disabilities teacher-consultants and instructional specialists (e.g., health, math, science, language arts) to develop effective working relationships.

**Working with School Resources, continued**

Topics to be explored in these sessions could include:

- 1) *Defining areas where their roles may converge and contribute to unnecessary confusion or “turf” issues;*
- 2) *Identifying strategies to maximize existing resources and avoid service duplication; considering ways to pool their resources;*
- 3) *Examining their respective strengths, weaknesses and availability; and*
- 4) *Exploring ideas for improving and accessing each other’s bases of information, resource materials and services.*

In the long-term, this may involve bridging existing barriers among professional titles, or reconfiguring the existing complement of supportive resources to fully utilize the expertise of various staff in support of I&RS cases. For example, a school might be concerned with the proportion of time the school psychologist spends performing his psychometric duties for the child study team, which limits his ability to apply his wealth of knowledge of student learning and behavior through direct consultations with classroom instructors, in cooperation with the I&RS team. The school, in cooperation with the I&RS team, might problem-solve plans for more fully utilizing the school psychologist in a collegial support capacity.

This could also entail:

- 1) *Identifying gaps in services;*
- 2) *Making recommendations for modifying or expanding existing services or adding new programs or services;*
- 3) *Arranging professional development activities for the entire staff or select staff to increase the school’s capacity to respond to certain situations;*
- 4) *Supporting communication and training across professional titles to increase understanding of each other’s roles, improve communication and develop role flexibility; or*
- 5) *Consolidating or modifying forms, practices, functions or structures of various build-based problem-solving entities.*

***Working with School Resources, continued***

The I&RS team should also consider ways to utilize the skills and interest of staff who have previously served on the team or staff who have expressed an interest in serving as team members. There are numerous tasks that team members either are too busy to perform; tasks that team members do not feel they are adequately versed or oriented to accomplish; or tasks that members would prefer not to undertake because they reduce valuable team meeting time for problem-solving educational cases. In these instances, it can be very helpful to include other staff in the I&RS team effort, which has the additional benefit of increasing the base of support for and commitment to the I&RS process.

Some examples of tasks that “ad hoc” or “friends” of the I&RS team can help perform include the following:

- 1) *Reviewing and making recommendations regarding school policies and procedures;*
- 2) *Reviewing and reporting on the educational research literature on a particular educational problem or subject;*
- 3) *Reviewing and recommending model educational programs and practices;*
- 4) *Communicating with team members from other schools regarding team matters (e.g., team practices, meeting schedules, forms, parent contacts, problem-solving processes, caseloads, expenditures/budgets, successful strategies for shared problems);*
- 5) *Collecting, compiling or analyzing data;*
- 6) *Conducting presentations to interested groups (e.g., parents, community organizations, business and industry) for awareness or fund-raising purposes;*
- 7) *Organizing files, materials, forms;*
- 8) *Revising forms;*
- 9) *Making parent contacts; or*
- 10) *Coordinating with health and social service resources.*

## **CHARACTERISTICS OF EFFECTIVE BUILDING-BASED I&RS TEAMS**

### **Focus on Short- and Long-term Goals**

Effective team members do not minimize the legitimacy of alternate points of view or the possibility that an identified academic, behavior or health problem may have its origins in something other than what is apparent or that does not obviously or precisely fit into one's scheme of things. For example, alcohol, tobacco and other drug abuse often is indicated in school by a variety of student behavior, academic or health problems, rather than as overt substance abuse.

As described in the "Life Skills Deficiency Model," in the section of this manual titled "Scope of Services for Building-based I&RS Teams," the observable behavior that comes to the team's attention may not specifically indicate substance abuse, but the underlying life skills deficiency may well be the loss of control over the use of psychoactive chemical substances or some other at-risk behavior, health concern or academic barrier. Therefore, effective teams attempt to effect short- and long-term change by addressing both observable behaviors *and* related life skills deficiencies.

### **Enabling Behavior**

Educators have long sought to use their skills and knowledge to *enable* students to achieve their full potential. *Enabling*, however, has a negative connotation when it consists of those ideas, attitudes and behaviors that allow student problems to continue or worsen. Enabling is particularly harmful when the actions or inaction of adults softens, minimizes or prevents students from experiencing the consequences of their behavior.

Inappropriate and problem student behavior is enabled when adults:

- ❑ Confuse *caring* with *natural and logical consequences*.
- ❑ *Deny* the existence of a problem or a legitimate explanation for a problem.
- ❑ *Rationalize* away problem behavior.
- ❑ Keep *secrets*.
- ❑ *Cover up* inappropriate behavior.
- ❑ Believe they *cannot be "conned."*
- ❑ Believe it is their responsibility and within their power to "*save*" or "*fix*" children.
- ❑ Mistake children's success for their *own* success.
- ❑ *Do not act* on inappropriate behavior.

**Enabling Behavior, continued**

Since it is not uncommon for caring adults to unwittingly enable negative student behaviors on occasion, it is important for team members to be vigilant in avoiding these behaviors in their own actions and to help colleagues, parents and community members recognize and avert them, as well.

**General Characteristics of Effective Teams**

Based upon existing research and field-based evaluation studies, the following profile has emerged that describes the characteristics of an effective preventive intervention team:

- Administrative support for the I&RS team, its processes and functions, which includes the following:
  - allocating appropriate resources to support effective training of committee members in I&RS functions, skills and processes;
  - supporting committee operations;
  - providing resources for implementation of I&RS action plans;
  - evaluating program effectiveness; and
  - making appropriate school-wide improvements and implementing supportive programs.
- Quality, ongoing professional development for all *members of the I&RS team*, as well as *staff who request assistance* for problems. The professional development should extend beyond the typical workshop training, as needed, to include the following:
  - school-based and classroom-based opportunities for teachers and other members of the I&RS team to share expertise and resources;
  - observations of one another;
  - modeling effective instructional practices in the classroom;
  - providing opportunities for teachers to practice new approaches and strategies in the classroom;
  - making available opportunities for peers to assist classroom colleagues through collaborative consultation and coaching;
  - visitations to other schools or applicable sites;
  - reviewing, discussing and applying relevant educational research literature; and
  - utilizing the supervisory process to promote goal setting and personal and professional growth.
- Multidisciplinary membership on the I&RS team. Membership should provide for diverse viewpoints and direct access to a broad range of expertise, resources and services that have the capacity to respond to the full range of student needs.

**General Characteristics of Effective Teams, continued**

- Clearly defined I&RS procedures for effective and efficient team operations. Per N.J.A.C. 6A:16-7.1(a) “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...” The system should be established at the building level based on the specific needs of the school, but *approved by the board of education*. The development of a written procedures manual for use by team members is strongly suggested.
- The existence of a written mission statement and/or statement of philosophy. The statement(s) should emphasize a positive focus on students and educational problems; the collaborative and collegial nature of the team’s decision-making and problem-solving processes; and the supportive nature of team members’ interpersonal relationships.
- Adherence to structured and collaborative planning, decision-making and problem-solving processes in which all committee members have been well trained.
- Effective application of communication, conflict management and consensual agreement skills on the part of all team members.
- A commitment to solving educational problems in the environment in which problems are occurring, rather than immediately or primarily looking for solutions outside of the classroom.
- Specific provisions for the development of a written plan of action (i.e., the I&RS action plan) for all interventions developed by the team. The plan should include specific strategies for monitoring and evaluating the integrity of all interventions by the individual(s) designated as responsible for implementation.
- A system for compiling assessment data, portfolios, observation data and other information required for effective team decision making at all stages of the process.
- Selection and appropriate use of alternative curricular and instructional materials, equipment and technology.
- Development and use of appropriate school resources, services and programs.

***General Characteristics of Effective Teams, continued***

- Identification and use of appropriate resources, services and programs outside of the school.
- Matching appropriate expertise to the identified educational issues of academics, behavior and school health.
- An ecological orientation to assessing needs and developing interventions to meet those needs. This entails investigating curricular, instructional, as well as student-related variables in all instances where I&RS team assistance is requested.
- A commitment by all I&RS team members to demonstrating equity and reciprocity in team meetings and operations. This means that team members understand the collaborative, co-equal status of each team member, and that each team member is expected to function as both “educator” and “learner” in sharing expertise and resources, and in benefiting from the same from others. This does not preclude, but instead emphasizes, the unique expertise and valued contributions of each team member.

## **TEAM WELLNESS/MAINTENANCE**

### **THE TEAM CONCEPT**

One of the most critical factors in determining team success is the team's ability to manage group dynamics. Teams can not expect to be effective in helping students when they do not function as healthy work units. When people come together to work as a team, a dynamism is produced that can result in productivity, success, accomplishments, shared decision making, responsibility, good feelings, trust and a sense of identification and belonging. If the team is unable to channel this energy in a constructive manner, however, the outcomes are likely to be ineffectiveness, unresolved conflicts and power struggles, uneven participation, suspicion, lack of focus and goal attainment, deficits in leadership and purpose, general dissatisfaction among group members and disaffection among colleagues outside the group.

Teams should schedule maintenance meetings on a regular basis (i.e., at a minimum, every six months) to review how they are working together as a group. The information in this section is intended to provide some resources, perspectives, ideas and strategies that can be used among team members in general or during team maintenance meetings to support the development and maintenance of healthy I&RS teams.

#### **Team Definition and Elements of Teams**

Teams are more than collections of diverse people. A team is a group of individuals who must work interdependently in order to attain its goals. Not all working groups are teams. For example, a faculty is a working group, but does not necessarily work *interdependently* to attain common goals. The I&RS team must become more than a working group to reach its full potential. True team effort creates a synergy that can have far-reaching effects on the achievement and growth of students and the health of school and community members. Four essential elements of the team concept are described below:

- **Reason for Working Together** – Effective team members have a common understanding of and commitment to the shared mission, goals and functions of the team. It is generally understood that team members serve to help students who are at-risk for a variety of problems. Beyond this broad statement of purpose, however, team members should also agree on the philosophy, priorities, mission and functions of their program, as it relates to their school.

**Team Definition and Elements of Teams, continued**

- **Interdependent** – Effective team members believe that they need each other’s experience, ability, commitment and professional perspectives to arrive at mutual goals. This includes networking with other groups and constituencies in the school and the community.

Each team designates a team member to perform leadership functions and specified tasks. True group leadership, however, is not a function of a position, but is a situational characteristic of team membership. Leadership is shared on the I&RS team. Anything a member does to move the group forward is considered a leadership function.

In addition, all formal mantles of authority or professional “hats” are “left at the door” when conducting I&RS team business. Each member has an equal say as the team strives to reach consensus for decisions.

- **Group Effectiveness** – Effective team members are committed to the idea that working together as a group leads to more effective decisions and interventions than when working independently or in isolation. The team is comprised of staff members from diverse positions in the building to ensure a holistic view of students and their problems, as well as to endow the team with a wide spectrum of unique professional perspectives for effective problem solving.
- **Group Accountability** – The effective team is accountable as a functioning unit within the larger organizational context. This means that teams operate *within* the organization’s (i.e., board of education, school district, school building) procedures, climate, priorities, philosophies and culture. The effective team, however, also works within the organizational context to influence those factors that limit their ability to help students.

**Why Groups Fail** The results of a study sponsored by the Rand Corporation, as reported by Super Teams, Ltd., revealed a number of characteristics that contribute to the failure of work groups. The factors identified in the study, which are described below, can be used by teams to assess their own performance.

In general, the results of the study indicate that people need to feel that they are worthwhile contributors and that they have accomplished the tasks presented to them, rather than endlessly spinning their wheels.

### **Why Groups Fail, continued**

#### **Characteristics of Groups that Fail**

- **Lack of Understanding of a Problem** – This can result from collecting insufficient data or research about a problem prior to problem solving or an unwillingness to consider relevant professional perspectives. Some examples include thinking that one staff member can deal with a complex problem; not considering substance abuse as a primary factor in referrals for child study team evaluations; or treating chemical addiction as a secondary, rather than a primary problem.
  
- **Inability to Focus or Concentrate on the Problem** – Sometimes individual issues interfere with the team’s ability to focus their time and energy on the primary task at hand. As a result of unresolved relationship or group issues or individual’s skill levels, group members may diffuse matters or avoid important issues altogether.
  
- **Failure to Follow a Systematic and Comprehensive Procedure** – Some teams continue to meet and “discuss” cases, but are not as productive with their time; do not easily reach decisions and take action; or are not as effective in their interventions as they would like to be. These groups typically have not adopted or do not consistently adhere to a structured procedure for, at a minimum, implementing the entire *I&RS process* and in *problem-solving* requests for assistance.
  
- **Meetings Dominated by a Few Individuals** – Excessive input can be a control strategy and serve as a disincentive for representative participation.
  
- **Need for Change can be Interpreted by the Boss as Incompetence on His/Her Part, Resulting in Resistance** – Administrators may view a new innovation as a threat to their authority or their security and maintain a comfort zone by protecting the status quo.
  
- **Fear of Punishment for Talking Openly** – The organizational climate may not be conducive to an open exchange of ideas. There typically is little trust in situations where employees have experienced negative consequences for making suggestions or observations.
  
- **Competition vs. Cooperation** – Working at cross-purposes and protecting “turf,” rather than agreeing on mutual goals and commonalities and working in a collegial manner.

### **Why Groups Fail, continued**

- **Inability to Work as a Team** – This typically occurs when group members function independently, rather than interdependently.
  
- **Negative Chain** – Unhealthy or ineffective communications follow the patterns described below:
  - **Put-downs** contribute to participant **Withdrawals**, which lead to **Counterattacks**.
  
  - ⇩
  - **Subgroups form**, with allies and adversaries attributed to each side.
  
  - ⇩
  - **Diversions Tactics** ensue, keeping the group from accomplishing its goals.
  
- **Too Much Knowledge of What Doesn't Work Often Prevents Exploration of Ideas** – Assertions such as: “We tried that before and it didn't work,” or “That won't work here because.....” tend to limit creativity and participation. Veteran staff have a wealth of knowledge and diverse experiences to contribute to the I&RS process. Sometimes, however, staff member's background can be an impediment to group effectiveness when it squelches consideration of ideas. There may be elements of all ideas that have application or can work, particularly when applied in a different context, or with a different population or when implemented by different people.
  
- **“Yeah Buts...” and “What Ifs...” Drain the Group** – These statements focus on the negative, or on what can not be accomplished, rather than the positive, or on what *can* be accomplished. This type of communication develops negative energy that drains the group and prevents hope, free exploration of ideas, participation and group effectiveness.
  
- **People Do Not Separate Their Ideas from Their Self-Concepts** – Basically, rejection of people's ideas are taken as rejection of themselves. When group members dismiss or ridicule an idea, they risk rejecting the individual, which can contribute to many of the negative forms of communication and unhealthy patterns of group behavior described above.

## **GROUP DEVELOPMENT**

Many models describe the stages and characteristics of the development of healthy and unhealthy, effective and ineffective groups, two of which are described below. In addition to understanding how groups grow, teams should understand practical reasons for *why* it is important to apply group development theories and the benefits of applying these models to the workings of their teams.

### **Functions of Group Development Theories**

Group development theories are helpful guides to complex issues that groups frequently find troublesome: dependency, authority, conflict, power and intimacy. They serve the following three helpful functions for managing the group process: descriptive, predictive and intervention.

#### **DESCRIPTIVE FUNCTION**

*Group development models:*

- Help organize perceptions of group activity.
- Aide in characterizing and measuring verbal behavior, interaction patterns, emotional climate or group content.
- Allow observers to compare and contrast group phenomena from a past or future session(s).



#### **PREDICTIVE FUNCTION**

*Group development models:*

- Help forecast the group's future, based on current observations.
- Describe what "should" be happening so that objectives for group growth can be set.
- Provide comfort in knowing that events will not always be as conflicted or sluggish as they appear.



#### **INTERVENTION FUNCTION**

*Group development models:*

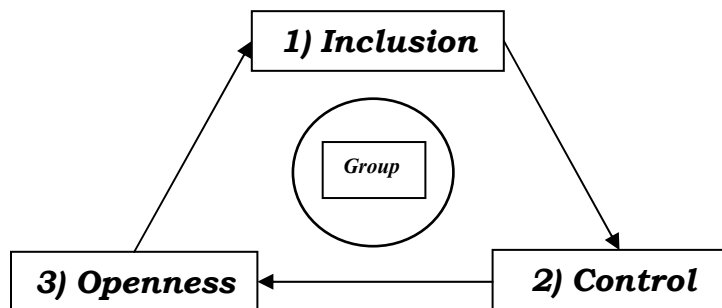
- Provide cues to accelerate, slow down, freeze or focus the process to ensure the group does not avoid opportunities to avoid pitfalls, remediate problems and facilitate growth and learning.

### **Models of Group Development**

Not all models of group development apply to work groups and teams. Some models primarily describe the activity that takes place in encounter or personal growth groups. The various theories either characterize the life of a group as linear, cyclical or helical. Described below are two linear models, which most appropriately apply to the development of work teams: 1) *The Truth Option*, and 2) *Cog's Ladder*.

### **The Truth Option**

According to this model, originally described by William Schutz in The Interpersonal Underworld and updated in The Truth Option, group growth unfolds in a cyclic process marked by the following three phases:



When the concerns of one phase are sufficiently resolved for the group to have energy and common ground for other things, it then moves on to the next phase, until the cycle starts over again at a different level of depth. The cycle can occur in the span of one meeting or over a longer period of time. Each phase of group development can be assessed as:

- ❑ **Adequate** – The group can function in ways that are satisfying to its members; or
- ❑ **Inadequate** – A lack of solution is impairing the ability of the group to function optimally.

When new members are added to the team, the group shifts to Phase One and the process continues in sequence. Teams should account for this change when adding new members. When a group ends, the final sequence of stages is reversed.

The information provided below on characteristics of each stage can be used as a checklist for individual observations or for discussion purposes during team maintenance meetings.

***The Truth Option, continued***

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**INCLUSION STAGE**

***Inclusion Adequate***

***Inclusion Inadequate***

\_\_\_\_ Attendance is high and steady.  
\_\_\_\_ Absent members are kept informed.

\_\_\_\_ Members anticipate meetings and activities.  
\_\_\_\_ Individual needs are recognized and accepted.

\_\_\_\_ Participation is general, with good interaction and attention.  
\_\_\_\_ Members have a fairly clear idea of group goals, and are committed to the shared goals and to working cooperatively to achieve them.

\_\_\_\_ Group loyalty and a feeling of group belonging exists.  
\_\_\_\_ All members are accepted.

\_\_\_\_ Attendance is poor or uneven.  
\_\_\_\_ Absent members are not informed about the next meeting or of events in the meeting(s) missed.

\_\_\_\_ Members do not care whether the group meets.  
\_\_\_\_ Some members feel excluded.

\_\_\_\_ Participation is uneven, with little interaction.

\_\_\_\_ Unclear group goals, trouble cooperating, little action and lack of confidence.

\_\_\_\_ Membership has little meaning.

\_\_\_\_ Individual needs are not recognized.

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**CONTROL STAGE**

***Control Adequate***

***Control Inadequate***

\_\_\_\_ Decision-making processes are clear.  
\_\_\_\_ Power is distributed.

\_\_\_\_ Leadership is shared.  
\_\_\_\_ Structure for the sake of control is unnecessary.  
\_\_\_\_ Conflict is accepted and managed openly.

\_\_\_\_ Much bargaining takes place; there is a high level of cooperation.  
\_\_\_\_ There is follow-through on decisions.  
\_\_\_\_ The group is productive and accepts responsibility for its actions.  
\_\_\_\_ Members respect each other.

\_\_\_\_ Decision-making processes are unclear.

\_\_\_\_ A few members tend to dominate; decisions are imposed.

\_\_\_\_ Leadership is lacking.

\_\_\_\_ The group tends to be excessively structured.

\_\_\_\_ Power struggles reign and are constant; members are highly competitive and critical.

\_\_\_\_ There is constant infighting and indiscriminate opposition.

\_\_\_\_ The group often is blocked.

\_\_\_\_ Individuals are irresponsible and dependent.

\_\_\_\_ Some members are passive and restrained, with little will to achieve.

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***The Truth Option, continued***

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<b>OPENNESS STAGE</b>	
<b><i>Openness Adequate</i></b>	<b><i>Openness Inadequate</i></b>
<input type="checkbox"/> Communication is open and honest.	<input type="checkbox"/> Communication is limited.
<input type="checkbox"/> Feelings are expressed.	<input type="checkbox"/> Exposure is almost nonexistent.
<input type="checkbox"/> Members trust each other and accept feedback.	<input type="checkbox"/> Members do not trust each other and withhold feedback.
<input type="checkbox"/> Members are receptive to new ideas and change.	<input type="checkbox"/> Members are hostile toward new ideas.
<input type="checkbox"/> Members share.	<input type="checkbox"/> Selfishness and jealousy is open.
<input type="checkbox"/> There is reciprocity and support.	<input type="checkbox"/> Many feel rejected.
<input type="checkbox"/> Members like each other and have the freedom to be different.	<input type="checkbox"/> Deviance from the norm is objectionable.
<input type="checkbox"/> Members have a feeling of closeness.	<input type="checkbox"/> Social distance is evident.
<input type="checkbox"/> Members gain satisfaction from belonging to the group, as well from group life inside and outside of meetings.	<input type="checkbox"/> Members express much dissatisfaction with the group.
<input type="checkbox"/> Members are friends.	<input type="checkbox"/> Few members have close friends in the group.

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***Cog's Ladder***

This model of group development describes five steps for group growth:  
1) *polite*, 2) *why we are here*, 3) *bid for power*, 4) *constructive*, and  
5) *esprit*.

**STEP 1: POLITE**

This stage is marked by getting acquainted, sharing values and establishing the basis for group structure. Characteristics of this stage are described below:

- Polite conversation and information sharing, which helps members anticipate other's future responses in the group.
- Some rely on stereotyping to help categorize other members.
- An emotional basis is established for future group structure.
- Cliques are formed (which will become important later in the group's life).

***Cog's Ladder, continued***

***STEP 1: POLITE, continued***

- Member's hidden agendas remain concealed and do not usually affect behavior at this time.
- Need for group approval is strong, but group identity is low.
- Participation is active, though uneven.
- Conflict is usually absent. Members need to be liked.
- The rules of behavior: Keep ideas simple;  
Say acceptable things;  
Avoid controversy and serious topics;  
If sharing feelings, keep feedback to a minimum; and  
Avoid disclosure.

***STEP 2: WHY WE ARE HERE?***

This stage is marked by defining group goals and objectives. Characteristics of this stage are described below:

- Agreement on goals is essential to group success; the easier it is to define objectives, the faster the group appears to reach agreement on other things.
- Some members demand a written agenda.
- Cliques start to wield influence and grow and merge as clique members find a common purpose.
- Hidden agendas are sensed as members verbalize group objectives that are most satisfying to themselves.
- Group identity is still low.
- There is a diminished need for approval as members begin to take risks and display commitment.
- There typically is active participation from all members.
- Even when the purpose for the group comes from outside the group, members still need to discuss it to gain understanding and to build commitment, because agreement on the purpose is the priority in this stage.

**Cog's Ladder, continued**

**STEP 3: BID FOR POWER**

This stage is marked by competition for attention, recognition and influence. Characteristics of this stage are described below:

- Members try to rationalize their own positions and convince others to take action that they believe is appropriate.
- “Opponents” are considered close-minded and accused of not listening.
- Conflict rises to a higher level than any other stage.
- Leadership struggles occur, actively involving all cliques.
- Typical attempts to resolve these struggles include voting, compromise and seeking outside arbitration.
- Team spirit is weak and some members become uncomfortable as latent hostility is expressed.
- Some who had contributed freely, now remain silent. Others relish the opportunity to compete and attempt to dominate the group.
- Cliques take on the greatest importance; through cliques members find they can wield more power.
- Members become aware of previously concealed agendas.
- The need for group approval declines; members are willing to risk censure.
- Creative suggestions fall flat because the group feels that the author wants credit (power) for the suggestion.
- There still is no group identity.
- There is a greater difference between the speaking time of the least and most talkative members than in any other phase.
- There is a strong need for structure.
- Group-building and maintenance roles are important: the harmonizer, the compromiser and the follower try to maintain balance between individual and group needs. The harmonizer seeks to reduce conflict to offset the aggressor's tendency to raise conflict levels.
- Some groups never mature past the Bid for Power stage. Nevertheless, they can fulfill their tasks, even though solutions arising in this stage are not optimal; they never satisfy all members and, at best, are products of compromise.

**Cog's Ladder, continued**

**STEP 4: CONSTRUCTIVE**

This stage is marked by cooperation. Characteristics of this stage are described below:

- Members give up control attempts, substitute active listening and actually ask questions of each other.
- Attitudes change; members become willing to change preconceived ideas or opinions on the basis of facts presented by other team members.
- Team spirit starts to build; cliques begin to dissolve and group identity becomes important.
- Real progress toward the group's goals becomes evident.
- Leadership is shared and the group is comfortable using the talents of any individual who can contribute effectively.
- Conflict, when it arises, is seen as a mutual problem, rather than a win-lose battle.
- It is often difficult to bring in a new group member(s).
- Practical creativity can be high because there is a willingness to accept, solicit, listen to, question, respond to and act on creative suggestions.
- Solutions or decisions are almost always better because they are developed by the group, rather than a single member (depending on the talents of group members and the problem to be solved).

