SPECIAL EDUCATION REFERRAL FORM

Please fill this form out completely and return to Jana Norton

Name of Student:_____

Birthdate:_____. Parents names:_____

Parents mailing address:_____

Parents phone number:_____

Current Grade and Teacher:_____

School:_____

Academic Concerns: When compared to peers how does this student compare?

Does this student participate in the RtI reading program?

What tier?

STAR Reading scores

STAR Math scores

Current grades

Is this student absent frequently when compared to peers?

Does this student have any behaviors that could be interfering with his/her academic performance? Please be specific if yes.

How does this student transition?

How does this student get along with peers?

Does this student have communication problems? Be specific.

Does this student have any health issues that could be interfering with educational performance? Be specific.

Did this student pass the latest hearing and vision screening?

Does this student wear glasses or hearing aids?

How are this student's fine and gross motor skills? Are there any sensory issues? Be specific.

RTI/At Risk Documentation

Student: _____ **DOB:** _____ **Date:** _____

Teacher: _____ **Grade:** _____

Parents notified of concerns on: _____ **By:** _____

Primary language in home: _____ **Student's language proficiency (IPT):** _____

☐ If primary home language is other than English, attach completed language proficiency documentation, including IPT results.

Area(s) of Concern (check all that apply):

Academic

- ☐ Written expression
  - Sentence structure
- ☐ Mathematics
  - Basic mathematics
  - Problem solving
- ☐ Reading
  - Fluency
  - Decoding
- ☐ Pre-academics
  - Letter/number/color identification
- ☐ Other: _____

Communication

- ☐ Articulation and/or phonological awareness
- ☐ Language
- ☐ Voice
- ☐ Listening Skills
- ☐ Stuttering
- ☐ Other: _____

Social / Emotional

- ☐ Attention
- ☐ Task Completion
- ☐ Following Directions
- ☐ Withdrawn
- ☐ Acting Out
- ☐ Peer Relationships
- ☐ Other: _____

Sensory / Motor

- ☐ Hearing
- ☐ Vision
- ☐ Fine Motor
- ☐ Gross Motor
- ☐ Self Help / Adaptive
- ☐ Other: _____

Other Information

Previous assessment: _____ **Date:** _____

Results:

Has this student ever received special education? ☐ Yes ☐ No **If yes, when:** _____

Date of vision screening: _____ ☐ Pass ☐ Fail **Action:** _____

Date of hearing screening: _____ ☐ Pass ☐ Fail **Action:** _____

Attendance: ☐ Problem ☐ No Problem

Comments:

Health: ☐ Problem ☐ No Problem

Comments:

Documentation must be attached for at least two interventions

INTERVENTIONS	**Date Started**	**Date Ended**	**Effective**
Utilized Adaptive Equipment	_____	_____	☐ Yes ☐ No
Changed Instructor/schedule	_____	_____	☐ Yes ☐ No
Differentiated Instruction: i.e. Products, Process, Pace, Time, Content, Environment	_____	_____	☐ Yes ☐ No

RTI/At Risk Documentation

Utilized Supplemental/Intervention Materials	_____	_____	☐ Yes	☐ No
Progress monitoring data on targeted skill	_____	_____	☐ Yes	☐ No
Implemented Contracts (Academic/behavior)	_____	_____	☐ Yes	☐ No
Differentiated Assignments	_____	_____	☐ Yes	☐ No
Utilized Systematic Consequences, Reinforcement	_____	_____	☐ Yes	☐ No
Used Computer-Assisted Supplementary Instruction	_____	_____	☐ Yes	☐ No
Provided Direct Teaching of a Skill / Concept	_____	_____	☐ Yes	☐ No
Modeled Desired Behavior	_____	_____	☐ Yes	☐ No
Shared data with Parent(s) i.e. CBM, assessments (formal & Informal)	_____	_____	☐ Yes	☐ No
Provided Practice i.e independent, guided	_____	_____	☐ Yes	☐ No
Provided Peer Tutoring	_____	_____	☐ Yes	☐ No
Modified Classwide Discipline Plan	_____	_____	☐ Yes	☐ No

Other evidence based interventions/supplementary instruction/programs:

To be completed by Local Education Agent (LEA) or designee: _____

Refer for:

- ☐ 504 Evaluation
- ☐ Alternative language program
- ☐ Special education evaluation
- ☐ Referred to school problem solving team for further intervention(s) and all data transferred to student's classroom teacher(s)

_____ **Signature of LEA or Designee**

_____ **Date**

Any other concerns that might need to be addressed?

Has this student ever been retained? What grade?

What accommodations are you currently using in your classroom to help this child?

Are these accommodations successful?

Any other information that might be helpful in your referral.

Teacher Signature:_____

Principal Signature:_____

Referral for Evaluation for Special Education Services Preschool

Student: _____ **DOB:** _____ **Gender:** _____

Address: _____

Parent(s): _____ **Phone:** _____

E-mail: _____ **Home School:** _____

Primary Language/Home Language: *English / Oral* **Ethnicity:** _____

Area(s) of Concern (Check all that apply)

- ☐ Communication
  - ☐ Articulation (speech sounds)
  - ☐ Language (Receptive/Expressive)
  - ☐ Fluency/Stuttering
- ☐ Social/Emotional (Behavioral/Social Interation)
- ☐ Cognitive (Attention, Academic Skills)
- ☐ Adaptive (Self-help, Adaptive Behavior)
- ☐ Motor/Sensory
  - ☐ Fine Motor
  - ☐ Gross Motor
  - ☐ Hearing
  - ☐ Vision

Comments:

Parent Concerns:

Other Information

Has this student ever received other preschool services? ☐ Yes ☐ No

Has this student been given any medical diagnosis? ☐ Yes ☐ No

If yes, what?

Is this student currently receiving any type of therapy? ☐ Yes ☐ No

If yes, what?

_____ _____

Person Making Referral (Name and Title): Date

Relationship to the Student: ☐ Parent ☐ Teacher ☐ Other: _____

FOR DISTRICT USE ONLY

Action Taken:

- ☐ Evaluation recommended
- ☐ No Evaluation recommended at this time.

_____ _____

LEA Representative or Designee Signature Date