

CONFIDENTIAL

**Ocean City High School
Intervention and Referral Service
Initial Referral Form**

To: I&RS

From:

Date:

Student:

Reasons for Referral: Please remember, they must be *school-based issues* (academics, attendance, behavior, school health)

Observed Behaviors: Must be *specific* and *descriptive*. Hearsay and subjective comments are inappropriate.

Please list all teachers, specialists, and/or support staff who have contacted this child.

Please Return in a Sealed Envelope to any I&RS Team Member!