**STEP 5: ESPRIT**

This stage is marked by unity and high spirits. Characteristics of this stage are described below:

- There is high group morale and intense group loyalty.
- Relationships between individuals are empathetic.
- The need for group approval is absent because each member approves of the others and accepts them as individuals. "We don't always agree on everything, but we respect each other's views and agree to disagree."

**Cog's Ladder, continued**

**STEP 5: ESPRIT, continued**

- Cliques are absent.
- Both individuality and creativity are high; a non-possessive warmth and feeling of freedom result.
- Participation is as even as it will ever get.
- The group is strongly "closed." If a new member is introduced, the feelings of camaraderie and spirit will be destroyed, since the group must regress to an earlier stage, carrying the new member along.
- Hidden agendas are present, but do not detract from group spirit and loyalty.
- The group continues to be constructive and productive, usually achieving more than expected or can be explained by the apparent talents of members.

**Interrelationships of Cog's Ladder Steps**

Group cohesiveness depends on how well members can relate in the same step at the same time. A group will proceed through the five phases only as far as its members are willing to grow. Each member must be willing to give up something at each step in order to make the move to the next stage. The reasons prompting a group to move, or not move, from one phase to another vary:

**➡ Moving from Step 1 to Step 2**

- ❑ Seems to occur when any single group member desires it. For example, simply by saying, "Well, what's on the agenda today?"
- ❑ Each member must relinquish the comfort of non-threatening topics and risk the possibility of conflict.

**➡ Moving from Step 2 to Step 3**

- ❑ Each member must put aside the continued discussion of group purpose and commit to a purpose with which each might not completely agree.

**Cog's Ladder, continued**

- ❑ Each member must also risk personal attacks, which members know occur in Step 3.

**➡ Moving from Step 3 to Step 4**

- ❑ The ability to listen is the most important trait.
- ❑ Requires individuals to stop defending their own views and risk the possibility of being wrong.
- ❑ Groups have rejected members who stay stuck in the third step; or this transition can be permanently blocked by a strong competitive group member or clique.

**➡ Moving from Step 4 to Step 5**

- ❑ Seems to require unanimous agreement among members.
- ❑ Demands some humility.
- ❑ Demands that members trust themselves and other members. To trust is to risk a breach of trust.

**Team Member  
Task and Maintenance  
Roles**

Group members tend to exhibit patterns of behavior and/or preferred roles. Effective team members are able to identify the presence of behaviors that help and hinder team operations and provide and receive supportive feedback on their contributions to the group. Competent team members work to develop role diversity and flexibility in order to provide the behaviors that will regularly move the group forward. The roles below, which have been adapted from Learning to Work in Groups, by Matthew Miles, must be fulfilled, at appropriate times, for groups to effectively accomplish their respective missions.

**Team Member Task and Maintenance Roles, continued**

<b>TASK ROLES</b>		<b>MAINTENANCE ROLES</b>	
Behaviors that help a group accomplish its work.		Behaviors that help members of a group work well together.	
<b>Initiating</b>	Proposing tasks or goals. Defining a group problem. Suggesting a procedure or idea for solving a problem.	<b>Encouraging</b>	Being friendly, warm, responsive and accepting of others and their contributions.
<b>Seeking Information</b>	Requesting facts. Seeking relevant information about a group problem or concern. Making group members aware of a need for more information.	<b>Expressing Feelings</b>	Articulating one's own or feelings and reactions feelings present in the group. Calling the attention of the group to its reactions, ideas and suggestions.
<b>Giving Information</b>	Offering facts. Providing information with respect to a group concern.	<b>Harmonizing</b>	Attempting to reconcile disagreement. Reducing tension through humor. Getting people to explore their differences in a relaxed manner.
<b>Seeking Options</b>	Asking for expression of thoughts and feelings. Requesting statements or expressions of value. Seeking suggestions, ideas and alternatives.	<b>Compromising</b>	Offering middle ground or concessions. Yielding status or admitting error when one's own idea or status is involved in a conflict. Disciplining oneself to maintain group cohesion.
<b>Giving Opinions</b>	Stating a belief about a matter that is before the group. Giving suggestions and ideas.	<b>Facilitating Communication</b>	Attempting to keep communication channels open. Facilitating the participation of others. Suggesting procedures for discussing problems.
<b>Clarifying</b>	Interpreting ideas or suggestions. Clearing up confusion. Defining terms. Indicating alternatives and issues that are before the group.	<b>Setting Standards</b>	Expressing benchmarks or goals for the group to achieve. Helping the group become aware of direction and progress.
<b>Elaborating</b>	Giving examples. Making generalizations. Expounding upon alternatives and issues that are before the group.	<b>Testing Agreement</b>	Asking for opinions to determine whether the group is nearing a decision. Sending up a trial balloon to determine how near to agreement a group is. Rewarding progress.
<b>Summarizing</b>	Pulling together related issues. Restating suggestions after the group has discussed them. Offering decisions, applications or conclusions for the group to accept or reject.	<b>Following</b>	Going along with the movement of the group. Accepting others' ideas. Listening to and serving as an interested audience for others in the group.

## **EFFECTIVE DISCUSSION SKILLS**

As described in The Team Handbook: How to Use Teams to Improve Quality, by Peter R. Scholtes, effective discussions are at the heart of successful meetings. The team leader should always use skills for effective discussions, but the team will be even more effective when every team member learns and practices skills that facilitate discussions. The following techniques are particularly useful in team discussions.

### **Discussion Skills**

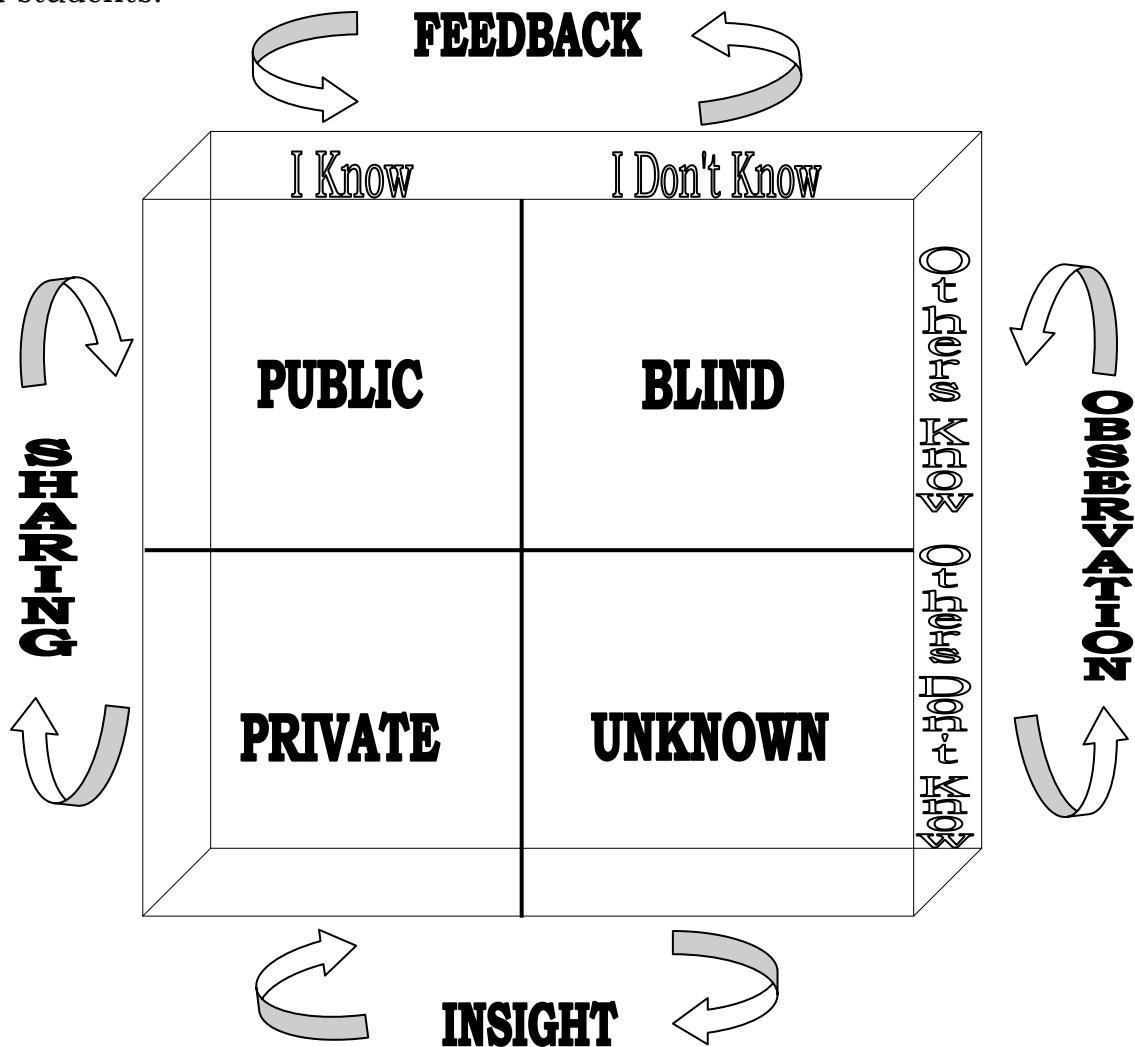
At appropriate times during a meeting, team members should:

- **Ask for Clarification** – If you are unclear about the topic being discussed or the logic in another person’s arguments, ask someone to define the purpose, focus or limits of the discussion. Ask members to repeat ideas in different ways. Ask for examples, pictures, diagrams, data, etc.
- **Act as Gatekeepers** – Encourage more-or-less equal participation among group members by “throttling” dominators. Make openings for less aggressive members by directly asking their opinions or making a general request for input.
- **Listen** – Actively explore one another’s ideas rather than debating or defending each idea that comes up.
- **Summarize** – Occasionally compile what has been said and restate it to the group in summary form. Follow a summary with a question to check for agreement.
- **Contain Digression** – Do not permit overlong examples or irrelevant discussion.
- **Manage Time** – If portions of the agenda take longer than expected, remind the team of deadlines and time allotments so work can either be accelerated or postponed, or so time can be re-budgeted appropriately.
- **End the Discussion** – Learn to tell when there is nothing to be gained from further discussion. Help the team close a discussion and decide the issue.
- **Test for Consensus** – Summarize the group’s position on an issue, state the decisions that seem to have been made and check whether the team agrees with the summary.
- **Constantly Evaluate the Meeting Process** – Throughout the meeting assess the quality of the discussion or what could be done differently to be more effective in the remaining time?

**COMMUNICATION SKILLS**

As is the case with most human enterprises, the degree to which team members openly and honestly communicate regarding both group task and maintenance concerns is the foundation of team effectiveness. Since communication is also at the heart of the team's efforts with colleagues, parents and community members, on behalf of children, it is incumbent upon teams to faithfully monitor, evaluate, adapt and improve their communication patterns and skills. Described below are some skills and techniques that are essential for group cohesion and productivity.

**Johari Window** The Johari Window, described by Josph Luft in Of Human Interaction, is a model of interpersonal communication that team members can use as a basis for identifying behaviors and related information that will help maintain the group and improve interactions among colleagues, parents, community members and students.



**Johari Window, continued****Applications of the Johari Window to I&RS Team Functioning**


The degree to which people reveal information about themselves is always a personal choice. While it is not suggested that team members share every detail of their lives to be effective team members, members should be aware that, as a rule, the smaller their public area the less effective their communications and relationships with others. As the public window increases in size, team members become more open, trusting and approachable; they are more willing to share information, receive feedback and learn from their experiences.

New relationships typically begin with people sharing superficial information about themselves, thereby moving in a limited manner from the private area to the public area. At first, information may be limited to facts such as: names, styles of dress, interests, preferences for entertainment and food, religious affiliations or favorite activities or events.

As comfort and trust are established, team members become more willing to give and receive feedback about how they are responding to one another, thereby further enlarging the public area by transferring information from the blind area. The result is even greater willingness to share meaningful information and confidences. For this to happen, there must be safety, confidentiality, respect, common goals and honesty. In the final analysis, *it is not necessary for team members to be social friends, but they must work in a friend-like manner.*

**Applications of the Johari Window to the I&RS Process**

The essence of the I&RS process, and the educational process in general, is manifest in the Johari Window, making it a very useful model of interpersonal communication.

**Unknown**  **Private** Students or team members may have potential skills or creative reservoirs that remain unknown to them until they are exposed to opportunities for discovery and development, which would bring the unknown information into the private area. Examples of unknown information moving into the private area include the act of acquiring new information about a problem; having an “aha” experience, where a student or team member makes new connections; or when the psycho-dynamics of a situation create new awareness or *insight*.

**Johari Window, continued**

**Private** ⇨ **Public** It is the job of educators to systematically *share* information that is unknown to students. Students regularly *share* new learnings or *insights* through discussions, reports, tests or other means, thereby bringing the private information into the public area. Staff who request assistance for problems are sharing information with the I&RS team that was previously unknown to them. Students *share* background information and insights about their performance and concerns. Team members *share* insights about their preferred style of teamwork. Team members *share* limitations or preferences for the types of issues or cases with which they feel comfortable working. Team members *share* their insights about the team's process or a team member's behavior. Team member's also *share* insights they have about requests for assistance based on their assessment of the collected information.

**Unknown** ⇨ **Blind** School staff may *observe* or "intuit" a behavior or characteristic that suggests a particular talent, or may provide opportunities for students to participate in new activities, where talents and abilities are witnessed, thereby bringing the unknown information into the blind area. School staff who have requested assistance for behaviors of concern provide the team an opportunity to make observations not made by requestors. A classroom observation conducted by a team member may provide the observer with information that is not known to the observee. Team members may also *observe* either an effective or ineffective pattern in the team's operations or in a behavior of concern for another team member.

**Blind** ⇨ **Public** Teachers provide feedback to students on classroom performance, homework assignments and tests, bringing blind information into students' public arena. The I&RS team brings the information from a request for assistance (blind area) into the public area by providing *feedback* to the students parents, the student or possibly other staff and community agencies. A team member's observation of group behavior or the behavior of an individual is made public by providing *feedback* about the concern to the group or the individual with the "blind" spot on the matter.

**Three Problems in Human Relationships and Related Skills**

The application of the Johari Window to the I&RS process requires the use of three essential communication skills: 1) *feedback*, 2) *listening*, and 3) *conflict resolution or problem solving*. The application of these skills requires an understanding of the situations in which they are most appropriately applied.

As explained by Dr. Thomas Gordon, in Teacher Effectiveness Training, there are three types of problems that we all experience in human relationships: 1) *I own the problem*, 2) *The other person owns the problem*, or 3) *We own the problem*. The keys to Dr. Gordon's schema are in the identification of *ownership* for problems and in matching the appropriate skills and/or strategies for addressing or resolving them.

According to Dr. Gordon, "One of the chief stumbling blocks on the path toward good relationships is the failure to understand the concept of ownership of problems." Dr. Gordon asserts that it is absolutely imperative that we are able to distinguish between those problems that others have in their lives that cause *them* a problem, but not oneself; those that have a tangible and concrete effect on *oneself* by interfering with one's needs; and those where our needs conflict. The three problem areas are described below, as well as suggested skills or strategies for addressing them.

***I Own The Problem***

A problem is said to be "owned" by an individual when another person's behavior interferes with one's own needs or when one is disturbed by another's behavior. The problem belongs to the person who is experiencing difficulties with another person; it belongs to him; he owns it.


The clues that indicate that someone owns a problem are the *feelings* experienced (e.g., annoyance, frustration, resentment, anger, distraction, irritation, hurt, sadness, embarrassment). Another set of clues are the *physical manifestations* of one's feelings (e.g., tension, discomfort, upset stomach, headache, jumpiness, perspiration, hyperventilation, increased heart rate). Effective team members own, and take responsibility for, these feelings and reactions.

Some situations where a team member might own a problem with one or more team members' behavior follow:

**Three Problem Areas in Human Relationships and Related Skills, continued**

- ❑ A team member continues to be late for meetings, which interferes with the completion of the agenda.
- ❑ A team member does not follow through on assignments, causing delays in services to students, staff and parents.
- ❑ A team member regularly dominates discussions, does not share responsibility and does not compromise, making it difficult to reach consensus.
- ❑ The team does not follow through on decisions.
- ❑ The team is not following the agreed upon procedures.
- ❑ A team member repeatedly begins talking before you complete your thoughts.
- ❑ A team member regularly makes comments that offend you or interjects humor at times that detract from the group's ability to focus on the tasks at hand.
- ❑ You overhear a team member discussing the specifics of an I&RS case with a staff member who is not a member of the team.

There are three basic responses one can make when experiencing a problem with another person's behavior: 1) *Attempt to modify the environment*; 2) *Attempt to modify oneself*; or 3) *Attempt to modify the other person's behavior*.


**Attempt to  
Modify the  
Environment**

Sometimes a problem can be prevented or rectified by making changes in one's environment. For example, separating two team members who joke a lot can reduce diversions or make it easier to confront or control this behavior when it occurs. Setting time limits for portions of meetings can help those members who easily become distracted. Modifying operating procedures can sometimes alleviate problems that some group members find troublesome. Tardiness might be reduced by selecting a location that is easily accessible to all or by making schedule adjustments. Dr. Gordon refers to eight ways of thinking about making environmental changes:

- ❑ Enriching the environment.
- ❑ Impoverishing the environment
- ❑ Restricting the environment.
- ❑ Enlarging the environment.
- ❑ Rearranging the environment.
- ❑ Simplifying the environment.
- ❑ Systematizing the environment.
- ❑ Planning ahead for the environment.

**Three Problem Areas in Human Relationships and Related Skills, continued****Attempt to  
Modify Oneself**

For many people, it is easier to accept new methods for modifying other people or the environment than it is to consider making changes in oneself. Self-modification, however, is the only method over which we have sole control.

It is normal for team members to allow for and make adjustments in their responses to other members' styles, preferences, strengths, credentials, positions of authority or their relationships with them. There are times when changing one's attitude, developing a little more acceptance of a colleague or understanding a team member's thoughts and motivations can markedly alter one's relationships with team members.

The relative significance of an issue or the ramifications of confrontation might influence a decision not to confront behaviors that interfere with our needs, if personal adjustments can be comfortably made. Self-modification, however, should be considered primarily when the change does not seriously compromise one's own ability to function in an effective manner, or in a custom that is not consistent with one's needs or personality.

**Attempt to Modify  
the Other Person's  
Behavior**

Behaviors that disturb us can be confronted in a supportive, but firm manner. Confrontation describes the act of standing up to another by telling him that his behavior is interfering with one's rights. It is an active posture, where one assumes responsibility for seeing that one's needs are met in a *caring* way.

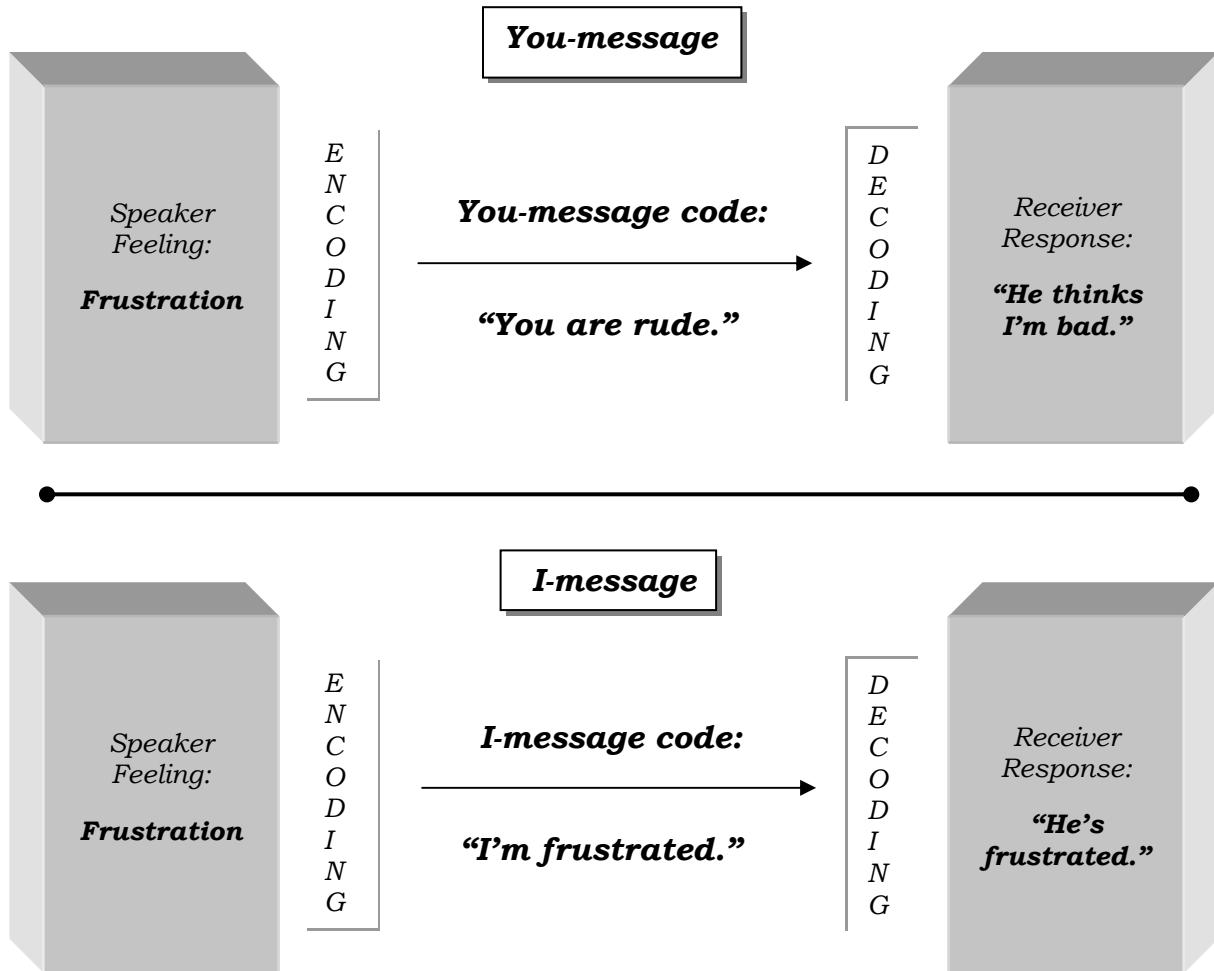
When encountering behaviors with which individuals have a problem, however, people have a tendency to confront with messages that have been shown to have a high probability of being ineffective or counterproductive, producing resistance, anger, guilt, shame, embarrassment, defensiveness, hopelessness or revenge. These ineffective messages typically fall into three categories: 1) *Solution messages*; 2) *Put-down messages*; and 3) *Indirect messages*.

Dr. Gordon explains that all three of the categories of ineffective messages tend to have the pronoun "you," or, due to the structure of the language, the "you" is implied, as in "Stop that," a message which carries the implied message, "You stop that." Examples of you-messages include

**Attempt to Modify the Other Person's Behavior, continued**

the following statements: "Leave me alone." "You're a jerk." "You're driving me crazy." "You should..." "You better..." "If you don't...then I'll..."

You-messages reveal nothing about the individual with the problem; the entire focus is on the person without the problem. The following diagrams, which are adapted from Dr. Gordon's work, illustrate the basis for developing more effective expressions of one's own concerns.



Dr. Gordon asserts that if the person with the problem describes how he felt about the behavior or how it tangibly affected him, the message would have to come out as an I-message, rather than a you-message. I-messages, put responsibility for what is happening where it belongs, inside the individual experiencing the problem. An I-message is essentially a *request* for change that allows the person who is affected by

***Attempt to Modify the Other Person's Behavior, continued***

another's behavior to express the impact it has on him; leaves the responsibility for changing the behavior or responding to one's request for change with the person who demonstrated it; and opens the door for constructive communication about mutual needs.

***THE I-MESSAGE***

To have the greatest impact, an I-message must have three parts:

***1) Behavior, 2) Feeling, and 3) Effect.***

***1. The specific BEHAVIOR of concern.***

The person that is the source of the concern must find out from the sender of the I-message exactly *what* is creating a problem. A non-blaming, nonjudgmental description of the concern is a good place to begin. A good I-message is a factual report without editorial characterization. The pronoun *you* may appear; however, unlike you-messages, they contain no blame, evaluation, solution or moral judgment.

Examples:

- 1) "When you **arrived 15 minutes after the agreed upon meeting time...**"
- 2) "When **confidential files are left unattended on the table...**"
- 3) "When you **began speaking before I finished my sentences...**"

***2. The TANGIBLE EFFECT of the behavior.***

I-messages generally fail to have impact unless the claimed undesirable *effect* on the person appears real and solid in the eyes of the receiver. When someone understands that his behavior causes another a real problem, he is more likely to be motivated to change. Communicating concrete effects also makes it more difficult to put someone down because of one's ideas of what is "good" or bad, "right" or wrong," when he is in no way affected by the behaviors.

Examples:

- 1) "When you arrived 15 minutes after the agreed upon meeting time, we were **unable to complete the agenda** and were **delayed in providing assistance** for students in need."
- 2) "When confidential files are left unattended on the table, they can **get misplaced** or **viewed by unauthorized persons.**"
- 3) "When you began speaking before I finished my sentences, I **could not complete my thoughts** and was **not able to fully participate.**"

***Attempt to Modify the Other Person's Behavior, continued***

***The I-Message, continued***

**3. The FEELING experienced as a result of the behavior.**

The third part of the I-message is a statement of the feelings generated within the person when he is tangibly affected. The sequence (behavior, effect, feeling) communicates that the feeling is being blamed on the effect of the behavior, rather than on the behavior, which minimizes defensiveness. It is likely that an individual is less concerned with being interrupted (which might be judged as rude) than he is with not being able to complete his thoughts or have a chance to fully participate.

- Examples:
- 1) *"When you arrived 15 minutes after the agreed upon meeting time, we were unable to complete the agenda and were delayed in providing assistance for students in need, and this really **frustrates, discourages and angers** me."*
  - 2) *"When confidential files are left unattended on the table, they can get misplaced or viewed by unauthorized persons, which could result in legal action, and this really **scares** me."*
  - 3) *"When you began speaking before I finished my sentences, I could not complete my thoughts, and became **frustrated, confused and hurt.**"*

***Feedback***

The I-message is one technique for giving feedback to another person about his behavior. Feedback is information that allows a person to learn where he is in relation to a specific objective or goal. Feedback provides a way of helping another person consider behavior changes. Feedback is always a device for someone to obtain information about the effect that his actions have on others.

Since the provision of feedback is at the heart of the I&RS process, it is important that team members master the skill of transmitting feedback in a helpful manner. The following lists, which have been adapted from A Handbook of Structured Experiences for Human Relations Training: Volume III, by J. William Pfeiffer and John E. Jones, contains criteria for maximizing the benefits of feedback.

**Attempt to Modify the Other Person's Behavior, continued**

**FEEDBACK CRITERIA**

**Usually Helpful**

**Usually Not Helpful**

**Descriptive**

**Evaluative**

Providing objective descriptions, rather than evaluations of one's observations and reactions to another's behavior, reduces defensiveness. The statement, "*This is a very poor article.*" is an example of an evaluative comment. The statement, "*I am confused by this article.*" Describes the speaker's feelings about the article, rather than the speaker's judgment of the article.

**Specific**

**General**

General information is not useful to the receiver. For example telling someone that he is "*dominating,*" is not as useful as providing specific information such as: "*Just now, when we were deciding the issue, you did not respond to input from others, as requested. As a result, I felt forced to accept your arguments or face attack from you.*"

**Immediate**

**Delayed**

In general, feedback is most useful at the earliest opportunity after the occurrence of the behavior. Of course, this depends upon various factors, such as the person's readiness to hear the information; support available from others; and the caring and concern accompanying the feedback.

**Measurable**

**Not Measurable**

In addition to describing the behavior in observable terms, it is helpful to quantify the observation. Hard evidence adds credibility to the observation; serves as a "reality check" for the observer; and minimizes defensiveness. An example of non-measurable feedback is: "*You always interrupt me.*" An example of measurable feedback is: "*During the last meeting, on seven occasions you began speaking while I was talking.*"

**Solicited**

**Volunteered**

Feedback is most useful when the receiver poses the questions he wants answered.

**Attempt to Modify the Other Person's Behavior, continued**

**Able to be Checked Out by Receiver**

**Not able to be Checked Out by Receiver**

Both the giver and the receiver should have the opportunity to check with each other and others, if possible, regarding the accuracy of the feedback for the following purposes: to determine whether this is one person's impression or an observation shared by others; to determine whether the feedback is understood; and to determine whether the giver completely understands the receiver's behavior. Have the receiver rephrase the feedback to see whether it corresponds to the giver's intentions.

**Leaves Decision about What to do with the Information with the Receiver**

**Gives Advice or Solution**

Feedback is intended to allow a person to know where he is in relation to a goal or objective; it provides the opportunity for him to consider behavior changes. Therefore, the receiver has the responsibility and right to choose to use feedback, as appropriate for him. If the behavior continues to be of concern, first attempt to modify the environment or yourself, and second, problem solve with the person.

**Possible to Change**

**Not Possible to Change**

Frustration, helplessness and disrespect, rather than caring, concern and empowerment, is increased when a person is reminded of some shortcoming over which he has no control (e.g. "You're short!")

**New Information**

**Old Information**

It is not helpful or easy for the receiver to hear the same complaints over and over again. If there is no change in response to feedback, refer to the item, "Leaves Decision about What to do with the Information with the Receiver" for strategies.

**Considers Receiver's and Giver's Needs**

**Does Not Consider Each Person's Needs**

It takes into account the needs of both the receiver and giver of feedback. Feedback can be destructive when it serves only the giver's needs and fails to consider he needs of the person on the receiving end.

## **The Other Person Owns the Problem**

When we perceive that another person has a problem and wish to help, it is in everyone's best interests to avoid barriers to communication. Some of the cues people send that indicate there is some discomfort include: frowning, wringing of hands, pacing, avoiding eye contact, voice changes, shouting, crying, banging on tables, slamming doors, throwing things, changing routines, attacking someone, talking less or more than normal. Several helpful responses to make when trying to assist someone with a problem that he is experiencing are described below:

### **Listen Silently**

*(Passive listening. Not speaking, but being physically attentive)*

Let your body show that you are listening, using nonverbal cues, such as leaning forward and maintaining eye contact. Do not allow yourself to be distracted. Silence communicates acceptance and support, and gives the speaker time and space to feel and think.

### **Use Door Openers**

*"Something going on with you?"*

*"Man, looks bad."*

*"Would you like to talk about it?"*

Make inquiries to invite the person to talk, if he chooses. Door openers communicate that you are available *if* he needs you. He now knows that someone is available to him, and has experienced the empathy, support and concern implied in the question.

### **Use Simple Acknowledgements**

Noncommittal responses, such as "Oh," "Really," "Ah," "Mmm," "Hmm," "Mm Hm," "I see," allow the other person to know he has been heard, while allowing him to continue uninterrupted, and by our inflections can communicate that we understand the feeling content (e.g., excited, frustrated, bored, angry) of his messages. Haim Ginnott refers to these as "empathic grunts."

### **Use Reflective Listening**

Paraphrase or provide a summary of the *content* of the person's messages. This skill allows the person with the problem to hear his own message as you perceive it, and communicates that you understand, without interrupting the flow of communication by imposing judgments or offering opinions. Paraphrasing is also a check for understanding.

### **Observe Verbal and Nonverbal Behavior**

Pay attention to and point out inconsistencies in verbal and nonverbal behavior. Some nonverbal cues that indicate one's feelings include: facial expressions, posture, eye contact, touch, gestures and spatial distance.

**The Other Person Owns the Problem, continued**

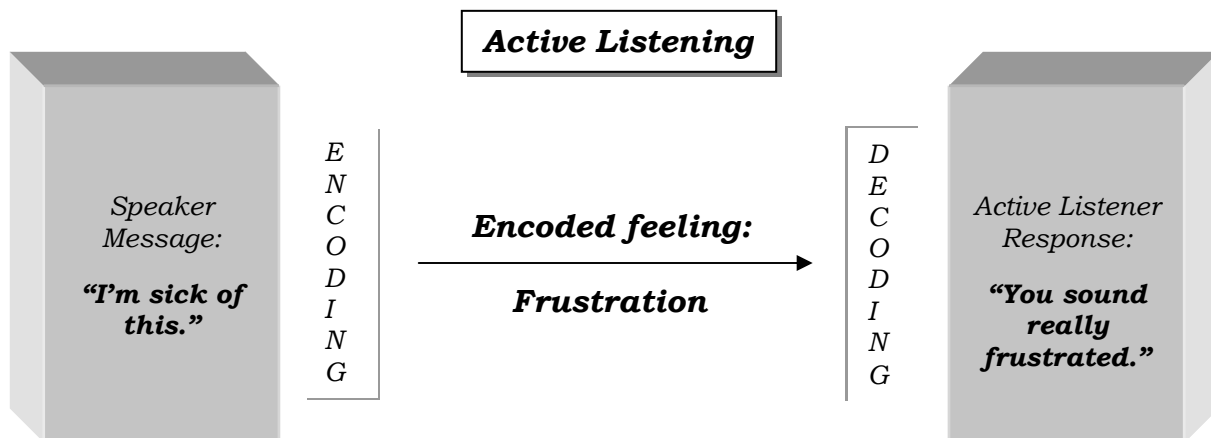
**Active Listening**

Active listening is another essential skill for helping individuals with problems that *they* own. Active listening is similar to reflective listening in that the listener reflects back what the listener understands to have been said. The active listener, however, also reflects back the *feelings* underlying the speaker's content.

The reflective listener allows the person with the problem to hear his own message, as the listener perceives it, and sends the message that "I heard and understand the content of your message," without imposing opinions or judgment. The active listener sends the message that, "I not only heard what you said, but I understand and empathize with your *feelings* about what you said, too."

For a variety of reasons, individuals who are experiencing problems often do not fully express themselves. The job of the active listener is to *decode* the messages, and reflect back the feeling content in an effort to lower their "emotional temperature" and aide in helping the individual to more clearly identify the basic issues. Once the emotional content and intensity has been reduced, problems can be discussed in a more rational manner. This technique also allows the individual the opportunity to comprehend and resolve his own problems.

Active listening can be framed with sentence stems, such as: "You sound (*feeling*)" or "You look (*feeling*).". The following diagram, which is adapted from Dr. Gordon's work, illustrates how listeners can decode messages to identify the feeling content.



## **WE OWN THE PROBLEM**

Conflict is a daily reality for the human condition. Individuals' needs, opinions, preferences, styles and values invariably come into opposition, particularly in situations where there is a high degree of collaboration (e.g., I&RS teams). Therefore, the ability to resolve or manage conflict successfully is probably one of the most important social skills that an individual can possess.

Conflict resolution consists of a number of separate, but interdependent sub-skills. Each of the following steps should be considered in sequence, unless a step has already been verbalized and completed to the satisfaction of all involved.

### ***Guidelines for Conflict Resolution***

#### ***Step One: Identify and Define the Problem***

When negotiated problem solving fails, it is often due to deficiencies in this step. Problems should be described in terms of the *needs* of each party, rather than thinly disguised *solutions*. The I-message and active listening skills are essential tools in conducting this dialogue, and in clarifying the needs to be addressed.

#### ***Step Two: Generate Possible Solutions***

After a problem has been accurately defined, the parties suggest solutions. The following points will help successful completion of this step:

- 1) *Do not evaluate proposed solutions.*
- 2) *Encourage equal participation.*
- 3) *Write down each solution.*
- 4) *Do not require parties to justify their ideas.*

#### ***Step Three: Evaluate the Solutions***

Now is the time to determine which solutions you do and do not like. Cross off the list any solution that produces a negative rating from anyone for whatever reason. Use active listening to ensure accurate understanding of the opinions and feelings expressed. Use I-messages to state one's own feelings. Next, advocate supported proposals; tell the parties why their ideas have merit. Do not rush.

**We Own the Problem, continued****Guidelines for Conflict Resolution, continued****Step Four:  
Make the Decision**

When steps one, two and three have been carefully followed, step four is typically not as difficult as it may seem. When *everyone* agrees, step four is completed. Some suggestions for successfully making the decision:

- **Do not vote!** *Voting produces winners and losers, unless the vote is unanimous. Work toward consensus. Grudging submission is not consensus. Do not adopt a solution until everyone agrees to at least try it.*
- *Test proposed solutions. Imagine how each solution would work if chosen.*
- *Write down the agreed-upon solution.*

**Step Five:  
Determine How  
to Implement  
the Decision**

Potentially productive problem-solving efforts often end in frustration because decisions never get implemented. This often happens because it was not determined who would do what by when.

**Step Six:  
Assess the Success  
of the Solution**

Step six is important, but need not always be formalized. The idea is to check the effectiveness of the problem-solving efforts. Keep in mind that it is all right to fail; that if things do not work out as expected, it most often means that only the decisions were bad, rather than the participants in decision making.

**SITUATIONAL LEADERSHIP**

Paul Hersey and Kenneth H. Blanchard, in Management of Organizational Behavior: Utilizing Human Resources, set forth research-based principles and measurement tools regarding leadership effectiveness and adaptability. Previous theories of leadership were one-dimensional (e.g., Blake and Mouton) and maintained that there was one ideal style for addressing task and maintenance issues. Hersey and Blanchard, however, have shown that there is no ideal leadership style for all situations; rather, the “perfect” leader owns four styles. The “ideal” leader accurately diagnoses situations and adopts the appropriate style of leadership (i.e., the appropriate combination of task and relationship behaviors) according to the needs of each individual and group.

The situational theory of leadership has numerous applications to the work of the I&RS team. *First*, situational leadership theory asserts that anyone who attempts to move the group forward is engaging in leadership behavior. This idea is consistent with the collaborative methods of the I&RS team and provides empowerment and encouragement for members to participate in a variety of capacities that will help the group achieve its goals.

*Second*, any team member who is assigned leadership responsibilities (e.g., team leader, case coordinator) can apply the principles of situational leadership. Since the individuals and the nature of the tasks at hand will change with each request for assistance, I&RS team members who perform leadership roles should be readily able to adopt behaviors that will be most effective in producing positive results.

*Third*, the theory has applications to the maintenance of the team’s group process and operations. The behaviors team members choose to modify and the strategies used to change them can be based on the degrees of maturity demonstrated by group members, as explained below. Team members' expectations of member behavior and strategies for addressing behaviors that detract from group success can be guided by the tenets of the theory.

*Fourth*, the theory provides a framework for the development of I&RS action plans that address the circumstances and issues involved with requests for assistance. The theory provides a basis for determining the needs inherent in requests for assistance, as well as in designing and selecting the types of behaviors/strategies team members should embrace or avoid, consistent with the unique needs of each situation.

### ***Situational Leadership, continued***

*Fifth*, it provides a framework for making decisions on the most appropriate application of various human relations and other leadership skills. For example, as previously discussed active listening is an important skill to use when another person has a problem. It is an extremely important skill, however, in the third area described below: when a person has the knowledge and ability to perform a task, but is not motivated to take the initiative. Conflict management is also an essential skill, but might be best applied to the second and third areas described below.

### ***Situational Leadership Theory***

Hersey and Blanchard define leadership as the application of an appropriate mix of *task* and *relationship* behavior of the leader, given the level of *maturity* of the target individual or group. The terms of the theory are defined below:

- ❑ ***Task Behavior*** = The behavior a leader exhibits that helps another person get the task done. This behavior entails more directing kinds of activities than anything else.
- ❑ ***Relationship Behavior*** = The behavior a leader exhibits that gives another person support and understanding.
- ❑ ***Maturity*** = 1) Knowledge to do the task; 2) History of success, and 3) Initiative or motivation to start things. Level of maturity is only assessed on an individual's *specific behavior*, rather than on the individual.

As the maturity level of an individual or group increases or decreases, the leader adjusts his behavior according to the chart below. The leadership styles are presented in sequence according to their applications to situations where low maturity (Area 1) through high maturity (Area 4) are exhibited.

**Situational Leadership, continued**

<b>Leadership Style</b>	<b>Description</b>
<p data-bbox="332 443 440 470"><b>Area 1</b></p> <p data-bbox="298 499 480 531"><b>“TELLING”</b></p> <p data-bbox="250 571 524 638"><b>High Task, Low Relationship</b></p>	<p data-bbox="561 443 1383 678">An example of the application of situational leadership theory involves a person who comes to a new group. The person may have some skills, but not a lot of knowledge about how the group functions or how it gets things done. You can assume he has some knowledge about the group’s work, but there is no history of success with you, and you do not know whether he can take initiative.</p> <p data-bbox="561 709 1383 978">Hersey and Blanchard would say for new members, or for people who have not shown the maturity, we have to assume a HIGH TASK, LOW RELATIONSHIP position in which we do more directing or “telling” than anything else. In the beginning, the person is supervised closely and given tasks. The person is told what to do, how to do it, when to do it and to check back. Practically no responsibility is given.</p>
<p data-bbox="326 1062 448 1089"><b>AREA 2</b></p> <p data-bbox="298 1119 480 1150"><b>“SELLING”</b></p> <p data-bbox="245 1190 529 1257"><b>High Task, High Relationship</b></p>	<p data-bbox="561 1037 1383 1241">If the assignment comes back according to the schedule and is completed in the manner requested, the next time the person is given a little bit more responsibility, because he demonstrated the knowledge to do the assignment, did the task well, and is beginning to develop a history of success.</p> <p data-bbox="561 1272 1383 1640">After a few similar incidents, the person is moved up to HIGH TASK, HIGH RELATIONSHIP. The difference is that although structure is maintained, the person’s involvement and inclusion is increased. “Here is the assignment to be completed by the end of the week. I’d like you to look it over, and then let’s get back together and decide the method by which it is to be done, and identify any problems you might have. Let me know whether you need any help.” The different message is that the person is trusted to handle some possible problems, as well as to seek help when needed.</p>

**Situational Leadership, continued**

<p><b>AREA 3</b> <b>“PARTICIPATING”</b>  <b>Low Task,</b> <b>High Relationship</b></p>	<p>Assuming the person does a series of things like this well, and the goal is to develop his independence, he is moved to LOW TASK, HIGH RELATIONSHIP. This combination now applies because the person has shown the knowledge, responded well to direction and accepted a little bit of responsibility; now, there is participation.</p> <p>“Here is the assignment, which needs to be completed by the end of the week. Bring it to me for final approval. Let me know if there are any problems.” There no longer is a need to check to ensure a desirable approach is taken. There is a history of success. Initiative has been taken. Concerns for task fulfillment have been greatly reduced. The leader merely makes himself available and encourages, if necessary.</p>
<p><b>AREA 4</b> <b>“DELEGATING”</b>  <b>Low Task,</b> <b>Low Relationship</b></p>	<p>After the person has performed successfully in this manner, the leader might simply delegate tasks, saying: “Here is your project.” A deadline might be given by necessity, or the person might also be asked how long it might take or when it might be expected. Otherwise, the person is on his own. The person no longer requires much discussion because there are no concerns for tasks that are his responsibility. In fact, the person might refer others to him as their resource person.</p>

**Strengths and Applications of the Model**

A strength of Hersey and Blanchard’s model is that it provides a goal for individuals (e.g., team member, student, requesting teacher, parent, human or health service agency representative). No matter which leadership behavior is used first, the goal is to develop independence (i.e., move to the delegating area). The ideal situation according to Hersey and Blanchard is when leaders utilize low task and low relationship behavior, since the application of this combination indicates that individuals are highly motivated and highly capable of independently performing required tasks.

This model enables leaders to be less reactive. It provides direction for responding to various situations and gives a longer term perspective: to help individuals reach the delegating, or at a minimum, the participating

***Situational Leadership, continued***

area of leadership (i.e., task and relationship behavior) and maturity (i.e., knowledge, history, motivation).

Another strength of the model is that it gives direction for instances when problems develop. For example, in the case of a student who has been performing in the delegating area but begins to experience a decrease in performance and increased problems at home, the performance change is not considered a complete failure, only that the same quality is not there.

The danger in this type of situation is to immediately go back to the high task, low relationship or high task, high relationship areas with the student. Since the student has developed a success record with the teacher, going all the way back to the telling area is undeserved. With this model, not only do individuals move up through the areas in sequence, but when there is a problem the leader moves the individual back *only* one area.

For example, if a student has been in the low task, low relationship area, and there is a problem, the leader merely moves to the low task, high relationship area to increase the amount of support and understanding. The movement from one area to another progresses sequentially, both forward and backward.

**STRESS MANAGEMENT**

Everyone experiences stress as a part of every day life. Running late for work, a particularly difficult student case, a disruptive class, a conflict with a colleague, non-productive I&RS team meetings, a tight timeline, receiving a promotion, being assigned or volunteering for additional duties, receiving an award, going on vacation, having a child, hosting a party, moving, buying a house, being stuck in traffic, losing a loved one, living with divorce can all be stressful events.

As explained in *Kicking Your Stress Habits: A Do-it-yourself Guide for Coping with Stress*, by Donald A. Tubesing, contrary to popular belief, stress is not pressure from the outside. The tough case, the disruptive class, the demanding schedule are *stressors*. Your response to those situations constitutes *stress*.

***Stress Management, continued***

The distinction is important. *Stressors* are the abundance of daily occurrences to which we all have to adapt. *Stress* is your *response* to these events as you attempt to make the adjustment.

*Eustress*, or positive stress, can be energizing. It can stimulate, animate, invigorate and fortify you and supply the zest for life, work and play. *Distress*, or negative stress, whether it comes from significant or relatively minor traumas, can become insidious, destructive and wear you out.

Once your personal signals (e.g., tight throat, sweaty palms, aching head, fatigue, indigestion, nausea, diarrhea, aching shoulders or back) let you know that the stress in your life needs attention, the management decisions are up to you. As explained by Mr. Tubesing, “stress management doesn’t mean getting rid of all stress. Rather, it means making thoughtful choices about which stress to keep and which to let go.” The latest medical literature suggests that either stress overload or underload may be hazardous to your health. The key is finding the right balance.

Mr. Tubesing advises that most stress is not caused by the great tragedies of life, but from the accumulation of minor irritants that steadily grind us down over the years. Teams and team members who ignore their stress, their reactions to annoyances and inconveniences over a period of time, tend to become more stressful, and therefore, less effective in helping colleagues, students and families.

Teams probably do not set out to become unhealthy units nor do their members desire to become ill from stress or overload. But they may bring on these results by the choices they make. The amount of wear and tear that team members experience in their day-to-day pressures are caused by their viewpoints, by their attitudes and by the choices they make.

Effective team members remain cognizant of their stressors; manage their individual responses to it in healthy ways; and stay vigilant about preventing and reducing the effects of stressors on the I&RS program. The effective team will utilize the information described in the Team Wellness/Maintenance section of the manual to help understand and manage the stress and stressors that can limit I&RS team effectiveness.

**PERSONALITY/LEARNING STYLES**

Many of the theories and strategies discussed in the Innovative Strategies section of the manual have direct application to the maintenance of the I&RS team. The Myers-Briggs Type Indicator (MBTI), which is described more fully in the section of this manual titled “Innovative Strategies,” can be a particularly useful tool for I&RS teams because it provides insight into how team members learn best, as well as how their learning preferences might complement or conflict with other team members’ styles of processing information.

Sometimes groups get “stuck” because members think alike, producing little of the diversity or tension that can drive innovation. Therefore, MBTI is a useful tool for determining whether there is a fair representation of styles on the team and for providing insight into group member behavior. MBTI also highlights members’ strengths and suggests the types of tasks and activities that would be best suited for each member. Described below are two additional schemas for assessing and addressing team members’ personality and learning preferences:

- 1) *True Colors, and*
- 2) *The Enneagram.*

***True Colors***

Dr. David Keirsey and Marilyn Bates in their book, Please Understand Me: Character and Temperament Types, describes the True Colors model, which is based on four personality types. According to the authors, True Colors translates personality and learning theory into practical information and tools that are easy to use and understand.

The model provides insights into the characteristics of each style; the different factors that tend to create stress for each style; the strategies for improving personal relationships among people with different styles; and strategies for improving work and learning climates. Keirsey and Bates use a color scheme to represent each personality type:

**True Colors, continued**

<b>TRUE COLOR PERSONALITY TYPE</b>	<b>DESCRIPTION</b>
<b>Blue</b>	<ul style="list-style-type: none"> <li>➤ People with blue in their character as their brightest color are persons of peace and love.</li> <li>➤ They are the natural romantics in life, idealizing the perfect moment and gestures of love.</li> <li>➤ They are most satisfied when nurturing the potential in others.</li> <li>➤ Authenticity and honesty are valued above all other characteristics.</li> </ul>
<b>Gold</b>	<ul style="list-style-type: none"> <li>➤ “Be prepared” is the motto of those with gold as their brightest color. They enjoy the status and security that being prepared represents.</li> <li>➤ They have an instinct for keeping the product in production, for maintaining the structure and for supporting the rules.</li> <li>➤ They have a strong awareness of right and wrong, with respect for the “shoulds” and “should nots.”</li> <li>➤ They value order and cherish the traditions of home and family.</li> <li>➤ Steadfastness, predictability, the work ethic and loyalty are some of their trademarks.</li> <li>➤ Generous and parental by nature, they show they care by making everyone do the right thing.</li> </ul>
<b>Green</b>	<ul style="list-style-type: none"> <li>➤ People with green as their brightest color have curious minds. They explore every facet of a problem or an idea to control the realities of life.</li> <li>➤ They are global by nature, always seeking universal truth.</li> <li>➤ They acquire skills and perfect any product or system on which they choose to focus. They express themselves through their ability to be an expert in everything.</li> <li>➤ They are symbolized by the abstract thinker, the unknown challenge of outer space, the complexity and simplicity in design and the symmetry of forms.</li> <li>➤ They feel best about themselves when they are solving problems and when their ideas are recognized.</li> <li>➤ They do not express emotions openly, but do experience deep feelings.</li> </ul>
<b>Orange</b>	<ul style="list-style-type: none"> <li>➤ People with orange as their brightest color see life as one big party to enjoy. They live in the here and now, for who knows what tomorrow may bring?</li> <li>➤ They are always ready for a business deal or a deal of any sort, loving competition and never missing an opportunity. They are master negotiators.</li> <li>➤ Their impulsiveness drives everything they do. They are adventurous and test limits.</li> <li>➤ They need freedom to take action.</li> <li>➤ They take pride in being highly skilled in a variety of fields.</li> </ul>

## ***The Enneagram: Personality Types***

The Enneagram is a system for understanding personalities and complex dynamic systems. The nine personality types of the Enneagram each represent a motivating need for an individual, and are characterized by a basic desire and a basic fear. In the healthy state, the dynamics of each type is controlled by the basic desire. In the average state, there is relative balance between motivating desires and fears. In the unhealthy state, the dynamics of the trait are controlled by the basic fear. It is important to note that no type is considered better than another one; they are merely descriptions of categories of observed types.

As described in the text developed by the Life Skills Institute titled Focus on Change: New Strategies for Education Professionals, all people tend to go through most of the personality types, described below, throughout their lives, but spend most of their time in their “intelligence center” and their “actual type.” Each type indicates the specific imbalance among three “intelligence centers:” feeling, thinking and moving. The personality types are grouped into “triads:” Feeling Triad, Thinking Triad and Moving Triad.

### **PERSONALITY TYPE**

### **DESCRIPTION**

#### **FEELING TRIAD:**

#### **The Helper, The Motivator, The Artist**

#### ***The Helper***

*“I must help  
others.”*

**Basic Fear:** Being unwanted; unworthy of being loved.

**Basic Desire:** To be unconditionally loved.

**General Characteristics:** Caring and nurturing type: concerned, generous, possessive, manipulative.

**Healthy:** Empathetic, compassionate, feeling with and for others, generous, giving, helpful, highly value service.

**Average:** More talking than helping, emotionally demonstrative, overly friendly, “good intentions,” want others to depend on them, giving, but expect a return, send double messages, enveloping, possessive.

**Unhealthy:** Manipulative and self-serving; instill guilt by telling others how much they suffer; they excuse and rationalize what they do, since they feel abused and victimized and are bitterly angry and resentful; internalization of aggressions results in psychosomatic problems.

### **The Enneagram: Personality Types, continued**

#### **The Motivator/ Performer**

*"I need to  
succeed."*

**Basic Fear:** Being worthless.

**Basic Desire:** To be accepted and affirmed by others.

**General Characteristics:** Success-oriented type: pragmatic, adaptable, ambitious, image-oriented, hostile.

**Healthy:** Self-assured, desirable, high self-esteem, confident in themselves and their own value, ambitious, embodies widely admired cultural qualities.

**Average:** Competitive, concerned with being superior and rising above others, image-conscious, narcissistic, appear pretentious, emphasize style over substance, a chameleon: packaging themselves according to the expectations of others.

**Unhealthy:** Exploitive and opportunistic, untrustworthy: maliciously betray and sabotage people, delusionally jealous of others: becomes vindictive and attempts to ruin them and their happiness, diabolically sadistic and psychopathic tendencies, capable of sabotage, mutilation and murder.

#### **The Artist/ Romantic**

*"I am unique."*

**Basic Fear:** There is no permanent, fixed self.

**Basic Desire:** To find out whom they are.

**General Characteristics:** Sensitive, withdrawn type, intuitive, individualistic, self-absorbed, depressive.

**Healthy:** Aware of self, feelings and inner impulses, introspective, "search for self, sensitive and intuitive both to self and others, gentle, tactful, compassionate.

**Average:** Artistic, romantic orientation, expresses feelings through aesthetics, hypersensitive, feels different from others, and exempt from living as they do, impractical, unproductive, self-pity, self-indulgent, melancholic dreamers, decadent, living in a fantasy world.

**Unhealthy:** Angry at self and depressed, self-inhibiting, alienated from self and others, blocked and paralyzed, tormented by delusional self-contempt and morbid thoughts, feel despair and hopeless, become self-destructive, possibly by abusing alcohol or other drugs to escape.

### **Thinking Triad: The Thinker, The Loyalist, The Generalist**

#### **The Thinker/ Observer**

*"I need to figure  
it out."*

**Basic Fear:** Being overwhelmed or engulfed.

**Basic Desire:** To feel safe (mastery of something).

**General Characteristics:** Intellectual, analytic type, perceptive, original, provocative, eccentric.

**Healthy:** Extraordinarily perceptive and insightful, mentally alert, curious, independent, innovative, inventive, original ideas.

**Average:** Analytic, specialized, make a science of things, research, scholarship, the scientific method, empirical data, building theories, become detached: a disembodied mind, although high strung and intense, speculative about highly abstract ideas.

**Unhealthy:** Become eccentric, reclusive and isolated from reality; get obsessed yet frightened by threatening ideas; paranoid, prey to gross distortions and phobias. Lose touch with reality: insanity with schizophrenic tendencies common.

**The Enneagram: Personality Types, continued**

**The Loyalist/Loyal Skeptic**

*“I am always dutiful.”*

**Basic Fear:** Being unable to survive on their own.

**Basic Desire:** To have security by belonging

**General Characteristics:** Committed, traditionalistic type: engaging, responsible, defensive, anxious.

**Healthy:** Elicit strong emotional responses from others: very appealing and endearing. Trust, permanent relationships, family and friends very important; reliable and responsible behavior.

**Average:** Fear taking responsibility for themselves: identify with an authority figure (or group); join men or women “organizations.” Obedient, evasive, indecisive, procrastinate, ambivalent, belligerent, “tough guy/gal” stance, partisan, defensive, looks for threats, mean-spirited, bigoted.

**Unhealthy:** Fear rejection by authority, become clinging, dependent and self-disparaging with acute inferiority feelings, feel hopeless, worthless, incompetent and persecuted, overreact to anxiety: act irrationally and may bring about what they fear, masochism, self-punishment.

**The Generalist/Epicure**

*“I must help others.”*

**Basic Fear:** Pain and deprivation.

**Basic Desire:** To be happy, satisfied, with their needs fulfilled.

**General Characteristics:** Hyperactive, uninhibited type: enthusiastic, accomplished, excessive, manic.

**Healthy:** Excitable, enthusiastic about sensation; most extraverted type: stimuli brings immediate response; accomplished achievers; they do different things very well.

**Average:** Appetites increase, they want to have more; acquisitive and materialistic consumer; constantly amusing themselves with new experiences; sophisticated, connoisseur; uninhibited, flamboyant exaggerations, wise-cracking, performing, fears being bored or becoming superficial, demanding, self-centered yet unsatisfied, addictive, hardened, insensitive.

**Unhealthy:** Offensive and abusive in going after what they want; debauched, depraved, dissident escapists, their addictions and excesses can take their toll, in flight from self: manic-depression and panic reactions arise when defenses fail.

**Moving Triad:  
The Leader, The Peacemaker, The Reformer**

**The Leader/Boss**

*“I must be strong.”*

**Basic Fear:** Being harmed or controlled by others.

**Basic Desire:** To be independent and strong.

**General Characteristics:** Powerful, dominating type: self-confident, decisive, aggressive, combative

**Healthy:** Self-assertive, self-confident and strong, the natural leader: decisive, authoritative and commanding, passionate, champion of the people: providers, protectors and honorable.

**The Enneagram: Personality Types, continued**

**The Leader/  
Boss,  
continued**

**Average:** Enterprising, “rugged individualists,” wheeler-dealers, entrepreneurs, risk-takers, forceful, aggressive, dominating; mix sex and aggression with exhibitionism and toughness, belligerent: creates adversarial relationships, others feel insecure and oppressed and fear and resent them.

**Unhealthy:** Ruthless, dictatorial, tyrannical, “might makes right,” immoral, delusional ideas about themselves: megalomania, feeling omnipotent and invulnerable, may virtually destroy everything that has not conformed to their will, violent, vengeful, barbaric, murderous.

**The Peacemaker/  
Mediator**

“I am  
complacent.”

**Basic Fear:** Losing their stable sense of self.

**Basic Desire:** To maintain their inner stability (“peace of mind”).

**General Characteristics:** Easy-going, calm type: receptive, optimistic, complacent, disengaged.

**Healthy:** Deeply receptive, accepting, unselfconscious, emotionally stable and serene, innocence and simplicity, trusting of self and others, at ease with self and life, patient and supportive.

**Average:** Self-effacing, accommodating, living with others, naively accept conventional roles and expectations, fear changes and conflicts and become passive, disengaged, unreflective, unresponsive and complacent, become fatalistic and resigned, into wishful thinking and magical solutions.

**Unhealthy:** Can be too repressed, undeveloped and ineffectual, do not want to deal with problems, become obstinate, dissociating self from all conflicts, neglectful and dangerous to others, become severely disoriented, depersonalized, catatonic or develop multiple personalities.

**The Reformer/  
Perfectionist**

“I must be  
perfect.”

**Basic Fear:** Becoming corrupted, evil.

**Basic Desire:** To be good, righteous and in balance with everything.

**General Characteristics:** Rational, idealistic type: Principled, orderly, perfectionistic, self-righteous.

**Healthy:** Conscientious, strong sense of right and wrong, rational, reasonable, self-disciplined, mature, moderate, principled, fair and objective, ethical, truth and justice are the primary values.

**Average:** Idealists, reformers, advocates, critics, impersonal and inflexible, thinking s black or white, right or wrong, very critical of self and others, picky, judgmental, perfectionist, badger people to do the right thing, as they see it, moralizing, scolding and becoming abrasive and indignantly angry toward others, impatient: never settle for anything less than perfect in self or others, workaholics.

**Unhealthy:** Intolerant, highly dogmatic: they alone know the truth, become obsessive about the wrong-doing of others, fall into contradictory, hypocritical actions: doing the opposite of what they preach, being cruel toward others, condemning them, nervous breakdown and severe depression.

## **SCHOOL-WIDE PLANNING**

### **REVIEW, ASSESSMENT AND IMPROVEMENT OF THE I&RS PROGRAM**

Per N.J.A.C. 6A:16-7.2(a)10, school districts are required to:

*“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; and”*

Per N.J.A.C. 6A:16-7(a)11, school districts are required to:

*“At a minimum, annually review the intervention and referral services action plans and the actions taken as a result of the building’s system of intervention and referral services and make recommendations to the principal for improving school programs and services, as appropriate.”*

#### **Review of Team Progress and Effectiveness**

The intent of the each code provision described above is to ensure that I&RS teams will regularly take the time to formally review their actions and operations and take appropriate steps to improve the program by reinforcing or modifying current practices and initiatives and increasing members’ skills and repertoire of strategies. It is important for teams to collect *information and data* based on team actions and operations and periodically analyze these data to make certain that each I&RS action plan and the overall program is as efficient and effective as possible.

**I&RS Action Plans** - Since I&RS teams are responsible for assessing progress toward achieving *outcomes*, all I&RS action plans should be based on concrete data and measurable behavioral objectives. Follow-up activities should focus primarily on a comparison of baseline data to data on progress toward achieving the measurable outcomes. Without a core of data, there can be no objective assessment of progress. See the sections in this manual titled *Innovative Strategies* (Life Skills subsection) and *The I&RS Team Process, Phases of the I&RS Team Process* (Phase 2) for suggestions in charting baseline and follow-up data.

**Annual Review** – Similarly, the I&RS files are a significant collection of comprehensive data on educational issues in the building. An analysis of

**Review of Team Progress and Effectiveness, continued**

these data can facilitate an objective review of educational concerns. For example, based on a review of I&RS data a team might discover that it was able to review 24 cases out of 63 total requests for assistance in the previous school year. Based on this information, the team might consider examining the following areas: the efficiency of its practices; whether all appropriate resources were appropriately utilized; whether school staff were timely in their responses to requests for information; or whether additional meeting time, added staff or an adjusted meeting schedule is necessary to address a larger portion of the requests for assistance next school year.

Based on further review, the same team might realize that over two-thirds of the requests for assistance came from staff from only two grade levels. As a result, the team might pursue the following: determine whether there are problems associated with the program on the part of teachers in the other grade levels; determine the appropriateness of teachers' requests for assistance of the I&RS team; determine whether the requests for assistance point to staff development or supervisory needs; or consider the development of more than one building team.

**School-wide Recommendations**

An objective analysis of the trend data from the team's proceedings can also suggest areas for school-wide planning. Some examples of areas that can be influenced on a school-wide basis are described below:

- **Building Programs** – The prevalence of certain types of student problems might indicate the need to:

➤ *Add Programs, e.g.,*

<i>Peer tutoring programs.</i>	<i>Study skills programs.</i>	<i>Transitional programs.</i>	<i>Alternative reading programs.</i>
<i>Peer or adult conflict mediation programs.</i>	<i>Peer leadership programs.</i>	<i>Peer education programs.</i>	<i>Peer or adult mentoring programs.</i>
<i>New formats or options for the professional development of faculty.</i>	<i>Development or purchase of new materials for teachers.</i>	<i>Continuity of care support groups and activities for recovering students.</i>	<i>Intervention education and support groups for high-risk students.</i>

**School-wide Recommendations, continued**

<i>Parent support groups.</i>	<i>Curriculum-based in-school suspension programs.</i>	<i>Programs that foster cooperation and respect.</i>	
<i>Programs and activities designed to change unhealthy norms by empowering students who do not engage in behaviors related to the unhealthy norms and regular, planned public demonstrations of support for valued behavioral patterns.</i>			

➤ *Expand or Modify Existing Programs, e.g.,*

<i>Practices that clearly and consistently communicate that all children are capable and that all school staff have high academic and behavioral expectations for all students.</i>	<i>Learning centers.</i>
<i>Coordinated implementation of comprehensive programs, services and resources in support of substance abuse and/or violence prevention and intervention.</i>	<i>Increased instructional time for English as a Second Language programs.</i>
<i>Student-centered and activity-based instructional practices for comprehensive health education and other curricular areas.</i>	<i>Alternative education programs for troubled or disruptive students.</i>

➤ *Eliminate Existing Programs or Practices, e.g.,*

<i>Ineffective instructional or disciplinary methods.</i>	<i>Practices that do not involve students in school governance.</i>
<i>Ineffective or inconsistent enforcement of school policies and procedures.</i>	<i>Denial of research-based factors and conditions that place students at risk for school and personal failure.</i>
<i>The use of non-research-based materials or practices.</i>	<i>Duplication of programs or functions.</i>
<i>Practices that exclude or make it difficult for parents and other community resources to actively participate in the educational process.</i>	<i>School health practices, such as selling non-nutritional products, which are in conflict with information taught in the school's comprehensive health education curriculum.</i>
<i>Activities that tend to isolate people, rather than facilitate collaboration.</i>	<i>Activities that are not specifically designed to address documented needs.</i>

**School-wide Recommendations, continued**

- **School Administrators** – Data and other input from the I&RS team can be used to help make school administrators aware of the needs of students in their buildings and of the necessity for new and refined programs and services. Information from the I&RS team can help stimulate discussion among staff about student needs and how those needs should be best addressed.

I&RS information can be used to inform administrative decisions about school policies and procedures. These data can also help school administrators identify student needs that they did not know existed or that would have gone unnoticed because they are not serious enough to warrant disciplinary action or child study team consideration.

- **Teachers** – The I&RS process not only can help resolve individual student or general classroom problems, but can provide opportunities for professional growth and the sharing of resources.
- **Student Support Staff** – Student support staff can benefit from using the I&RS team as a supplemental resource that works collaboratively with them to assess and resolve student and family problems, as appropriate. For example, information from the team can suggest modifications in the following areas: current practices in student counseling and health instruction, the configuration of student support resources, the assignment of caseloads, the utilization of community resources, the use of forms, the maintenance of records, the preservation of confidentiality or the institution of groups or individual support for students who are in need of continuity of care and aftercare support. When viewed as a partner of the student support services staff, the I&RS team can be of significant help in managing caseloads, and can actually free up time for student support staff to either see more students or address students' issues in a more comprehensive manner.

**Program  
Evaluation**

The provisions in the administrative code for program review and assessment affords programs of intervention and referral services with a significant opportunity to assure success in the achievement of the goals specified in I&RS action plans and the missions of I&RS teams. Implicit in the regulations are a charge to assess the conditions and resources that effect the successful implementation of I&RS action plans, the operations of I&RS teams and the outcomes of team activities.

**Program Evaluation, continued**

Since the I&RS team collects quantifiable data on all of its cases and maintains records on team interventions, it can readily review all aspects of team operations at regular intervals (i.e., once per year, at a minimum). The review and assessment function provides opportunities to ask and answer important questions about team operations, document priority needs and make recommendations for both team and school-wide improvements. Some issues, which have been adapted from Understanding Evaluation: The Better Way to Prevention Programs, by Lana D. Muraskin, for teams to consider in the performance of their program evaluation duties are described below:

**Process Assessment**

Process assessment describes and evaluates program materials and activities. Process assessment captures the characteristics of a program. Process information reflects the inputs that go into a program activity; the patterns in which these inputs interact; and the transactions that take place within the program.

**Benefits**

- Monitoring program activities helps *organize* program efforts. It helps prevent parts of the planned program from being forgotten or neglected. It helps the program use resources where they are needed (e.g., not dedicating all resources to only one activity), and provides information to help manage the program and change or add activities.
- The information from a process assessment provides data for *accountability* to any parties interested in I&RS team efforts.
- A process assessment provides information relevant to *why* the program worked or did not work. By providing information on what was done and who was reached, the reasons for achieving outcomes or not achieving them can be known. All of the information from the process assessment can be used to suggest improvements to or the elimination of the activity in the future.

Process assessment centers around two related issues:

- 1) *Target Populations* - Who were the intended target populations? Was there a priority ordering of target groups or individuals to be influenced by the program?
  - Target populations can be described by position (e.g., staff, parent, student), by demographic characteristics (e.g., age, sex, race, socioeconomic status) or by psychological or behavioral characteristics (e.g., attitudes, skills, knowledge, health).
- 2) *Intended and Actual Activities of the Program* - There are important questions that need to be asked about activities: *Who* was supposed to do *what* to *whom*, and *when* was it done?
  - *Who* refers to the individuals responsible for delivering the services or carrying out the applicable plans. How many staff? Which staff? What kinds of qualifications, professional development and materials do they need to carry out the services?

**Program Evaluation, continued****Process Assessment, continued**

- *What* refers to the specific actions these individuals are asked to undertake (e.g., model behavior, provide behavior management, modify instructional practices, provide individual tutoring, refer to treatment program).
- *Whom* refers to the target populations (e.g., student, teacher, counselor, parent, social worker) of the activity.
- *When* refers to the time and setting of the activity (e.g., during class, during study hall, during planning time, before or after school, duration of activity).

**Questions to be Answered**

The more clearly the following questions are answered, the more useful will be the process assessment. Information or data should be collected to answer the following questions:

- What were the intended activities?
- How many activities were carried out and with which target groups?
- What activities were and were not carried out?
- What did the participants think of their experience with the program? Was it interesting, useful or a waste of time? At what rate have staff accessed the program? To what degree have staff implemented I&RS action plans? To what extent are parents participating in the process?
- What resources were used for program implementation? (e.g., To what extent was professional development provided for staff who were asked to implement new skills? What types of professional development activities were provided? Were all materials and resources arranged for implementers of I&RS action plans? To what extent have all forms been developed and utilized? Where and by whom are students being served? To what degree are students being served within the school or outside of the school?).
- Who was missing or not involved?
- What facilities have been secured? Has adequate, confidential meeting space been obtained? Is a locking file cabinet used to maintain confidential I&RS team records?
- How have decisions been made on I&RS action plans? How have decisions been made regarding team operations?
- What are the communication patterns among team members? What are the communication patterns among team members, school staff and administration? What are the communication patterns between the team and parents? What are the communication patterns between the team and community resources?

**Program Evaluation, continued****Outcome Assessment**

The “bottom line” of program assessment often is a determination of the effects of the program. Outcome assessment measures the short-term, immediate or proximal effects of the overall program or an individual I&RS action plan on the recipients of the service. It attempts to determine the direct effects of the program or action plan, such as the degree to which the measurable behavioral objectives identified in the I&RS action plan were achieved.

In outcome assessment, evidence is obtained regarding the extent to which the outcomes were achieved. Examples of evidence that can be collected by the I&RS team includes the following: increases or decreases in the number of referrals for a particular problem area and positive changes in student performance subsequent to receiving outside services, an increase in a student’s level of participation in an activity, improved behavior, improved grades, improved time on task, improved attendance or punctuality, improved submission and satisfactory completion of assignments and improved scores on a self-esteem or behavioral measure.

Some of the issues that should be considered when choosing a measure are described below:

- *Validity* – Construct validity is the extent to which a particular measure assesses the concept or outcome you wish to measure. For example, to what extent does Brand X self-esteem actually measure self-esteem? Predictive validity assesses the degree to which a particular measure can predict a future outcome. For example, does the Brand X self-esteem measure predict target behavior one year later?
- *Reliability* – Reliability refers to the stability of a measure. If you weighed yourself on a scale and then weighed yourself five minutes later and found that your weight was twelve pounds higher (and you had not changed anything about yourself), you would call that scale unreliable and not useful. Similarly, if a measure is not reliable (not reasonably stable), it also would not be useful.

For standardized instruments, the reliability coefficient is an index of stability and consistency. A reliability coefficient can range from zero (0) to one (1.0). The higher the reliability coefficient, the more stable the measure. Generally, a reliability coefficient between .6 and .9 is considered good. If a commonly used measure is available for an objective that you want to measure and it has acceptable reliability and validity, then it is usually better to use that measure than to make up one of your own. The absence of an acceptable measure, however, should not deter the I&RS team from thoroughly evaluating its activities.

**Program Evaluation, continued****Outcome Assessment, continued****Outcome Measures**

Described below are several potential sources of information for outcome assessment:

- *Questionnaires* – Questionnaires are a commonly used measure of outcomes. The particular questions used to measure an outcome must be chosen with care.
- *Archival Data* – Archival data are those that have already been collected, such as health records, grades, attendance records, discipline records and guidance records.
- *Ratings by Others* – For certain purposes, it may be useful to obtain information from other sources about participants, such as ratings of a student by a teacher, ratings of a teacher and student by a case coordinator or ratings of a child by a parent.

**Impact Assessment**

Impact assessment looks beyond the immediate results of policies, instruction or services to identify longer-term, as well as unintended program effects. Impact assessment explores the aggregate effect of activities. For example, in alcohol, tobacco and other drug (ATOD) prevention programs, the ultimate effects (or the areas one would like to impact) include: reduction in overall drug use (prevalence); reduction in the rate of new students starting drug use (incidence); decrease in school disciplinary actions for drug and alcohol offenses; or reduction of risk factors related to ATOD use, such as school absences and school dropouts. Evidence can be obtained from surveys and archival data.

**Costs and Concerns Associated with Program Assessment**

Program assessment sometimes seems an impossible task given the perceived limits in availability of time, budget and knowledge. Program assessment often is frightening because it can seem like a mysterious, nebulous, judgmental, academic or unproductive activity; however, evaluation can be easier and more beneficial than feared. In essence, assessment is an organized way to answer the following questions:

**Program Evaluation, continued**

- *Did the program or activity do what it was planned to do?*
- *Did it give the kind of help it intended to the people it had in mind?*

Some common fears and complaints about program assessment and evaluation are discussed below:

***“I just don’t have the time to evaluate a program and run it, too.”***

Everybody is busy and “time is money.” The assessment process should facilitate program management by shortening the time it takes to find out how the program is working and what changes need to be made through the provision of information that will facilitate program planning (e.g., pointing out potential obstacles, identifying nonproductive activities, summarizing trends and patterns).

Program assessment does not have to be a cumbersome process. There are four basic steps that can be built into the development and implementation of the I&RS action plan:

*Step 1: Identifying Goals and Objectives*      *Step 3: Outcome Assessment*

*Step 2: Process Assessment*                      *Step 4: Impact Assessment*

***“What if the assessment shows that the program or activity was not effective?”***

While this could be the result, it is just as likely that the assessment would pinpoint effective areas and suggest ways to revise the program activity to be more effective. It is unjust to tie up scarce resources for ineffective program activity. It also is a disincentive for professionals to repeatedly participate in nonproductive activity.

***“I was never good at math or writing.”***

The techniques described in the four-step approach to program assessment keep math and writing skills to a minimum.

**Program Evaluation, continued*****“My boss says services are what the public wants!”***

Since the provision of services is a priority, every effort must be made to ensure that the I&RS team’s services are effective and efficient. Not assessing activities to determine degree of success and not measuring appropriate use of limited resources suggests a willingness to maintain the status quo, regardless of whether or not the public’s needs are being served or whether or not desired outcomes are being produced.

***“But it’s so BORING!”***

It is true that, for some, it can be tedious to plan and collect data; however, the conclusions can be extraordinarily exciting and useful: increased school attendance, fewer school dropouts, reduced tardiness, less fear, school environments that are more conducive to learning and growth, fewer substance abuse problems, less violence and vandalism, decreased discipline problems, improved test scores, better grades, more time on task and increased community support for the educational process. Remember, if program assessment does not stimulate you, there are people in your school and community who love to do it.

***“We don’t have the expertise.”***

Most schools do not have access to the amount of money, outside professionals and computer hardware and software that are typically necessary to conduct a sophisticated randomized and controlled evaluation study. But all it takes to come up with solid assessment information is a pencil, paper, a telephone, a calculator and consideration of the right questions:

- ❑ *What did our target group or individual look like before we aimed our program at it or him?*
- ❑ *What does it or the individual look like now?*

***Program Evaluation, continued***

It can be that straightforward. If you feel that you need additional resources, you might consider the following:

- Members of the team or other staff may have taken courses or had relevant evaluation experience in another job. Perhaps someone in a professional network (e.g., spouse, friend, community agency, retired educator or businessman) can help out. Maybe an ex member of the I&RS team, or a prospective member of the team would be interested in assisting with the assessment function.
- Institutions of higher learning have faculty and students who are eager to provide assessment help, as well as other services, especially if the information desired is also of interest to them.
- Community members with expertise in program evaluation might be willing to volunteer their services to support these activities.
- Many expert consultants are available to help conduct program assessments.



## **INTERVENTION AND REFERRAL SERVICES**

N.J.A.C. 6A:16-7

### **6A:16-7.1 Establishment of intervention and referral services**

- (a) 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.
1. The intervention and referral services shall be provided to aid students in the general education program; and
  2. The intervention and referral services, pursuant to N.J.S.A. 18A:46-18.1 et seq. and this subchapter, may be provided for students who have been determined to be in need of special education programs and services.
    - i. The intervention and referral services provided for students with learning disabilities shall be coordinated with the student's Individualized Education Program team, as appropriate.

### **6A:16-7.2 Functions of intervention and referral services**

- (a) The functions of the system of intervention and referral services in each school building shall be to:
1. Identify learning, behavior and health difficulties of students;
  2. Collect thorough information on the identified learning, behavior and health difficulties;
  3. Develop and implement action plans which provide for appropriate school or community interventions or referrals to school and community resources, based on the collected data and desired outcomes for the identified learning, behavior and health difficulties;
  4. Provide support, guidance, and professional development to school staff who identify learning, behavior and health difficulties;
  5. Provide support, guidance, and professional development to school staff who participate in each building's system for planning and providing intervention and referral services;

6. Actively involve parents or guardians in the development and implementation of intervention and referral services action plans;
7. Coordinate the access to and delivery of school resources and services for achieving the outcomes identified in the intervention and referral services action plans;
8. Coordinate the services of community-based social and health provider agencies and other community resources for achieving the outcomes identified in the intervention and referral services action plans;
9. 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;
10. 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; and
11. At a minimum, annually review the intervention and referral services action plans and the actions taken as a result of the building's system of intervention and referral services and make recommendations to the principal for improving school programs and services, as appropriate.

**6A:16-7.3 School staff and community member roles for planning and implementing intervention and referral services**

- (a) The district board of education shall establish guidelines for the involvement of school staff and community members in each building's system of intervention and referral services, which shall, at a minimum:
  1. Identify the roles and responsibilities of the building staff who participate in each building's system for planning and providing intervention and referral services, including the roles and responsibilities of staff members who identify learning, behavior or health difficulties;
  2. Identify the roles and responsibilities of other district staff for aiding in the development and implementation of intervention and referral services action plans; and
  3. Identify the roles, responsibilities and parameters for the participation of community members for aiding in the development and implementation of intervention and referral services action plans.

***APPENDIX B***  
***QUESTIONS AND ANSWERS ON I&RS REGULATIONS***

- Q1: How long have the regulations for Intervention and Referral Services (I&RS) been in effect?
- A1: The State Board of Education adopted new rules to provide district boards of education with standards for the delivery of intervention and referral services (N.J.A.C. 6A:16-7) in *April 2001*. These rules *replaced* the preceding regulations that required schools to provide a program of Intervention and Referral Service for General Education Pupils (N.J.A.C. 6:26) adopted by the State Board of Education in July 1994, which *replaced* the regulations that required the establishment of Pupil Assistance Committees (PACs) (N.J.A.C. 6:26) in all public school buildings adopted by the State Board of Education in July 1992.
- Q2: Are schools required to adopt a team or committee structure to perform the functions and services required under N.J.A.C. 6A:16-7?
- A2: Yes. District boards of education are required to establish and implement a *coordinated system* in each school building and to choose an appropriate *multidisciplinary team approach* for planning and delivering the services required under N.J.A.C. 6A:16-7. Collaborative team approaches that feature *structured and collegial planning, decision making and problem solving processes*, and that are *fully integrated into the educational program*, have proven to be effective in providing the required intervention and referral services for students' learning, behavior and health problems. Therefore, schools should establish building-based processes and structures that feature *collaboration* as the foundation for planning, organizing and implementing programs of intervention and referral services 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.
- Q3: Are programs of I&RS limited to addressing only academic concerns?
- A3: Programs of I&RS are intended to address the full range of issues (i.e., *academic, behavior and health*) that may interfere with student

**Questions and Answers on I&RS Regulations, continued**

achievement of high academic standards in safe and disciplined learning environments.

Q4: Are programs of I&RS considered special education or general education programs?

A4: The school-based program of I&RS is an ancillary student support service for helping staff and parents address the complete spectrum of student learning, behavior and health problems in the *general education program*, with an emphasis on *early identification and intervention* of problems at the elementary, middle and high school levels. The scope of I&RS programs is much broader than the limited function of pre-referral interventions to the Child Study Team (CST).

Under N.J.A.C. 6A:16-7.1(a)2i, however, teams *may* plan and provide intervention and referral services for students who have been determined to be in need of special education programs and services. As appropriate, the intervention and referral services provided for students with learning disabilities are to be coordinated with the student's Individualized Education Program team.

Q5: Are schools required to involve parents in the I&RS process?

A5: Yes. Under N.J.A.C. 6A:16-7.2(a)6, schools are required to *actively* involve parents or guardians in both the development and implementation of intervention and referral services action plans when the building I&RS system is providing assistance on behalf of parents' children.

## ***APPENDIX C***

### ***RELATED REGULATIONS***

Provided below are brief descriptions of federal and state statutes and regulations that relate to the operations of I&RS teams. The descriptions summarize the basic intent of each statute and regulation, as well as applications to the I&RS team. Additional information on school and student rights, responsibilities and legal frameworks can be found in Student Codes of Conduct: A Guide to Policy Review and Code Development, by the New Jersey Department of Education.

## ***FEDERAL STATUTES AND REGULATIONS***

### **Family Educational Rights and Privacy Act (FERPA)** (20 USC 1232(g) and 34 CFR Part 99)

FERPA, also known as the Buckley Amendment, has a dual purpose: it ensures parents and adult students *access* to student records related to education and *protects the privacy* of these records from general disclosure. The statute conditions receipt of federal education funding on the school or institution's ability to maintain the privacy of education records.

Education records are records, files, documents or other materials that contain information *directly related to a student* and *are maintained by an education agency or institution* or *by a party acting for an education agency or institution*. Examples of education records are grades, test scores, medical and health records in the possession of a school, special education records, disciplinary records and personal information regarding the student and the student's family.

Education records do not include memory aids. Memory aids are records that are kept in the sole possession of the makers of the records; are only used as personal memory "joggers;" and are not accessible or revealed to any other person, except temporary substitutes for the makers of the records.

FERPA also refers to certain education records as "directory information," which can be released to the public, since the disclosure of directory information would not generally be considered harmful or an invasion of privacy. Directory information, however, is only

***Federal Statutes and Regulations, continued***

permitted to be made public if the school provides parents prior notice of the types of records that will be released without their consent. Examples of what may be included in directory information are names, addresses, telephone listings, electronic mail addresses, dates and places of birth, major fields of study, dates of attendance, grade levels, enrollment status, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors and awards received.

Parents, guardians or an individual acting as a parent in the absence of a parent or guardian have the following rights under FERPA:

- 1) To inspect their children's educational records and to have copies made of the records, for which the school may generally charge a fee;
- 2) To request amendment of a child's education records;
- 3) To request a hearing to challenge the content of a child's education records;
- 4) In general, to provide prior written consent before information from a student's education records may be disclosed to another party; and
- 5) To request that no directory information be released about a student.

Subject to conditions, FERPA permits access to education records without the prior consent of the parent by school officials and teachers, certain federal and state officials, certain organizations conducting educational research and accrediting organizations. Appropriate persons may have access to education records without prior consent in emergencies that threaten the health or safety of the student or of others. Finally, education records may be released without parental consent if required by court order, but the school must notify the parent prior to complying with the order.

Pursuant to N.J.A.C. 6A:16-7.2(a)6, schools are required to "actively involve parents or guardians in the development and implementation of intervention and referral services plans." As indicated above, parents participating in the I&RS process have a right under FERPA to review the information in an I&RS file. Since I&RS teams only collect specific, descriptive and observable and factual information that is school-based and school-focused (i.e., academic, behavior, health), generally there should be no concern with sharing information in I&RS files with parents. The only information in an I&RS file that might not be school-based and school-focused is documentation of a diagnosis and recommendations that have been made by appropriately qualified professionals from outside of the school system, which may also be shared with parents, unless access to the information is restricted by other regulations.

**Federal Statutes and Regulations, continued****Confidentiality of Alcohol and Drug Abuse Patient Records**  
(42 CFR Part 2)

These regulations apply to school programs that provide alcohol or drug abuse referral for treatment. The regulations prohibit disclosure or use of any information obtained in the operations of the treatment referral program that would identify a student as an alcohol or drug abuser. The regulations permit disclosure of applicable information if the student consents in writing, per the conditions set forth in the regulations, and provides specific conditions for other exceptions to the disclosure prohibition.

**Improving America's Schools Act (IASA)**  
(P.L.103-382)

The Elementary and Secondary Education Act of 1965, which was amended in October 1994 and renamed IASA, is intended to provide funding support to help school districts achieve the National Education Goals. The New Jersey Department of Education annually issues a consolidated IASA program application, which includes:

- Title I
  - Part A (Helping Disadvantaged Children Meet High Standards), and
  - Part D (Prevention and Intervention Programs for Children and Youth who are Neglected, Delinquent or At Risk of Dropping Out).
- Title II, Part B – Dwight D. Eisenhower Professional Development Program.
- Title IV – Safe and Drug-Free Schools and Communities Act.
- Title VI – Innovative Education Programs and Strategies.

Funds from each of these programs can be used for applicable I&RS activities. The consolidated application provides flexibility in the creative use of these funds for students who are at risk for school failure due to academic, behavior or health concerns.

**Federal Statutes and Regulations, continued****Protection of Pupil Rights Amendment (PPRA)**

(20 U.S.C. 1232h; 34 CFR Part 98)

PPRA, also known as the Hatch Amendment, applies to most programs that receive funding from the United States Department of Education (USDOE). The law and regulations are intended to protect the rights of parents and students in two ways:

- 1) Ensuring that schools and contractors make instructional materials available for inspection by parents if those materials will be used in *USDOE-funded* research or experimentation. Parents have the right to review any materials used in connection with any survey, evaluation or analysis funded by USDOE.
- 2) Ensuring that schools and contractors obtain written parental consent before minor students are required to participate in any *USDOE-funded* psychological or psychiatric testing or treatment, if the primary purpose is to reveal any of seven listed categories of “personal” information. No student shall be *required* to submit a survey, evaluation or analysis that reveals information concerning any of the following seven “protected topics” without *prior written consent* of his parents or legal guardians:
  - 1) Political affiliation;
  - 2) Mental and psychological problems potentially embarrassing to the student or his family;
  - 3) Sex behavior and attitudes;
  - 4) Illegal, anti-social, self-incriminating and demeaning behavior (alcohol use by juveniles and use of illegal drugs fall within this item);
  - 5) Critical appraisals of other individuals with whom respondents have close family relationships;
  - 6) Legally recognized privileged or analogous relationships, such as those of lawyers, physicians and ministers; and
  - 7) Income (other than that required by law to determine eligibility for participation in a program for receiving financial assistance under such program).

The key words in the text above are “shall not be required to.” The United States Secretary of Education has not interpreted the term “required,” which means the Secretary has not imposed a single rule to address a myriad of situations. Recipients of UDOE funds will make initial judgments in individual cases on whether a survey is or

**Federal Statutes and Regulations, continued**

has been “required” in the administration of their activities. In the event a complaint is filed with USDOE, it will determine on a case-by-case basis, in light of all the circumstances, whether a student has been *required* to submit to a survey.

**Section 504 Committees**  
(34 CFR 104 Subparts A, C and D)

Section 504 sets forth the requirement that no qualified individual with a disability shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination. Requires all recipients of federal assistance that operate a public elementary or secondary education program to provide a free appropriate education to each qualified student with a disability who is in the recipient’s jurisdiction, regardless of the nature or severity of the student’s disability.

Each school is required to develop its own procedures for the establishment of committees to conduct evaluations or make placement decisions. To determine eligibility, schools are required to conduct an evaluation of any student who, because of disability, needs or is believed to need regular education or special education and related aids and services. In interpreting evaluation data and in making placement decisions, schools are required to:

1. Draw upon information from a *variety of sources*;
2. Establish procedures to *document* and *fully consider* the information;
3. Ensure that the placement decision is made by a *group of persons*, including persons knowledgeable about the child, the meaning of the evaluation data and the placement options; and
4. Ensure that the placement decision is made in conformance with the regulations; and
5. Establish procedures for periodic reevaluation of students who have been provided special education or related services.

Schools are also required to provide nonacademic and extracurricular services and activities in such manner as is necessary to afford students with a disability an equal opportunity to participate in them.

## ***NEW JERSEY STATUTES AND REGULATIONS***

### **Pupil Records**

(N.J.A.C. 6:3-2.1 et seq.)

These regulations set forth rules for school districts to follow in compiling, maintaining, regulating access and disclosing or communicating information regarding students' educational records.

### **Suspensions, Expulsions and Removals from School**

(N.J.S.A. 18A:37-2)

This statute sets forth the causes, conditions and procedures for excluding students from schools for disciplinary reasons. It includes the requirements for students who assault teachers, as well as offenses by students involving firearms.

### **Substance Abuse**

(N.J.S.A. 18A:40A-1 et seq., and  
N.J.A.C. 6A :16-3 and 6A :16-4)

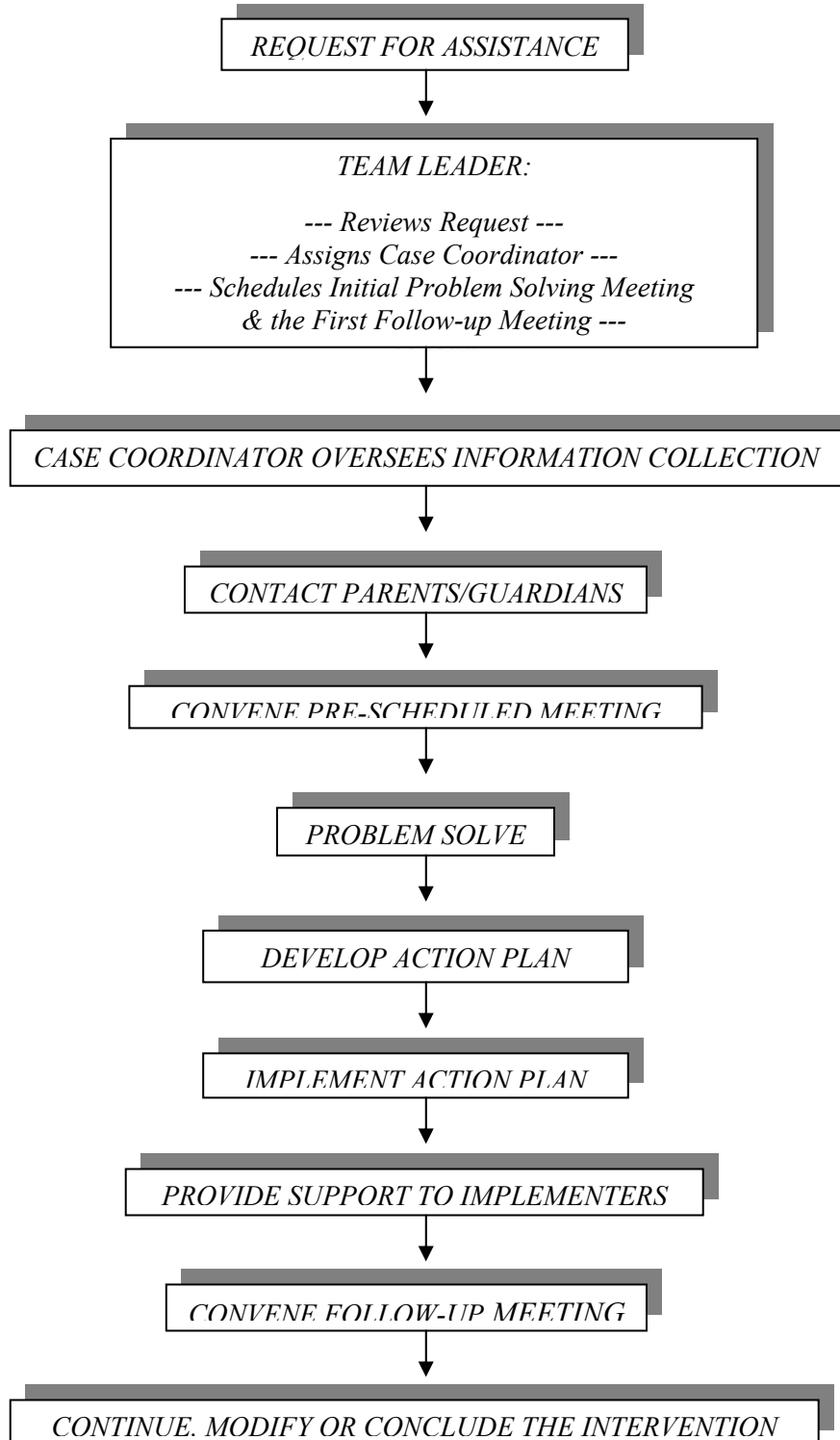
These statutes and rules provide standards for district boards of education in their development of substance abuse policies, procedures, instructional programs, in-service training, civil immunity, parent outreach and and substance awareness coordinator functions. They include procedures for the reporting of students who appear to be under the influence of alcohol or other drugs, as well as the examination, assessment and referral for treatment of these students.

### **The Reporting of Allegations of Child Abuse**

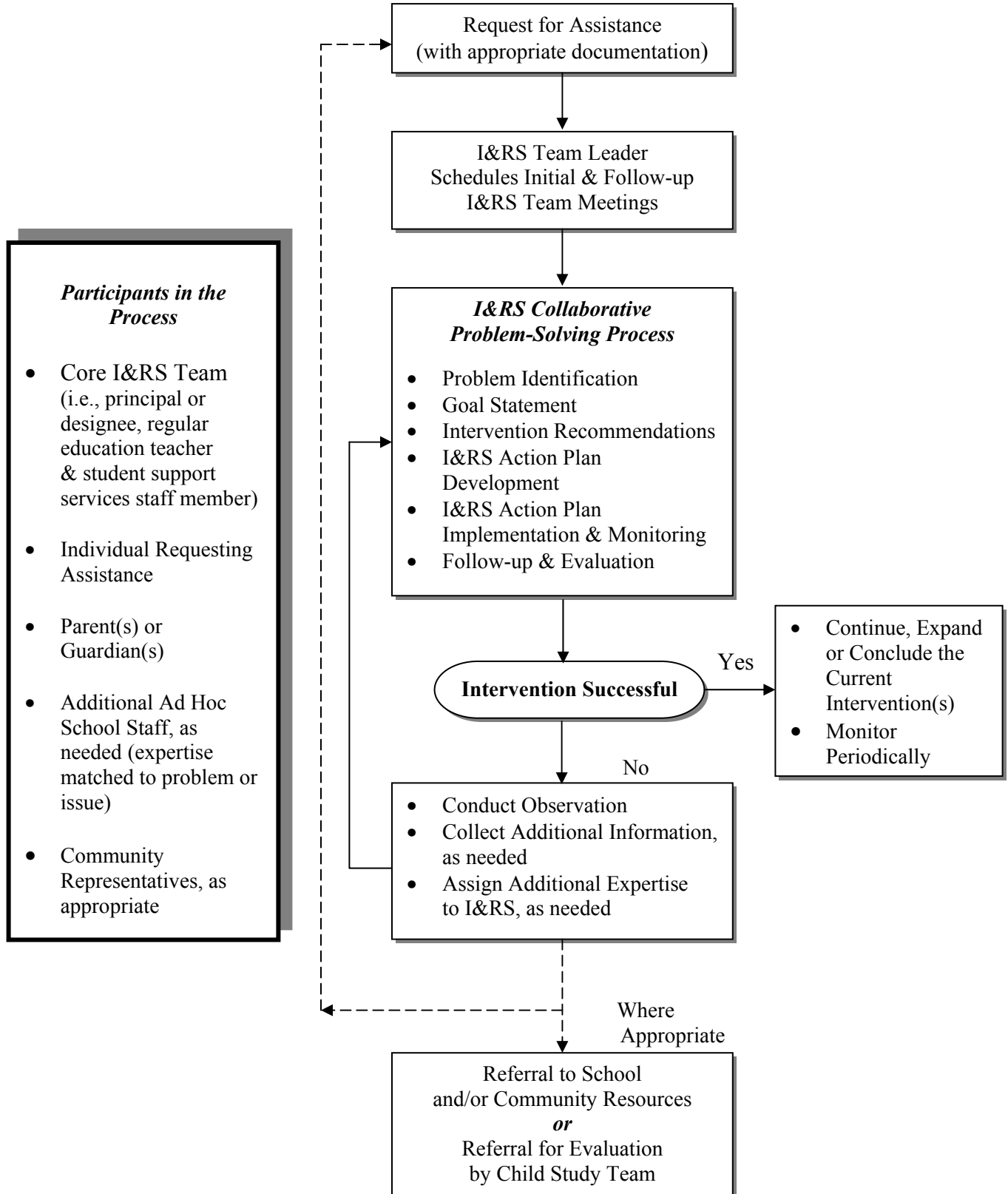
(N.J.A.C. 6A:16-10)

These regulations establish uniform statewide policies and procedures for public school staff to report allegations of child abuse and to cooperate with the investigation of these allegations.

***SAMPLE SUMMARY OF TEAM PROCESS  
FOR INTERVENTION AND REFERRAL SERVICES***



**SAMPLE OVERVIEW OF PROCESS  
FOR INTERVENTION AND REFERRAL SERVICES**



## **APPENDIX E**

### **SAMPLE FORMS**

The forms, inventories and correspondence contained in Appendix E are only samples of documents used by I&RS teams. I&RS teams should carefully review the content and format of the documents to determine their applicability to their schools. Teams are encouraged to select only the types of documents that apply to their team's operations, and to adapt them for school use, as appropriate. In all cases, forms used by I&RS teams should be "user friendly," that is they should be easy for staff to understand and complete, while providing the team with the maximum possible amount of information on the identified academic, behavior or health difficulties.



**INTERVENTION AND REFERRAL SERVICES**  
**SAMPLE INITIAL REQUEST FOR ASSISTANCE FORM**

*Confidential*

TO: Intervention and Referral Services Team

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT: \_\_\_\_\_

***Reasons 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.

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

***The “Prior Interventions” checklist, on the reverse side of this form, must also be completed for your request to be considered.***

***Place the completed forms in a sealed envelope and deliver to the I&RS team mailbox.***

***By submitting this form, I understand that I will be a full partner with the I&RS team for the resolution of the identified concerns.***

***INTERVENTION AND REFERRAL SERVICES***  
***SAMPLE INITIAL REQUEST FOR ASSISTANCE***  
***PRIOR INTERVENTIONS CHECKLIST***

*Confidential*

Staff Requesting Assistance: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

*Please indicate the types of interventions you have tried prior to this request for assistance.*

1. Spoke to student privately after class.
  - a) Explained class rules and expectations. \_\_\_\_\_
  - b) Explained my concerns. \_\_\_\_\_
2. Gave student help after class/school. \_\_\_\_\_
3. Changed student's seat. \_\_\_\_\_
4. Spoke with parent on the telephone. Phone number \_\_\_\_\_
5. Gave student special work at his/her level. \_\_\_\_\_
6. Checked cumulative folder. \_\_\_\_\_
7. Held conference with parent in school. \_\_\_\_\_
8. Sent home notices regarding behavior/school work. \_\_\_\_\_
9. Arranged an independent study program for student. \_\_\_\_\_
10. Gave student extra attention. \_\_\_\_\_
11. Set up contingency management program with student. \_\_\_\_\_
12. Assigned student detention. \_\_\_\_\_
13. Referred student to guidance \_\_\_\_\_, substance awareness coordinator \_\_\_\_\_, administration \_\_\_\_\_, other (specify) \_\_\_\_\_.
14. Other (Please explain.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERVENTION AND REFERRAL SERVICES**  
**SAMPLE CASE COORDINATOR CHECKLIST**

*Confidential*

Date: \_\_\_\_\_ Grade/Team/Section: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Parents' Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Parents' Work Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Case Coordinator: \_\_\_\_\_

<b><u>DATE SENT</u></b>	<b><u>DATE RECEIVED</u></b>	<b><u>DOCUMENT</u></b>
_____	_____	Initial Request for Assistance, <u>and</u> Prior Interventions Checklist
_____	_____	Request for Assistance Feedback
_____	_____	Staff Information Collection (list subject areas)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	Information Summary Form
_____	_____	Information Collection Reminder (to whom)
_____	_____	Staff Thank You Memo
_____	_____	Guidance Counselor Form
_____	_____	Discipline Form
_____	_____	Student Advisor Form
_____	_____	School Nurse/Health Form
_____	_____	Parent Letter
_____	_____	Parent Questionnaire
_____	_____	Parent Interview Form
_____	_____	Student Self-Assessment Sheet
_____	_____	Release of Information Form
_____	_____	Cumulative Folder Information:
_____	_____	Current Report Card
_____	_____	2 Years Prior Report Cards
_____	_____	Standardized Test Data
_____	_____	Attendance Information
_____	_____	Aftercare Parent Letter
_____	_____	Treatment Facility Letter
_____	_____	Other _____



***INTERVENTION AND REFERRAL SERVICES***  
***SAMPLE FEEDBACK MEMO***  
***FOR STAFF REQUEST FOR ASSISTANCE***

*Confidential*

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

The status of your request for assistance of the Intervention and Referral Services Team for \_\_\_\_\_ is explained below:

The following indicates the status of the named student with the Intervention and Referral Services (I&RS) Team:

\_\_\_\_\_ The assigned case coordinator from the I&RS Team will contact you to further review the matter.

\_\_\_\_\_ The in-school assessment process has begun, including input from other staff.

\_\_\_\_\_ A home contract has been made. The I&RS Team is working with the student.

\_\_\_\_\_ Our preliminary assessment indicates no need for further action at this time.

\_\_\_\_\_ Other:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***We will make every attempt to keep you involved and informed within the laws governing confidentiality.***  
***Thank you for your cooperation and concern.***



**INTERVENTION AND REFERRAL SERVICES**

**SAMPLE  
PRIMARY TEACHER INFORMATION COLLECTION FORM**

*Confidential*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Teacher Name: \_\_\_\_\_  
 Grade Level: \_\_\_\_\_ Reason for Request for Assistance: \_\_\_\_\_  
 Days Absent to Date: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Directions:** Please provide the information requested in the appropriate spaces below.  
 Please also attach a copy of the student's current report card.

	<i>Current Academic Performance Levels/Grades</i>	<i>Student Strengths</i>	<i>Student Areas for Improvement</i>
Reading/Language Arts			
Math			
Language Arts			
Social Studies			
Science			
Expressive Arts			
Other: _____ _____	_____ _____	_____ _____	_____ _____

**Directions:** Please place a check before each *behavior or action* listed below that you have *observed*. Remember, only behaviors or actions you have *observed* should be noted.

**Classroom Performance**

- |  |   |
|--|---|
| <p><input type="checkbox"/> Failure in one or more subject areas (identify) _____</p> <p><input type="checkbox"/> Drop in grades, lower achievement</p> <p><input type="checkbox"/> Needs directions given individually</p> <p><input type="checkbox"/> Does not ask for help when needed</p> <p><input type="checkbox"/> Prefers to work alone</p> <p><input type="checkbox"/> Does not complete homework</p> <p><input type="checkbox"/> Does not complete in-class assignments</p> <p><input type="checkbox"/> Homework is disorganized or incomplete</p> <p><input type="checkbox"/> Other _____</p> | <p><input type="checkbox"/> Short attention span, easily distracted</p> <p><input type="checkbox"/> Poor short-term memory, e.g., can't remember one day to the next</p> <p><input type="checkbox"/> Finds it hard to study</p> <p><input type="checkbox"/> Gives up easily</p> <p><input type="checkbox"/> Lacks desire to do well in school</p> <p><input type="checkbox"/> Has demonstrated ability, but does not apply self</p> |
|--|---|

### Social Skills

- |   |  |
|---|--|
| <input type="checkbox"/> Tends to stay to self, withdrawn     | <input type="checkbox"/> Disrespects or defies authority           |
| <input type="checkbox"/> Lack of peer relationships           | <input type="checkbox"/> Regularly seeks to be center of attention |
| <input type="checkbox"/> Appears lonely                       | <input type="checkbox"/> Frequent ridicule from classmates         |
| <input type="checkbox"/> Slow in making friends               | <input type="checkbox"/> Appears unhappy/sad                       |
| <input type="checkbox"/> Disturbs other students              | <input type="checkbox"/> Lacks control in unstructured situations  |
| <input type="checkbox"/> Negative leader                      | <input type="checkbox"/> Change in friends                         |
| <input type="checkbox"/> Unyielding or stubborn on positions  | <input type="checkbox"/> Sexual behavior in public                 |
| <input type="checkbox"/> Argues with teacher                  | <input type="checkbox"/> Difficulty in relating to others          |
| <input type="checkbox"/> Hits and/or pushes other students    | <input type="checkbox"/> Talks freely about drugs/alcohol          |
| <input type="checkbox"/> Threatens other students             | <input type="checkbox"/> Other social <i>behavior</i> of concern:  |
| <input type="checkbox"/> Teases other students                | _____  |
| <input type="checkbox"/> Angered by constructive criticism    | _____  |
| <input type="checkbox"/> Demonstrates lack of self-confidence | _____  |

### Disruptive Behavior

- |  |   |
|--|---|
| <input type="checkbox"/> Defiance, violation of rules                          | <input type="checkbox"/> Obscene language, gestures               |
| <input type="checkbox"/> Blaming, denying, not accepting responsibility        | <input type="checkbox"/> Noisy, boisterous at inappropriate times |
| <input type="checkbox"/> Fighting  | <input type="checkbox"/> Crying for no apparent reason            |
| <input type="checkbox"/> Cheating  | <input type="checkbox"/> Highly active, agitated                  |
| <input type="checkbox"/> Sudden outbursts of anger, verbally abusive to others | <input type="checkbox"/> Erratic behavior                         |
| <input type="checkbox"/> Lack of impulse control                               | <input type="checkbox"/> Mood swings                              |
|  | <input type="checkbox"/> General changes in behavior patterns     |

*If you have checked any item under the Social Skills or Disruptive Behavior sections, please attach another piece of paper and provide a detailed explanation.*

### Physical Symptoms

- |   |  |
|---|--|
| <input type="checkbox"/> Underweight  | <input type="checkbox"/> Frequent physical injuries                    |
| <input type="checkbox"/> Overweight   | <input type="checkbox"/> Deteriorating hygiene                         |
| <input type="checkbox"/> Smells of tobacco, alcohol marijuana                             | <input type="checkbox"/> Dramatic change in style of clothes           |
| <input type="checkbox"/> Wears clothes that challenge the dress code or are inappropriate | <input type="checkbox"/> Sleeping in class                             |
| <input type="checkbox"/> Appears tense, on edge   | <input type="checkbox"/> Glassy, bloodshot eyes                        |
| <input type="checkbox"/> Slurred or impaired speech                                       | <input type="checkbox"/> Frequent requests to see nurse                |
| <input type="checkbox"/> Appears sleepy, lethargic  | <input type="checkbox"/> Unsteady on feet                              |
| <input type="checkbox"/> Impaired vision  | <input type="checkbox"/> Problems with muscle or hand-eye coordination |
| <input type="checkbox"/> Impaired hearing   |  |

**Background Information** (If known, please do not ask child or family.)

- |   |  |
|---|--|
| <input type="checkbox"/> Attendance problems                        | <input type="checkbox"/> Lives with someone other than parent                      |
| <input type="checkbox"/> Latchkey child                             | <input type="checkbox"/> Known medical problem                                     |
| <input type="checkbox"/> Involvement with community agencies        | <input type="checkbox"/> Takes medication  |
| <input type="checkbox"/> Death in the immediate family              | <input type="checkbox"/> Previously involved with counseling                       |
| <input type="checkbox"/> Chronic illness in immediate family        | <input type="checkbox"/> Currently involved with counseling                        |
| <input type="checkbox"/> Divorce or separation                      | <input type="checkbox"/> Previously identified for assistance                      |
| <input type="checkbox"/> Unemployment                               | <input type="checkbox"/> Discusses concerns regarding drug/alcohol use in the home |
| <input type="checkbox"/> Single parent household                    | <input type="checkbox"/> Family member incarcerated or adjudicated                 |
| <input type="checkbox"/> Previously identified for drug/alcohol use |  |
| <input type="checkbox"/> Adjudicated for a juvenile offense         |  |

**Related Services or Programs**

**a) School-based:**

- Title I
- Reading Specialist
- Speech and Language Correctionist
- Gifted and Talented Program
- Substance Awareness Coordinator
- Guidance Counselor
- School Social Worker
- Child Study Team
- Other Specialists or Services

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

**b) Community-based:**

- List, if known
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Positive Qualities**

List 1-3 (or more) skills or other positive characteristics and strengths, both personal (e.g., talents, traits, interests, hobbies) and environmental supports (e.g., friends, family members, faith community) that you have observed or that apply for this student:

Skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Positive Characteristics and Strengths \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Environmental Supports \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**INTERVENTION AND REFERRAL SERVICES**

**SAMPLE TEACHER INFORMATION COLLECTION FORM**

*Confidential*

Please return this form, in a sealed envelope, to the I&RS Team mailbox by \_\_\_\_\_.  
(date)

TO: I&RS Team  
FROM: \_\_\_\_\_  
DATE: \_\_\_\_\_  
REFERENCE: \_\_\_\_\_

Classes in which the above-named student is enrolled: \_\_\_\_\_  
\_\_\_\_\_

Period(s) of the day you see the student: \_\_\_\_\_

**Check each of the following items that are of concern to you or that you have noticed regarding the above-named student.**

**Class Attendance:**

_____ Frequent requests to leave class to see:	_____ Frequent tardiness
_____ advisor	_____ Frequent absences
_____ nurse	_____ Class cuts
_____ other _____	

**Academic Performance:**

_____ Drop in grades, lower achievement	_____ Present grade (approximately)
_____ Failure to complete in-class assignments	_____ Decrease in class participation
_____ Failure to complete homework assignments	_____ Short attention span, easily
_____ Cheating	_____ distracted

**Disruptive Behavior:**

_____ Attention-getting behavior,	_____ Violating rules
_____ extreme negatives	_____ Blaming, denying
_____ Fighting and/or sudden outbursts of anger	_____ Obscene language, gestures
_____ and/or verbal abuse toward others	_____ Hyperactivity, nervousness

**Physical Symptoms:**

_____ Sleeping in class	_____ Unsteady on feet
_____ Unexplained, frequent physical injuries	_____ Slurred speech
_____ Deteriorating personal appearance	_____ Frequent cold-like symptoms
_____ Frequent complaints of nausea or vomiting	_____ Glassy, bloodshot eyes
_____ Smelling of alcohol or marijuana	

**Atypical Behavior:**

- |  |   |
|--|---|
| <input type="checkbox"/> Change in friends, change in behavior       | <input type="checkbox"/> Erratic behavior       |
| <input type="checkbox"/> Sudden popularity                           | <input type="checkbox"/> Constant adult contact |
| <input type="checkbox"/> Older or significantly younger social group | <input type="checkbox"/> Disoriented            |
| <input type="checkbox"/> Sexual behavior in public                   | <input type="checkbox"/> Unrealistic goals      |
| <input type="checkbox"/> Talks freely about substance abuse          | <input type="checkbox"/> Depression             |
| <input type="checkbox"/> Withdrawn, difficulty in relating to others | <input type="checkbox"/> Defensive              |
| <input type="checkbox"/> Inappropriate responses                     | <input type="checkbox"/> Unexplained crying     |

**Home/Social/Family Problems:**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Family problems              | <input type="checkbox"/> Runaway      |
| <input type="checkbox"/> Peer problems                | <input type="checkbox"/> Job problems |
| <input type="checkbox"/> Family alcohol/drug problems |                                       |

**Policy/Discipline Code Violations:**

- |  |  |
|--|--|
| <input type="checkbox"/> Involvement in thefts and assaults  | <input type="checkbox"/> Vandalism         |
| <input type="checkbox"/> Possession of drugs/alcohol   | <input type="checkbox"/> Carrying a weapon |
| <input type="checkbox"/> Possession of drug paraphernalia<br>(e.g., roach clips, bongs, rolling paper) | <input type="checkbox"/> Selling Drugs     |

**Extracurricular Activities**

- |  |   |
|--|---|
| <input type="checkbox"/> Missed athletic practice without<br>substantial/acceptable reason | <input type="checkbox"/> Missed club/group meeting<br>without substantial/<br>acceptable reason |
| <input type="checkbox"/> Loss of eligibility   |   |
| <input type="checkbox"/> Dropped out of activity (name of activity): _____                 |   |

Please feel free to offer comments (positive or corrective) that you think will be helpful in addressing this student's needs. Remember, only comments that are *school-based, school-focused* and *specific, descriptive, objective/factual and observable* are acceptable.

Skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Positive Characteristics, Strengths, Interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Environmental Supports \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Thank you for your cooperation, caring and concern!***



<b>STUDENT'S ROSTER:</b>							
Frequent ridicule from classmates							
Appears unhappy/sad							
Lacks control in unstructured situations							
Change in friends							
Sexual behavior in public							
Difficulty in relating to others							
Talks freely about drugs/alcohol							
Other social <i>behavior</i> of concern							
<b>DISRUPTIVE BEHAVIOR</b>							
Defiance, violation of rules							
Blaming, denying, not accepting responsibility							
Fighting							
Cheating							
Sudden outbursts of anger, verbally abusive to others							
Lack of impulse control							
Obscene language, gestures							
Noisy, boisterous at inappropriate times							
Crying for no apparent reason							
Highly active, agitated							
Erratic behavior							
General changes in behavior patterns							
<b>PHYSICAL SYMPTOMS</b>							
Underweight							
Overweight							
Smells of tobacco, alcohol marijuana							
Wears clothes that challenge the dress code or are inappropriate							
Appears tense, on edge							
Slurred or impaired speech							
Appears sleepy, lethargic							
Impaired vision							
Impaired hearing							
Frequent physical injuries							
Deteriorating hygiene							
Dramatic change in style of clothes							
Sleeping in class							
Glassy, bloodshot eyes							
Dramatic change in style of clothes							
Unsteady on feet							
Problems with muscle or hand-eye coordination							

<b>STUDENT'S ROSTER:</b>							
<b>BACKGROUND INFORMATION</b>							
Attendance problems							
Latchkey child							
Involvement with community agencies							
Death in the immediate family							
Chronic illness in immediate family							
Divorce or separation							
Unemployment							
Divorce or separation							
Previously identified for drug/alcohol use							
Adjudicated for a juvenile offense							
Lives with someone other than parent							
Known medical problem							
Takes medication							
Previously involved with counseling							
Currently involved with counseling							
Previously identified for assistance							
Discusses concerns regarding drug/alcohol use in the home							
Family member incarcerated or adjudicated							
<b>RELATED SCHOOL-BASED SERVICES OR PROGRAMS</b>							
Title I							
Reading Specialist							
Speech and Language Correctionist							
Substance Awareness Coordinator							
Guidance Counselor							
School Social Worker							
Child Study Team							
Other specialists or services: _____ _____ _____ _____ _____							

**Related Community-based Services and Programs:**

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**Positive Characteristics, both personal (e.g., skills, talents, traits, interests, hobbies) and environmental (e.g., friends, family members, faith community):**

PERSONAL

Skills \_\_\_\_\_  
\_\_\_\_\_

Talents \_\_\_\_\_  
\_\_\_\_\_

Traits \_\_\_\_\_  
\_\_\_\_\_

Interests \_\_\_\_\_  
\_\_\_\_\_

Hobbies/  
Activities \_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_

ENVIRONMENTAL

Friends \_\_\_\_\_

Family \_\_\_\_\_

Faith  
Community \_\_\_\_\_

Other \_\_\_\_\_

**Use the spaces below to make comments and observations based upon the summary review of data. Comments must be school-based, school-focused and be specific, descriptive, objective/factual and observable.**

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

*INTERVENTION AND REFERRAL SERVICES*

***SAMPLE INFORMATION COLLECTION REMINDER MEMO***

*Confidential*

TO: \_\_\_\_\_

FROM: \_\_\_\_\_,  
I&RS Team Member

DATE: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

A few days ago, the I&RS Team sent you the I&RS program's information collection form on the above-named student. It is essential that we have an accurate and complete profile of this student to develop an appropriate intervention and referral services action plan. We would appreciate your cooperation in returning the form now.

Please see \_\_\_\_\_ if this is a problem.

Attached is another form in the event that the one previously supplied to you is not available. If you need an additional form or have questions or concerns, immediately contact the I&RS Team member identified above.

***Thank you for your cooperation.***

Attachment  
c:



**INTERVENTION AND REFERRAL SERVICES**

***SAMPLE STAFF THANK YOU MEMO***

*Confidential*

TO: \_\_\_\_\_  
FROM: \_\_\_\_\_, I&RS Team Member  
DATE: \_\_\_\_\_  
SUBJECT: Thank You for Reporting Information on \_\_\_\_\_  
*(student's name)*

Thank you for your cooperation in returning the information collection form for the above-named student. Your input will be added to information gathered on the student from a variety of sources. A determination on remedial action will be made soon. Respecting the laws governing confidentiality, we will make every attempt to keep you informed.

The cooperation and support of the entire school community is vitally important for the success of the I&RS Team in helping staff, parents and students in need of assistance.

Thank you for your cooperation.

c:



**INTERVENTION AND REFERRAL SERVICES**  
**SAMPLE GUIDANCE COUNSELOR FORM**

*Confidential*

TO: \_\_\_\_\_  
FROM: (Case Coordinator Name), I&RS Team  
DATE: \_\_\_\_\_  
REFERENCE: \_\_\_\_\_  
GRADE: \_\_\_\_\_

The I&RS Team is gathering information on the above-named student. Your input is essential in developing a complete and accurate profile of this student. If there is information you prefer not to commit to writing or if you have any questions, please immediately contact me or another member of the team.

**Confidential Information:**

- Yes       No      Has a psychological evaluation been conducted on this student?  
If yes, please describe: \_\_\_\_\_
- Yes       No      In addition to your role, are you aware of any kind of counseling  
or therapy (current or past) that has been provided to the student?  
If yes, please describe: \_\_\_\_\_
- Yes       No      Has any type of educational testing been conducted on this  
student? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Contacts:**

Please provide information on the number, purposes and outcomes of parent contacts regarding this student.

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

**Guidance Information:**

Please give any additional information that you think would be helpful in the team's assessment of the student, including skills, positive characteristics and environmental supports. (Use the back of the form if necessary.)

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







***INTERVENTION AND REFERRAL SERVICES***  
***SAMPLE DISCIPLINE FORM***

*Confidential*

TO: \_\_\_\_\_  
FROM: Intervention and Referral Services Team  
REFERENCE: \_\_\_\_\_  
DATE: \_\_\_\_\_

***Please provide the information requested below for the above-named student and return the form to the I&RS Team by \_\_\_\_\_***

The number of referrals to date: \_\_\_\_\_

The number of times parents have been contacted regarding the student's behavior: \_\_\_\_\_

The number of days for each detention that has been assigned to the student and the reason(s) for each:

_____	_____
_____	_____
_____	_____
_____	_____

The number of days for each suspension that has been assigned to the student and the reason(s) for each:

_____	_____
_____	_____
_____	_____
_____	_____

Has the student ever been detained in the office, assigned a restricted lunch, kept in for recess/open periods, etc.? Please comment.

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

Please provide any other comments or important information regarding disciplinary issues and consequences, as well as skills, positive characteristics and environmental supports:

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



**INTERVENTION AND REFERRAL SERVICES**  
**SAMPLE STUDENT ADVISOR FORM**

*Confidential*

TO: \_\_\_\_\_  
FROM: I&RS Team  
DATE: \_\_\_\_\_  
REFERENCE: \_\_\_\_\_  
GRADE: \_\_\_\_\_  
TEACHER: \_\_\_\_\_

*The I&RS Team is in the process of gathering comprehensive information on the above-named student. Your input will help the team develop an accurate profile of the student, as well as a positive course of action.*

Please return this form to \_\_\_\_\_, by \_\_\_\_\_.

**Academic Information:**

Class rank: \_\_\_\_\_ GPA: \_\_\_\_\_

**Confidential Information:**

- Yes       No      Is there a copy of a psychological evaluation?
- Yes       No      In addition to your role, are you aware of any kind of counseling or therapy provided to the student, either currently or in the past?

**Guidance Information:**

Please provide any additional information you think will be helpful in the team's assessment of this student, including skills, positive characteristics and environmental supports. (Use the back of the form if necessary.)

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**INTERVENTION AND REFERRAL SERVICES**

**SAMPLE SCHOOL NURSE/SCHOOL HEALTH FORM**

*Confidential*

TO: \_\_\_\_\_  
FROM: I&RS Team  
REFERENCE: \_\_\_\_\_  
DATE: \_\_\_\_\_

Please complete and return this form to the I&RS Team by: \_\_\_\_\_

**Health History**

Is the student currently taking any medication? If yes, please identify. \_\_\_\_\_

Are you aware of any prior use of medication by the student? If yes, identify each medication and condition treated. \_\_\_\_\_

Are you aware of any medical or other condition that could interfere with the student's ability to perform in school? If yes, please describe the condition and its implications.

**Health Assessment**

Date of birth:	_____	Weight:	_____
Height:	_____	Hearing:	_____
Vision:	_____	Posture:	_____
Skin:	_____		
Comments:	_____		

**Socialization**

Observable behaviors: \_\_\_\_\_  
Behavioral changes: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Physical Appearance** (e.g., personal hygiene, fatigue, odor of smoke, attire)

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

**Visits to Nurse**

Frequency/Number: \_\_\_\_\_  
Reasons: \_\_\_\_\_

**Physical Education Excuses**

Number: \_\_\_\_\_  
Reasons: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Student Strengths**

Skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Positive Characteristics \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Environmental Supports \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_

**Other Pertinent Information**

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

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**INTERVENTION AND REFERRAL SERVICES**

**SAMPLE PARENT OR GUARDIAN LETTER**

*Confidential*

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**NOTE:** *A personal interview with the student's parent or guardian is always the preferred method of contact. A personal conversation provides the opportunity for the I&RS team to achieve the following objectives: 1) Provide support to the parent, 2) Obtain important data, and 3) Develop a personal relationship. The Sample Parent Questionnaire and Sample Parent Interview provides suggested questions to be explored during the interaction. If personal notification is not possible, the district might consider corresponding on school letterhead, accompanied by the Parent Questionnaire.*

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Mr. and Mrs. Parent  
Home Lane  
Nuclear-Extended Family, NJ 00000

Date

Dear Mr. and Mrs. Parent:

We have a new opportunity to provide assistance to your (*daughter/son*), (*student's full name*), through the school's Intervention and Referral Services Team. Working in cooperation with families, such as yours, enables the team to better understand how to provide appropriate help to all of our students. Your knowledge and information regarding (*student's first name*) is most valuable to us in determining the best way to proceed to support you and your child.

We invite you to either call (*school representative for this case*) at (*school representative's phone number*) to discuss the matter, contact us to schedule a school visit, or notify us of the best way to reach you. You can reach us between the hours of \_\_\_\_\_ a.m. and \_\_\_\_\_ p.m.

You can also help us by completing the attached Parent Questionnaire and returning it in the enclosed envelope as soon as possible. The information you provide will help us to determine a positive course of action, and will be strictly held in confidence.

Together, we can be more effective in helping your child achieve (*his/her*) potential. Thank you for joining with us in this effort. We look forward to hearing from you.

Sincerely,

Edith Educator, School Representative

Enclosure

c:



***INTERVENTION AND REFERRAL SERVICES***  
***SAMPLE PARENT QUESTIONNAIRE***

*Confidential*

Student's Name: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Date: \_\_\_\_\_

- 1) What do you see as your child's strengths?
  
- 2) What makes you proud of your child?
  
- 3) What does your child do that causes you the most concern?
  
- 4) What has been the most successful way to deal with your child's behavior?
  
- 5) How can the school assist you with the concerns you have for your child or the concerns that have been identified by the school?
  
- 6) In the past school year, has your child been seen by a doctor for anything other than a common illness? If so, what caused you to take your child to the doctor?
  
- 7) Has your child been seen by a health professional for any physical or emotional problem that interfered with your child's success in school?
  
- 8) What other information about your child or your family situation would be helpful for the school to know?

**Please use the following rating scale to answer the questions below:**

***Always (4)                      Most of the Time (3)                      Hardly Ever (2)                      Never (1)***

- \_\_\_\_\_ 1) Finishes what she/he begins.
- \_\_\_\_\_ 2) Does the things I ask her/him to do.
- \_\_\_\_\_ 3) Appears content.
- \_\_\_\_\_ 4) Gets along with her/his friends.
- \_\_\_\_\_ 5) Takes good care of her/his things.
- \_\_\_\_\_ 6) Helps at home.
- \_\_\_\_\_ 7) Makes me proud.
- \_\_\_\_\_ 8) Obeys.
- \_\_\_\_\_ 9) Shares.
- \_\_\_\_\_ 10) Cries easily.
- \_\_\_\_\_ 11) Talks back.
- \_\_\_\_\_ 12) Hits.
- \_\_\_\_\_ 13) Lies
- \_\_\_\_\_ 14) Appears afraid.
- \_\_\_\_\_ 15) Must be reminded to do things.
- \_\_\_\_\_ 16) Gets hurt often.
- \_\_\_\_\_ 17) Feels sick often.
- \_\_\_\_\_ 18) Fights.
- \_\_\_\_\_ 19) Ruins things.
- \_\_\_\_\_ 20) Teases others frequently.
- \_\_\_\_\_ 21) Threatens others.
- \_\_\_\_\_ 22) Has trouble remembering things.
- \_\_\_\_\_ 23) Accepts criticism.
- \_\_\_\_\_ 24) I trust my child
- \_\_\_\_\_ 25) I know what to expect from my child.

Please return the completed questionnaire in the enclosed envelope  
to the following address:

*Scholastic School  
Academic Avenue  
High Standards, NJ 00000*

***INTERVENTION AND REFERRAL SERVICES***

***SAMPLE PARENT INTERVIEW***

*Confidential*

STUDENT'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

1) Who are the people living in the home with the child? (NOTE: If the family is not a "traditional," nuclear family, follow-up on details.)

\_\_\_\_\_

\_\_\_\_\_

2) What, if any, important changes have occurred in the family structure?

\_\_\_\_\_

\_\_\_\_\_

3) How did your child react to the changes in family structure?

\_\_\_\_\_

\_\_\_\_\_

4) What, if any, serious illness or injury has your child had? Please identify and explain.

\_\_\_\_\_

\_\_\_\_\_

5) Is your child on medication? If so, please identify and explain the reason.

\_\_\_\_\_

\_\_\_\_\_

6) Have you noticed any significant changes in your child's behavior?

\_\_\_\_\_

\_\_\_\_\_

7) Have you noticed any changes in your child's eating habits?

\_\_\_\_\_

\_\_\_\_\_

8) Have there been any changes in your child's sleeping habits?

\_\_\_\_\_

\_\_\_\_\_

9) Has your child experienced a bed-wetting problem?

\_\_\_\_\_

\_\_\_\_\_

10) Has there been any change in your child's physical appearance?

\_\_\_\_\_

\_\_\_\_\_

- 11) How does your son/daughter spend his/her time?  
\_\_\_\_\_  
\_\_\_\_\_
- 12) Does your child share his/her thoughts regularly and openly share his/her thoughts with you?  
\_\_\_\_\_  
\_\_\_\_\_
- 13) Does your child share his/her thoughts and feelings with anyone else? If yes, who?  
\_\_\_\_\_  
\_\_\_\_\_
- 14) Who initiates conversation between you and your child?  
\_\_\_\_\_  
\_\_\_\_\_
- 15) Does your child seem sad, moody or angry?  
\_\_\_\_\_  
\_\_\_\_\_
- 16) Have you ever had reason to suspect that your child has ever experimented with alcohol or other drugs? Please explain.  
\_\_\_\_\_  
\_\_\_\_\_
- 17) Has your child ever talked about suicide? Please explain.  
\_\_\_\_\_  
\_\_\_\_\_
- 18) Have any of your son's/daughter's friends or any family members attempted or committed suicide?  
\_\_\_\_\_  
\_\_\_\_\_
- 19) Has your child intentionally inflicted injury upon himself or others? Please clarify.  
\_\_\_\_\_  
\_\_\_\_\_
- 20) Has your child given away any of his/her important possessions lately?  
\_\_\_\_\_  
\_\_\_\_\_
- 21) Have you noticed any changes in your child's room?  
\_\_\_\_\_  
\_\_\_\_\_

22) In the past few months, have you noticed any money, alcohol, prescription or over-the-counter medications missing?

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23) Has any member of your family (including grandparents, uncles, aunts, etc.) ever had a problem with alcohol or other drugs?

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24) Who assumes primary responsibility for discipline in your family?

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25) How do you discipline your child?

---

---

What works best? \_\_\_\_\_

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What do you find doesn't work? \_\_\_\_\_

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26) What do you see as your child's strengths?

---

---

27) What makes you proud of him/her?

---

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28) What does your child do that causes you the most concern?

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29) Has your child been seen by a health professional for any physical or emotional problems that interfered with his/her success in school?

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30) Is there anything you can think of that is going on that might be affecting your child?

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31) Is there anything else you would like to share?

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**INTERVENTION AND REFERRAL SERVICES**  
**SAMPLE STUDENT SELF-ASSESSMENT SHEET**

*Confidential*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check the column that most NEARLY applies to how you view yourself. There are no right or wrong choices, so check what you REALLY do.

	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Hardly Ever</i>	<i>Never</i>
Volunteer in class					
Demonstrate appropriate hall behavior					
Arrive to class on time					
Do what I'm told					
Behave for substitute teachers					
Talk in class					
Write on desks					
Lean back in chairs					
Chew gum in class					
Throw objects in class					
Hit or fight with other students					
Have all materials for class					
Help teacher when asked					
Respectful toward others					
Pay attention in class					
Clean up desk area					
Accept extra duties in class					
Use lavatory time properly					
Turn in found objects to teacher or office					
Obey the bus driver/crossing guard					
Copy work from others					
Use abusive language					
Destroy property					
Take responsibility for my actions					
Seek help when needed					
Break school rules					



**INTERVENTION AND REFERRAL SERVICES**  
**SAMPLE GENERAL RELEASE OF INFORMATION**  
**CONSENT FORM**

*Confidential*

I, \_\_\_\_\_,  
*(student or parent/guardian name)*

authorize \_\_\_\_\_  
*(name of individual/school disclosing information)*

to disclose to \_\_\_\_\_  
*(name or title of individual/organization  
to whom the information is to be disclosed)*

the following specific information from my record: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

This consent to disclose information may be revoked by me at any time, except to the extent that action has already been taken in reliance thereupon.

This consent, unless expressly revoked earlier, expires upon *(specify the date, event and/or condition upon which consent expires)*:

Date: \_\_\_\_\_  
Event: \_\_\_\_\_  
Condition: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Specify Relationship of Legal Representative \_\_\_\_\_



**INTERVENTION AND REFERRAL SERVICES**  
**SAMPLE I&RS ACTION PLAN FORM #1**

*Confidential*

Person Requesting Assistance: \_\_\_\_\_ Meeting Date: \_\_\_\_\_  
Recorder Keeper's Name: \_\_\_\_\_ Parent Notification Date: \_\_\_\_\_  
Attendance: \_\_\_\_\_ Case Coordinator: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1) Reason(s) for Request for Assistance (presenting educational problem[s]):**

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

**2) Problem Description**

a) Behaviors of Concern (*Specific, Observable, Descriptive, Objective, Factual*):

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

b) Background Information:

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

c) General Nature of Problem: Competence \_\_\_\_\_ Compliance \_\_\_\_\_

**3) Selected Problem(s) (problems that can and must be changed):**

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

**4) Student Strengths**

a) Personal:

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

b) Environmental:

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

**5) Behavioral Objective (short-term, achievable, measurable):**

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

**6) Prior Interventions**

a) Outcomes/Effects of Past Efforts:

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b) Reasons for Past Successes:

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c) Reasons for Past Failures:

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d) Benefits to the student and others involved with the student for not changing:

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**7) Alternative Solutions (brainstorming):**

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**8) Evaluation of Alternative Solutions** (*consider positive and negative consequences, strengths and concerns, benefits to the student and family, benefits to the person requesting assistance, success orientation, available resources*):

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**9) Selected Solution(s)** (*consider whether it is in a new form, maintains the student's dignity, develops the student's internal locus of control over the problem, implementers are capable of implementing it, empowers or provides relief for the person requesting assistance*):

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**10) Implementation, Monitoring and Support Plan\***

Specific Tasks	Resources	Responsible Persons	Completion Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* Should include, at a minimum, information on the type, frequency, duration and intensity of interventions, assistance to implementers and required individual and family support services.

**11) Follow-up and Evaluation Plan**

**12) Follow-up Meeting Date:** \_\_\_\_\_

Specific Tasks	Resources	Responsible Persons	Completion Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**13) Assessment of Team Effectiveness and Team Improvement Plan:**

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

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**FOLLOW-UP MEETING**

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Date: \_\_\_\_\_ Next Meeting Date: \_\_\_\_\_ Record Keeper's Name: \_\_\_\_\_  
Attendance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14) Outcomes of I&RS Action Plan:**

Strengths	Areas of Improvement
_____	_____
_____	_____
_____	_____

**15) Recommended Action:**

\_\_\_\_\_ No Further Action  
\_\_\_\_\_ Modify Original I&RS Action Plan\*\*  
\_\_\_\_\_ Other Referral (specify) \_\_\_\_\_  
\_\_\_\_\_ Continue Original I&RS Action Plan  
\_\_\_\_\_ Refer to Child Study Team  
(\*If checked, complete steps 1-13, as appropriate.)



**INTERVENTION AND REFERRAL SERVICES**  
**SAMPLE I&RS ACTION PLAN FORM #2**

*Confidential*

**... Worksheet ...**

Date: \_\_\_\_\_ Parent Notification Date: \_\_\_\_\_  
 Person Requesting Assistance: \_\_\_\_\_ Problem Description:\* \_\_\_\_\_  
 I&RS Team Members: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Goal Statement: \_\_\_\_\_  
 \_\_\_\_\_

**INTERVENTION FEASIBILITY AND EFFECTIVENESS SCALE**

**Directions:** Please rate the feasibility, effectiveness and efficiency of each intervention being considered according to the following rating scale criteria (each item should be rated on a scale of 1 to 5, where a score of 5 represents the most favorable rating). After rating each proposed intervention on each criterion, a total score for each intervention is obtained by summing the rating given on each item. Each intervention should then be priority-ranked according to its total score. Team ratings and rankings should be a product of team consensus. In most cases, the intervention ranked first by the team is used by the individual(s) responsible for implementing the I&RS action plan to address the identified problem. Use the following rating scale:

- Potential Impact:** The potential impact of this intervention is (1 = *Low*, 5 = *High*).
- Successful Use:** The use of this type of intervention has been successful (1 = *Seldom*, 5 = *Often*), or in the case of a new intervention, the chance for success is (1 = *Low*, 5 = *High*).
- Adaptive Skills:** There is a high degree of comfort in the ability and skills of implementers to apply this intervention (1 = *Strongly Disagree*, 5 = *Strongly Agree*).
- Time Needed:** The estimated time needed to implement this intervention to be effective is (1 = *Very Unreasonable*, 5 = *Very Reasonable*).
- Additional Resources:** The number and types of additional resources needed to implement this intervention are (1 = *Very Unrealistic*, 5 = *Very Realistic*).

Intervention Alternative	Potential Impact	Successful Use	Adaptive Skills	Time Needed	Additional Resources	Total Score	Rank
1) _____	_____	_____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____	_____	_____	_____
7) _____	_____	_____	_____	_____	_____	_____	_____
8) _____	_____	_____	_____	_____	_____	_____	_____
9) _____	_____	_____	_____	_____	_____	_____	_____
10) _____	_____	_____	_____	_____	_____	_____	_____
11) _____	_____	_____	_____	_____	_____	_____	_____
12) _____	_____	_____	_____	_____	_____	_____	_____
13) _____	_____	_____	_____	_____	_____	_____	_____
14) _____	_____	_____	_____	_____	_____	_____	_____
15) _____	_____	_____	_____	_____	_____	_____	_____

\* Please attach all appropriate documentation used to verify the problem description and all evidence of prior interventions used to solve the problem.

... **Action Plan** ...

Implementation Strategies/Activities	Person(s) Responsible	Completion Time Frame
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monitoring Strategies	Person(s) Responsible	Completion Time Frame
_____	_____	_____
_____	_____	_____
_____	_____	_____

Outcome Evaluation Strategies	Person(s) Responsible	Completion Time Frame
_____	_____	_____
_____	_____	_____
_____	_____	_____

Evaluation of Intervention Feasibility and Effectiveness	Person(s) Responsible	Completion Time Frame
_____	_____	_____
_____	_____	_____
_____	_____	_____

Follow-up and Redesign Plan	Person(s) Responsible	Completion Time Frame
_____	_____	_____
_____	_____	_____
_____	_____	_____

Source: Idol, L. & West, J.F. (1993). *Effective Instruction of Difficult-To-Teach Students*. Adapted by permission.

**INTERVENTION AND REFERRAL SERVICES**  
***SAMPLE I&RS ACTION PLAN FORM #3***

*Confidential*

Date: \_\_\_\_\_ Parent Notification Date: \_\_\_\_\_  
Person Requesting Assistance: \_\_\_\_\_  
I&RS Team Members: \_\_\_\_\_  
\_\_\_\_\_

*Problem Description:\**

*Prior Interventions Used to Solve the Problem:\*\**

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*Goal Statement:* \_\_\_\_\_  
\_\_\_\_\_

	<i>Alternative Interventions/Solutions</i>	<i>How Feasible and Effective</i>	<i>Rank</i>
1.	_____ _____	_____ _____	_____ _____
2.	_____ _____	_____ _____	_____ _____
3.	_____ _____	_____ _____	_____ _____
4.	_____ _____	_____ _____	_____ _____
5.	_____ _____	_____ _____	_____ _____
6.	_____ _____	_____ _____	_____ _____

\* Please attach all appropriate documentation used to validate the problem description and any supportive evidence of prior interventions used to solve the problem.

\*\* In most cases, the intervention ranked first by the team (with concurrence of individuals responsible for implementation) will be used to address the identified problem.

Implementation Steps*	Person(s) Responsible	Time Frame
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* Includes any recommendations for accessing school resources or community-based health or social services.

How Will the Plan be Monitored?	Persons Responsible	Time Frame
_____	_____	_____
_____	_____	_____
_____	_____	_____

How Will Student Progress be Evaluated?		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Team Evaluation of Intervention Effectiveness	Date and Time of I&RS Follow-up Meeting**
_____	_____
_____	_____
_____	_____

\*\* Should occur within 2-4 weeks of the beginning of the I&RS Action Plan.

## ***TECHNICAL RESOURCES AND SERVICES***

### ***DEPARTMENT OF EDUCATION SUPPORT***

For more information on developing your school's program of intervention and referral services, contact the appropriate resource listed below.

#### ***Non-Abbott School Districts***

Non-Abbott school districts should contact their county office of education.

#### ***Abbott School Districts***

Abbott school districts should contact the assigned School Review and Improvement (SRI) staff member in their county office of education.

## **FUNDING SUPPORT**

The cost-effectiveness of implementing the typical I&RS action plan is a significant feature of the I&RS program. As reported in the section of this manual titled Best Practice Examples of Team Collaboration in Support of I&RS, the study of the New Jersey Department of Education's School Resource Committee pilot program conducted by the Educational Testing Service found that the *annual building-level* costs for the pilot program ranged from \$0 to \$2,000, with the average cost being \$591.00.

Costs for the program may vary, however, particularly in schools that include the review of cases under Section 504 of the Rehabilitation Act as part of the I&RS team's purview. The I&RS team's annual plans for either improving the I&RS program or making recommendations for school-wide planning, may call for the adoption or expansion of programs and services, for which there could be additional cost factors.

### **All School Districts**

I&RS teams in all school buildings are encouraged to utilize the following funding sources to support their activities:

#### **No Child Left Behind Act Funds**

- Title I, Part A: Improving Basic Programs Operated by Local Education Agencies.
- Title I, Part A: School Improvement.
- Title I, Part D: Prevention and Intervention Programs for Children and Youth who are Neglected, Delinquent, or At-Risk.
- Title II, Part A: Teacher and Principal Training and Recruiting Fund.
- Title II, Part D: Enhancing Education Through Technology.
- Title III, Part A: Grants and Subgrants for English Language Acquisition and Language Enhancement.
- Title IV, Part A: Safe and Drug-Free Schools and Communities Act.
- Title IV, Part B: 21<sup>st</sup> Century Community Learning Centers.
- Title V, Part A: Innovative Programs.
- Title VI, Part B: Rural and Low-Income School Program.

### **Abbott School Districts**

I&RS teams in Abbott school buildings are encouraged to utilize the following funding sources to support their activities:

#### **Comprehensive Educational Improvement and Financing Act Funds**

- Demonstrably Effective Programs Aid.
- Early Childhood Programs Aid.

## **SELF-HELP SERVICES**

### **General**

**New Jersey Self-help Clearinghouse** – Provides information on all types of self-help groups for each county in New Jersey.

*New Jersey Self-help Clearinghouse* (973) 285-9565  
(800) 367-6274 (Group Information)

### **Substance Abuse**

**Alcoholics Anonymous** - For persons abusing alcohol.

*Spanish Speaking* (973) 824-0555  
*North Jersey* (800) 245-1377 or (908) 687-8566  
*Central Jersey* (609) 888-3333 (24 hour hotline); (609) 888-2662 (day)  
*South Jersey* (609) 486-4444 (hotline)  
*Cape/Atlantic* (800) 604-HELP or (609) 641-8855

**Narcotics Anonymous** - Support for drug abusers.

*Bi-lingual* (732) 845-2919; Help-line (800) 992-0401

**Al-Anon Family Groups/Alateen/Ala-preteen/Alatot/Adult Children** - Support for families/children of alcoholics.

*North Jersey* (973) 744-8686 (day)  
*South Jersey* (609) 547-0855 (day)  
*Spanish Speaking* (973) 483-8115 (day)

**Nar-Anon Family Group** - Support for families and friends of drug abusers.

*Nar-anon* (800) 736-9805 or (732) 291-1467

**Narateen** - Support for young person's whose lives have been affected by someone else's addiction.

*Narateen* (800) 322-5525

### **Parents**

**Families and Parents Anonymous** – Two groups supporting parents who are under stress and who want to improve their relationships with their children.

*Families Anonymous* (800) 736-9805 (national)  
*Parents Anonymous* (800) 843-5437 (New Jersey)

**NATIONAL YOUTH CRISIS HOTLINES**

<b>Boystown</b>	For youth who have or who are thinking about running away from home, or are having trouble at home.	(800) 448-3000
<b>Covenant House Nineline</b>	For youth who have run away, are having trouble at home, such as having a hard time talking to their parents.	(800) 999-9999
<b>Childhelp USA</b>	For child abuse or neglect.	(800) 422-4453
<b>National AIDS Hotline</b>	Information about HIV/AIDS, testing and referrals to local programs.	(800) 843-5678
<b>National Youth Crisis Hotline</b>	For youth experiencing all types of crises.	(800) 448-4663
<b>National Runaway Switchboard</b>	For information on youth runaways.	(800) 621-4000

**EDUCATION-RELATED ASSOCIATIONS IN NEW JERSEY**

*Association of Student Assistance  
Professionals of New Jersey*  
P.O. Box 156  
Burlington, NJ 08016

*New Jersey School Counselors  
Association*  
c/o Moorestown High School  
350 Bridgeboro Rd.  
Moorestown NJ 08057

*New Jersey School Boards Association*  
413 West State St.  
P.O. Box 909  
Trenton, NJ 08605

*New Jersey School Counselors  
Network*  
1002 Maplecrest Rd.  
Edison, NJ 08820

*New Jersey Principals and Supervisors  
Association*  
12 Centre Dr.  
Jamesburg, NJ 08831

*New Jersey Association of School  
Psychologists*  
170 Township Line Rd.  
Belle Meade, NJ 08502

*New Jersey Association of School  
Administrators*  
920 West State St.  
Trenton, NJ 08618

*New Jersey State School Nurses  
Association*  
904 Chanticleer  
Cherry Hill, NJ 08003

*New Jersey Congress of Parents  
and Teachers Association*  
900 Berkley Ave.  
Trenton, NJ 08618

*New Jersey Association of Social  
Workers*  
80 Greenwood Dr.  
Millburn, NJ 07041

*New Jersey Education Association*  
180 West State St.  
Trenton, NJ 08607

*New Jersey Speech/Language/Hearing  
Association*  
Kane University  
1000 Morris Ave.  
Union, NJ 07083

*New Jersey Federation of Teachers*  
1432 Brunswick Ave.  
Trenton, NJ 08638

*New Jersey Association of Learning  
Consultants*  
P.O. Box 1829  
Clifton, NJ 07015

*New Jersey Catholic Conference*  
211 N. Warren St.  
Trenton, NJ 08616

*Alternative Education Association  
Of New Jersey*  
PACE-Alternative School Program  
One Lincoln Highway  
Lake Hiawatha, NJ 07034

***Education Associations in New Jersey, continued***

*Association of Schools and Agencies  
for the Handicapped*  
2125 Rt. 33  
Hamilton Square, NJ 08690

*New Jersey Association of Student  
Councils*  
c/o Boonton High School  
306 Lathrop Ave.  
Boonton, NJ 07005

*Council of Private Schools for Children  
with Special Needs*  
2517 Highway 35  
Bldg. K, Suite 101  
Manasquan, NJ 08736

*Association for Children of New Jersey*  
35 Halsey St.  
Newark, NJ 07102

*New Jersey State Interscholastic  
Athletic Association*  
U.S. Highway No. 130  
P.O. Box 487  
Robbinsville, NJ 08691

*New Jersey Cooperative Industrial  
Education Coordinators Association*  
c/o Burlington County Vocational  
School  
Hawkins Rd.  
Medford, NJ 08505

*New Jersey Higher Education  
Consortium on Alcohol and Other  
Drug Prevention and Education*  
Rowan University  
Triad Building, C-Wing  
201 Mullica Hill Rd.  
Glassboro, NJ 08028

*Association of Mathematics Teachers  
of New Jersey*  
20 Aberdeen Ave.  
Wayne, NJ 07470-2456

*New Jersey Science Teachers  
Association*  
295 Bellair Rd.  
Ridgewood, NJ 07450-4124

*New Jersey Mathematics Coalition*  
P.O. Box 10867  
New Brunswick, NJ 08906

*New Jersey Science Supervisors  
Association*  
24 Jubilee Circle  
Aberdeen, NJ 07747

*New Jersey Classical Association*  
733 Commonwealth Blvd.  
Toms River, NJ 08757

*Voice of Italian Teachers in America –  
New Jersey Chapter*  
75 Stanton Pl.  
Butler, NJ 07405

*American Association of Teachers  
of French - New Jersey Chapter*  
5 Westbrook Rd.  
Westfield, NJ 07090

***Education Associations in New Jersey, continued***

*American Association of Teachers  
of German – New Jersey Chapter*  
112 Haddontowne Ct., #104  
Cherry Hill, NJ 08034-3668

*American Association of Teachers  
of Spanish and Portuguese – New  
Jersey Chapter*  
1440 Westgate Dr.  
Fort Lee, NJ 07024

*Chinese Language Association  
of Secondary/Elementary Schools –  
New Jersey Chapter*  
Livingston High School  
30 Robert H. Harp Dr.  
Livingston, NJ 07039-3987

*Foreign Language Editors of New  
Jersey*  
66 Nestro Rd.  
West Orange, NJ 07052

*New Jersey Council for History  
Education*  
P.O. Box 409  
Franklin Lakes, NJ 07417

*New Jersey Council for the Social  
Studies*  
P.O. Box 4155  
River Edge, NJ 07661

*New Jersey Geographic Alliance*  
Delsea Dr.  
Sewell, NJ 08060

*New Jersey Council for Economic  
Education*  
Kean College of New Jersey  
East Campus  
Room 219  
Union, NJ 07083

*National Staff Development Council –  
New Jersey Chapter*  
c/o Commodore Perry School  
75 E. Ramapo Ave.  
Mahwah, NJ 07430



**NATIONAL ASSOCIATIONS IN SUPPORT OF EDUCATION**

*Advocates for Youth*  
1025 Vermont Ave., N.W., Suite 210  
Washington, DC 20005

*American Academy of Child  
And Adolescent Psychiatry*  
3015 Wisconsin Ave., N.W.  
Washington, DC 0016-3007

*American Academy of Pediatric  
Dentistry*  
211 E. Chicago Ave., Suite 700

*American Academy of Pediatrics*  
141 Northwest Point Blvd.  
Elk Grove, IL 60007

*American Association for Active  
Lifestyles and Fitness*  
11900 Association Ave.  
Reston, VA 22091

*American Association of School  
Administrators*  
1801 North Moore St.  
Arlington, VA 22209

*American Cancer Society*  
1599 Clifton Rd., N.E.  
Atlanta, GA 30329

*American College of Sports Medicine*  
P.O. Box 1440  
Indianapolis, IN 46206-1440

*American Dietetic Association*  
216 West Jackson Blvd., Suite 800  
Chicago, IL 60606

*American Federation of Teachers*  
555 New Jersey Ave., N.W.  
Washington, DC 20001

*American Medical Association*  
515 N. State St.  
Chicago, IL 60610

*American Nurses Association*  
600 Maryland Ave., S.W.  
Suite 100 West  
Washington, DC 20024

*American Psychological Association*  
750 First St., N.E.  
Washington, DC 20002

*American Public Health Association*  
1015 15<sup>th</sup> St., N.W., 3<sup>rd</sup> Floor  
Washington, DC 20005

*American Public Welfare Association*  
810 First St., N.E., Suite 500  
Washington, DC 20002

*American Red Cross*  
8111 Gatehouse Rd.  
Jefferson ark  
Falls Church, VA 22314

*American School Counselor  
Association*  
801 Fairfax St., Suite 310

*American School Food Service  
Association*  
1600 Duke St.  
Alexandria, VA 22314-3436

*American School Health Association*  
P.O. Box 708  
Kent, OH 44240

*Association for Supervision  
and Curriculum Development*  
1250 N. Pitt St.  
Alexandria, VA 22314

***National Associations in Support of Education, continued***

*The Council for Exceptional Children*  
1920 Association Dr.  
Reston, VA 22091

*National Coalition for Parent  
Involvement in Education*  
c/o IEL  
1001 Connecticut Ave., N.W.  
Suite 310  
Washington, DC 20036

*Employee Assistance Professionals  
Association*  
2101 Wilson Blvd., Suite 500  
Arlington, VA 22201

*National Coalition of Chapter 1  
and Title 1 Parents*  
National Parent Center  
Edmond School Building  
9<sup>th</sup> and D Sts., N.E., Room 201  
Washington, DC 20002

*National Alliance of Pupil Services  
Organizations*  
7700 Willowbrook Rd.  
Fairfax Station, VA 22039

*National Council of Churches*  
475 Riverside Dr.  
New York, NY 10115

*National Association of Elementary  
School Principals*  
1615 Duke St.  
Alexandria, VA 22314

*National Education Association*  
1201 16<sup>th</sup> St., N.W.  
Washington, DC 20036

*National Association of Leadership  
for Student Assistance Programs*  
Box 335  
Bedminster, PA 18910

*National Environmental Health  
Association*  
720 S. Colorado Blvd., Suite 970  
Denver, CO 80222

*National Association of School Nurses*  
P.O. Box 1300 Scarborough, ME  
04074-1300

*National Federation of State High  
School Associations*  
11724 NW Plaza Circle  
Kansas City, MO 64195-0626

*National Association of School  
Psychologists*  
4340 East West Highway, Suite 402  
Bethesda, MD 20814

*National Health and Education  
Consortium*  
1001 Connecticut Ave., Suite 310  
Washington, DC 20036

*National Association of Secondary  
School Principals*  
1904 Association Dr.  
Reston, VA 20191

*National Middle School Association*  
2600 Corporate Exchange Dr.  
Suite 370  
Columbus, OH 43231

*National Dropout Prevention Center*  
Clemson University  
209 Martin St.  
Clemson, SC 29631-1555

***National Associations in Support of Education, continued***

*National Association of Social Workers*  
750 First St., N.E. Suite 700  
Washington, DC 20002-4241

*National Network for Youth*  
1319 F St., N.W., Suite 401  
Washington, DC 20004

*National Association of State Boards  
of Education*  
1012 Cameron St.  
Alexandria, VA 22314

*Public Education Network*  
601 13<sup>th</sup> St., N.W., Suite 290  
Washington, DC 20005

*National Urban League*  
120 Wall St., 8<sup>th</sup> Floor  
New York, NY 10005

*Public Risk Management Association*  
1815 N. For Meyer Dr.  
Suite 1020  
Arlington, VA 22209

*National Wellness Association*  
P.O. Box 827  
Steven Point, WI 54481-0827

*Society for Nutrition Education*  
2850 Metro Dr., Suite 416  
Minneapolis, MN 55425-1412

*National Peer Helpers Association*  
P.O. Box 2684  
Greenville, NC 27834

*Wellness Councils of America*  
7101 Newport Ave., Suite 311  
Omaha, NE 68152-3590

*Education Commission of the States*  
707 – 17<sup>th</sup> St., Suite 2700  
Denver, CO 80202-3427

*National Crime Prevention Council*  
1700 K Street, N.W. 2<sup>nd</sup> Floor  
Washington, DC 20006

*Center for the Study and Prevention  
Of Violence*  
Institute of Behavioral Science  
University of Colorado at Boulder  
Campus Box 442  
Boulder, CO 80309-0442

*Children's Safety Network  
National Center for Education  
In Maternal and Child Health*  
2000 15<sup>th</sup> St., Suite 701  
Arlington, VA 22201

*Children's Defense Fund*  
Safe Start Campaign  
25 E. Street N.W.  
Washington, DC 20001

*Center to Prevent Handgun Violence*  
1225 Eye St., N.W. Room 1100  
Washington, DC 20005

*National Association for Mediation  
In Education*  
205 Hampshire House  
University of Massachusetts  
Amherst, MA 01003-3635

*National Network of Violence  
Prevention Practitioners*  
Educational Development Center, Inc.  
55 Chapel St.  
Newton, MA 02156-1060

***National Associations in Support of Education, continued***

*National Council of Teachers  
of Mathematics*  
1906 Association Dr.  
Reston, VA 20191-1593

*Research for Better Schools*  
444 North Third St.  
Phila., PA 19123

*National Science Education  
Leadership Association*  
13 Willow Rd.  
Marblehead, MA 01945-1344

*National Science Teachers Association*  
1840 Wilson Blvd.  
Arlington, VA 22201

*Advocates for Language Learning*  
P.O. Box 4962  
Culver City, CA 90231

*Center for Advanced Research  
on Language Acquisition*  
(612) 627-1870  
UTEC Building  
1313 Fifth St. SE, Suite 111  
Minneapolis, MN 55414

*American Council on the Teaching  
of Foreign Languages*  
(914) 963-8830  
6 Executive Plaza  
Yonkers, NY 10701-6801

*Modern Language Association*  
10 Astor Pl.  
New York, NY 10003-6981

*Center for Applied Linguistics*  
(202) 429-9292  
4646 40<sup>th</sup> St., N.W.  
Washington, DC 20016

*National Association for Bilingual  
Education*  
1220 L St., Suite 605  
Washington, DC 20005

*American Association of Teachers  
of French*  
12250 Tildenwood Dr.  
Rockville, MD 20852

*Teachers of English to Students  
of Other Languages*  
1600 Cameron St.  
Suite 300  
Alexandria, VA 22314-2751

*National Staff Development Council*  
P.O. Box 240  
Oxford, OH 45056

*National Education Service*  
1252 Loesch Pl.  
P.O. Box 8  
Bloomington, IN

*National School Public Relations  
Association*  
15948 Derwood Rd.  
Rockville, MD 20855

*National Parent-Teacher Association*  
330 N. Wabash Ave., Suite 2100  
Chicago, IL 60611-3690

***National Associations in Support of Education, continued***

<i>Council of Chief State School Officers</i> One Massachusetts Ave., NW Suite 700 Washington, DC 20001-1431	<i>National School Boards Association</i> 1680 Duke St. Alexandria, VA 22314
<i>National Association of Partners in Education</i> 901 N. Pitt St., Suite 320 Alexandria, VA 22314	<i>National School Safety Center</i> 141 Duesenberg Dr., Suite 11 Westlake Village, CA 91362
<i>National Association of School Psychologists</i> 440 East West Highway Suite 402 Bethesda, MD 20814	<i>American Psychological Association</i> 750 First St., NE Washington, DC 20002-4242
<i>National Mental Health Association</i> 1021 Prince St. Alexandria, VA 22314-2971	<i>Association of State and Territorial Health Officials</i> 1275 K St., NW Suite 800 Washington, DC 20005-4006
<i>National Association of Community Health Centers</i> 1330 New Hampshire Ave., NW Suite 122 Washington, DC 20036	<i>National Assembly on School-based Health Care</i> 666 11 <sup>th</sup> St., NW Suite 735 Washington, DC 20001
<i>Association of Maternal and Child Health Programs</i> 1220 19 <sup>th</sup> St., NW Suite 801 Washington, DC 20036	<i>National Center for Education in Maternal and Child Health</i> 2000 15 <sup>th</sup> St. North Suite 701 Arlington, VA 22201
<i>Sexuality Information and Education Council of the U.S.</i> 130 W. 42 <sup>nd</sup> St., Suite 350 New York, NY 10036-7802	<i>National Youth Advocacy Coalition</i> 1638 R St., NW Suite 300 Washington, DC 20009
<i>American Counseling Association</i> 5999 Stevenson Ave. Alexandria, VA 22304	<i>American Nurses Association</i> 600 Maryland Ave., SW Suite 100 Washington, DC 20024



**EDUCATION-RELATED CLEARINGHOUSES**

*Division of Adolescent and School Health, Centers for Disease Control and Prevention (CDC)*  
<http://www.cdc.gov/nccdphp/dash>

*National AIDS Clearinghouse, Centers for Disease Control and Prevention (CDC)*  
(800) 458-5231  
<http://www.cdcnac.org>

*Clearinghouse for Occupational Safety and Health Information*  
(800) 35-NIOSH  
<http://www.cdc.gov/niosh/homepage.html>

*Combined Health Information Database (CHID)*  
(800) 955-0906  
<http://www.ovid.com/dohome/fldguide/chiddb.htm>

*Center for Substance Abuse Prevention's (CSAP) National Clearinghouse for Alcohol and Drug Information*  
(800) 729-6686  
<http://www.health.org>

*Education Research and Information Clearinghouse (ERIC) on Teaching And Teacher Education*  
(202) 293-2450  
<http://www.aacte.org>

*National Health Information Center*  
(800) 336-4797  
<http://nhic-nt.health.org>

*Family Life Information Exchange*  
(301) 585-6636

*Food and Drug Administration, Office of Consumer Affairs*  
(301) 443-3170

*Food and Nutrition Information Center, United States Department of Agriculture*  
(301) 504-5719

*National Center for Education in Maternal and Child Health*  
(703) 524-7802  
<http://www.ncemch.org>

*National Clearinghouse on Child Abuse and Neglect Information*  
(800) FYI-3366  
<http://www.calib.com/nccanch>

*National Clearinghouse on Family Support and Children's Mental Health*  
(800) 628-1696  
<http://www.rtc.pdx.edu>

*National Maternal and Child Health Clearinghouse*  
(703) 821-8955  
<http://www.circsol.com/mch>

**Education-Related Clearinghouses, continued**

*National Highway Traffic Safety  
Administration, United States  
Department of Transportation  
(800) 424-9393  
<http://www.nhtsa.dot.gov>*

*Office of Minority Health Resource  
Center  
(800) 444-6472  
<http://www.omhrc.gov>*

*National Information Center for  
Children and Youth with Disabilities  
(800) 695-0285  
<http://www.nihcy.org>*

*President's Council on Physical Fitness  
and Sports  
(202) 272-3430*

*National Injury Information  
Clearinghouse  
(301) 504-0424  
<http://www.cpsc.gov>*

*United States Product Safety  
Commission Hotline  
(800) 638-2772  
<http://www.cpsc.gov>*

*Eisenhower National Clearinghouse  
For Mathematics and Science  
Education  
(514) 292-7784  
<http://www.enc.org>*

*Mid-Atlantic Eisenhower Consortium  
for Mathematics and Science  
Education  
at Research for Better Schools  
(215) 574-9300  
<http://www.rbs.org/eisenhower>*

*National Clearinghouse for Bilingual  
Education  
Office of Bilingual Education and  
Minority Language Affairs  
600 Independence Ave., S.W.  
Washington, DC 20202-6510  
<http://www.ncbe.gwu.edu/>*

*International Reading Association  
800 Barksdale Rd., P.O. Box 8139  
Newark, DE 19714-8139  
<http://www.reading.org>*

*National Center for Family Literacy  
Waterfront Plaza, Suite 200  
325 Main St.  
Louisville, KY 40202-4251  
<http://novel.nifo.gov/ncfo/NCFOTOP1.HTM>*

*Learning Disabilities Association  
Of America  
4156 Library Rd.  
Pittsburgh, PA 15234  
<http://www.ldanatl.org>*

*Parents as Teachers National Centers  
10176 Corporate Square Dr.  
Suite 230  
St. Louis, MO 63132  
<http://www.patnc.org>*

*National Institute for Literacy  
800 Connecticut Ave.  
NW Suite 200  
Washington, DC 71309-1230  
<http://www.nifl.gov>*

***Education-Related Clearinghouses, continued***

*National Library of Education*  
P.O. Box 1398  
Jessup, MD 20794-1398  
<http://www.ed.gov/NLE/>

*Educational Research Information  
Clearinghouse (ERIC)*  
<http://encae.net/search.htm>

*National Education Association  
Professional Library*  
<http://www.nea.org/books/booktemplate.html>

*United States Department of Education  
Publications*  
<http://www.ed.gov/pubs/edpubs.html>

*National Clearinghouse for Alcohol  
and Drug Information*  
P.O. Box 2345  
Rockville, MD 20852  
(800) 468-6686



**WEBSITES OF INTEREST**

*New Jersey Department of Education*  
<http://www.state.nj.us/education>

*New Jersey Governor's Office*  
<http://www.cyberhomepage.com/st-nj.htm>

*New Jersey Internet Government*  
<http://www.njinternet.com/gov.htm>

*New Jersey Information*  
<http://www.state.nj.us>  
<http://www.infolink.org/nj/htm>

*United States Department  
of Education*  
<http://www.ed.gov/>

*United States Department of Health  
and Human Services*  
<http://www.os.dhhs.gov/>

*National Council on Alcoholism and  
Drug Dependence – New Jersey, Inc.*  
<http://www.ncaddnj.org>

*United States Food and Drug  
Administration*  
<http://www.fda.gov/>

*Office of National Drug Control Policy*  
<http://www.whitehousedrugpolicy.gov>

*Alcoholics Anonymous*  
<http://www.alcoholics-anonymous.org/nj.html>

*New Jersey Services Index by  
Department*  
<http://www.state.nj.us/deptserv.html>

*New Jersey State Legislature*  
<http://www.njleg.state.nj.us/>

*New Jersey Citizen's Guide  
to Government*  
<http://www.lwvng.org/guide/njgovt.html>

*New Jersey State Library*  
<http://www.njstatelib.org/cyberdesk/newcat.htm>

*National Institute on Mental Health*  
<http://www.nimh.nih.gov/home.html>

*United States Department of Health  
and Human Services – Youth  
Information*  
<http://www.youth.os.dhhs.gov/>

*United States Department of Justice*  
<http://www.usdoj.gov/>

*Bureau of Alcohol, Tobacco  
and Firearms*  
<http://www.atf.treas.gov/>

*Community Anti-Drug Coalitions  
of America*  
<http://www.cadca.org/>

*Al-Anon/Alateen*  
<http://www.al-anon.alateen.org/>

**Websites of Interest, continued**

*Centers for Disease Control  
and Prevention – Adolescent  
and School Health Information*  
<http://www.cdc.gov/nccdphp/dash/>

*Federal Statistics*  
<http://www.fedstats.gov>

*The White House*  
<http://www.whitehouse.gov/>

*Retrieve White House Publications*  
<http://www.pub.whitehouse.gov/retrieve-documents.html>

*Thomas Legislative Information  
on the Internet*  
<http://thomas.loc.gov/home/thomasw.html>

*United States National Library  
of Medicine*  
<http://www.nlm.nih.gov/>

*Hope Foundation*  
<http://www.communitiesofhope.org>

*Federal Resources for Educational  
Excellence*  
<http://www.ed.gov/free/>

*National Technical Information Service*  
<http://www.fedworld.gov/>

*Search White House Publications*  
<http://www.pub.whitehouse.gov/search/everything.html>

*United States Congress*  
<http://www.congress.org/>

*United States Library of Congress*  
<http://lcweb.loc.gov/>

*Law News Network*  
<http://www.counsel.com>

*Emotionally Intelligent Parenting*  
<http://www.eqparenting.com>

**APPENDIX G**  
**RESOURCE MATERIALS**

***Classroom Management and Student Discipline***

Albert, L. (1989). *A Teacher's Guide to Cooperative Discipline: How to Manage Your Classroom and Promote Self-Esteem*. American Guidance Service, Circle Pines, MN.

Albert, L. (1992). *An Administrator's Guide to Cooperative Discipline*. American Guidance Service, Circle Pines, MN.

Bluestein, J. (1988). *21<sup>st</sup> Century Discipline: Teaching Students Responsibility and Self-Control*. Scholastic, Jefferson City, MO.

Brophy, J. (1985). *Classroom Management as Instruction: Socializing Self-guidance in Students*. Theory into Practice, 24(4).

Charney, R.S. (1992). *Teaching Children to Care: Management in the Responsive Classroom*. Northeast Foundation for Children, Greenfield, MA.

Cohen, J.J. and Fish, M.C. (1993). *Handbook of School-based Interventions: Resolving Student Problems and Promoting Healthy Educational Environments*. Jossey-Bass, San Francisco, CA.

Curwin, R.L. and Mendler, A.N. (1988). *Discipline with Dignity*. Association for Supervision and Curriculum Development, Alexandria, VA.

Dreikurs, R. (1957). *Psychology in the Classroom* (2<sup>nd</sup> ed.). Harper and Row, New York, NY.

Dreikurs, R. and Cassel, P. (1972). *Discipline Without Tears*, reprinted 1991. Plume, New York, NY.

Dreikurs, R. and Grey, L. (1968). *Logical Consequences: A Handbook of Discipline*, reprinted 1993. Plume, New York, NY.

Dreikurs, R., Grunwald, B.B. and Pepper, F.C. (1982). *Maintaining Sanity in the Classroom: Classroom Management Techniques*, 2<sup>nd</sup> ed. HarperCollins, New York, NY.

Elias, M.J. and Tobias, S.E. (1999). *Social Problem Solving Interventions for School Practitioners: Individual, Group, Classroom, and Organizational Approaches*. Guilford, New York, NY.

Emmer, E.T. and Aussiker, A. (1990). *School and Classroom Discipline Programs: How Well Do They Work?* In *Student Discipline Strategies*, edited by O.C. Moles. State University of New York Press, Albany, NY.

Evertson, C.M. (1985). *Training Teachers in Classroom Management: An Experimental Study in Secondary School Classrooms*. *Journal of Educational Research*, 79(1).

***Classroom Management and Student Discipline, continued***

Freiberg, H.J. and Stein, T.A. (1995, August). *Discipline Referrals in an Urban Middle School*. *Education and Urban Society*, 27(4).

Gallegos, A., ed. (1998). *School Expulsions, Suspensions and Dropouts: Understanding the Issues*. Phi Delta Kappa International, Bloomington, IN.

Glasser, W. (1986). *Control Theory in the Classroom*. Harper and Row, New York, NY.

Gottfredson, D, Gottfredson, G.D. and Hybl, L.G. (1993). *Managing Adolescent Behavior: A Longitudinal Study of Self-Esteem, Psychological Symptomology, School Life and Social Support*. *Child Development*, 58(5).

Greene, J. and Barnes, D. (1993). *Discipline in Secondary Schools: How Administrators Deal with Student Misconduct* (Report No. EA 02 4 954). (ERIC Reproduction Service No. ED 357 507).

Hohn, A. (1996). *Beyond Discipline: From Compliance to Community*. Association for Supervision and Curriculum Development, Alexandria, VA.

Howard, E.R. (1978). *School Discipline Desk Book*. Parker, New York, NY.

Hyman, I.A., Weller, E, Shanock, A. and Briton, G. (1995). *Schools as a Safe Haven: The Politics of Punitiveness and Its Effect on Educators*. *Educational Week*, 14(23).

Kazdin, A.E. (1987). *Conduct Disorders in Childhood and Adolescence*. Sage Publications, Newbury Park, CA.

Kamii, C. (1984, May). *Obedience is Not Enough*. *Young Children*.

Lindquest, B. and Molnar, A. (1989). *Changing Problem Behavior in the Schools*. Jossey-Bass, San Francisco, CA.

Lipsitz, J. (1984). *Discipline and Young Adolescents: Issues in Middle Grade Education*. Center for Early Adolescence, North Carolina University, Chapel Hill, NC.

McLaughlin, H.J. (1994). *From Negation to Negotiation: Moving Away from the Management Metaphor*. *Action in Teacher Education*, 16(1).

Meichenbaum, D. (1977). *Cognitive Behavior Modification*. Plenum, New York, NY.

Molnar, A. and Lindquist, B. (1989). *Changing Problem Behavior in Schools*. Jossey-Bass, San Francisco, CA.

Morgan, D.P., Andrews, D.J., Reavis, H.K., Sweeten, M.T., Fister, S.L. and Jenson, W. (1999). *Sopris West, Longmont, CO*.

***Classroom Management and Student Discipline, continued***

National Association for the Education of Young Children. (1986). *Helping Children Learn Self-Control: A Guide to Discipline*. Pamphlet. NAEYC, Washington, DC.

Nelsen, J. (1987). *Positive Discipline*. Ballantine, New York, NY.

Nelsen, J., Lott, L. and Glenn, H.S. (1993). *Positive Discipline in the Classroom: How to Effectively Use Class Meetings and Other Positive Discipline Strategies*. Prima Publications, Rocklin, CA.

Powell, R. (1997, Summer). *Classroom Management in an Integrative Middle School: An Exploratory Study*. Research in Middle Level Education Quarterly.

Rhode, G., Reavis, H.K. and Jenson, W.R. (1999). *Tough Kid Book*. Sopris West, Longmont, CO.

Rhode, G., Reavis, H.K. and Jenson, W.R. (1999). *Tough Kid Toolbox*. Sopris West, Longmont, CO.

Scotti, J.R. and Meyer, L.H. (1999). *Behavioral Interventions: Principles, Models and Practices*. Naional Professional Resources, Inc., Port Chester, NY.

Valentine, M. (1987). *How to Deal with Difficult Discipline Problems in the Schools*. Kendall/Hunt Publishing Co., Dubuque, IA.

Wager, B.R. (1992). *No More Suspensions: Creating a Shared Ethical Culture*. Educational Leadership, 50(4).

Woodall, M.V. (1979). *Manual for Improving School Discipline*. Longfield Institute, Milford, DE.

Wu, S. Pink, W.T., Crain, R.C. and Moles, O. (1982). *Student Suspensions: A Critical Reappraisal*. The Urban Review, 14(4).

## ***Collaboration and Change***

Argyris, C. (1993). *Knowledge for Action: A Guide to Overcoming Barriers to Organizational Change*. Jossey-Bass, San Francisco, CA.

Benard, B. (1989). *Working Together: Principles of Effective Collaboration*. Prevention Forum, Illinois Prevention Resource Center, 10(1).

Bennis, W.G., Benne, K.D., Chin, R. and Corey, K.E. (1976). *The Planning of Change*. Holt, Rinehart and Winston, New York, NY.

Cantor, J. (1992). *Delivering Instruction to Adult Learners*. Wall and Emerson, Toronto, Canada.

Caroselli, M. (1995). *Meetings that Work*. SkillPath Publications, Inc., Mission, KS.

Chalfant, J.C., Pysh, M.V. and Moultrie, R. (1979). *Teacher Assistance Teams: A Model for Within-Building Problem Solving*. Learning Disability Quarterly, 2(3).

Comprehensive Health Education Foundation. (1995). *Renewing the Partnership: The Mainline Church in Support of Public Education*. Comprehensive Health Education Foundation, Seattle, WA.

Connor, P.E. and Lake, L.K. (1988). *Managing Organizational Change*. Praeger, New York, NY.

Conoley, J.C. and Conoley, C.W. (1991). *Collaboration for Child Adjustment: Issues for School and Clinic-based Child Psychologists*. Journal of Consulting and Clinical Psychology, 59.

Cranton, P. (1992). *Working with Adult Learners*. Wall and Emerson, Toronto, Canada.

Doyle, M. and Straus, D. (1982). *The New Interaction Method: How to Make Meetings Work*. The Berkley Publishing Group, New York, NY.

Fiegelson, S. (1998). *Energize Your Meetings with Laughter*. Sheila Feigelson, P.O. Box 7262, Ann Arbor, MI.

Friedman, P. (1994.). *How to Deal with Difficult People*. SkillPath Publications, Inc., Mission, KS.

Friend, M. and Cook, L. *Interactions: Collaboration Skills for School Professionals*, 2<sup>nd</sup> ed. (1996). National Professional Resources, Inc., Port Chester, NY.

Gibelman, M. (1993). *School Social Workers, Counselors and Psychologists in Collaboration: A Shared Agenda*. Social Work in Education, 15.

Ginsberg, M.B., Johnson, J.E. Jr. and Moffett, C.A. (1997). *Educators Supporting Educators: A Guide to Organizing School Support Teams*. Association for Supervision and Curriculum Development, Alexandria, VA.

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Guest, R.H., Hersey, P. and Blanchard, K.H. (1977). *Organizational Change Through Effective Leadership*. Prentice-Hall, Englewood Cliffs, NJ.

Hackman, R.J. (1990). *Groups that Work (and Those that Don't): Creating Conditions for Effective Teamwork*. Jossey-Bass, San Francisco, CA.

Idol, L., Palucci-Witcomb, P and Nevin, A. (1986). *Collaboration Consultation*. Aspen Publishers, Rockville, MD.

Isachsen, O. and Berens, L. (1988). *Working Together*. New World Management Press, Coronado, CA.

Joyce, B.R. (1990). *Changing School Culture Through Staff Development*. Association for Supervision and Curriculum Development, Alexandria, VA.

Joyce, B.R., Weil, M, with Showers, J. (1992). *Models of Teaching*. Allyn and Bacon, Boston, MA.

Joyce, B.R. and Showers, J. (1988). *Student Achievement Through Staff Development*. Longman, New York, NY.

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Knoff, H.M. (1995). *Best Practices in Facilitating School-based Organizational Change and Strategic Planning*. In A. Thomas and J. Grimes (Eds.), *Best Practices in School Psychology-III*. National Association of School Psychologists, Washington, D.C.

Lawler, P.A. (1991). *The Keys to Adult Learning: Theory and Practical Strategies*. Research for Better Schools, Phila., PA.

Lawson, H. and Hooper-Briar, K. (1994). *Expanding Partnerships: Involving Colleges and Universities in Interprofessional Collaboration and Service Integration*. Danforth Foundation and Institute for Educational Renewal, Miami University, Oxford, OH.

Luft, J. (1970). *Group Processes: An Introduction to Group Dynamics*. National Press Books, Palo Alto, CA.

Mathias, C. (1986). *Touching the Lives of Children: Consultive Interventions that Work*. Elementary School Guidance and Counseling (26).

Miller, R. (1987). *Team Planning for Educational Leaders: A Training Handbook*. Research for Better Schools, Phila., PA.

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