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| REFERRAL FOR EVALUATION**Date Received**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| STUDENT INFORMATION |
| Student’s Complete Legal Name: |  |  |  |
| SSID#: |  | Sex: |  | Grade: |  | Race: |  | Date of Birth:  |  |  |
| School/Service Provider: |  |  |  |  |  |
| Parent’s Name(s):  |  |  |  |
| Address:  |  | Primary Phone: |  |  |
|  |  | Phone Contact Name: |  |  |
|  |  | Other Phone (Opt.): |  |  |
|  |  | Phone Contact Name: |  |  |
| Primary Language in Home: |  |  |  |  |
| Person Referring: |  | Position: |  |  |
|  |  |  |  |  |
| **Reason for Referral (List specific concerns):**  |
| **The referral is based on concerns checked below and/or continuing concerns following interventions:** |
| INSTRUCTIONAL CONCERNS  | BEHAVIORAL CONCERNS  |
| [ ] |  | Poor progress acquiring pre-literacy skills |  | [ ] | Poor attention and concentration |
| [ ] |  | Poor progress acquiring basic reading skills |  | [ ] | Noncompliance with teacher directives |
| [ ] |  | Poor progress acquiring pre-numeracy skills |  | [ ] | Excessively high/low activity level |
| [ ] |  | Poor progress acquiring basic math skills |  | [ ] | Difficulty following directions |
| [ ] |  | Difficulty producing written work |  | [ ] | Easily frustrated |
| [ ] |  | Few appropriate cognitive learning strategies |  | [ ] | Extreme mood swings |
| [ ] |  | Poor progress acquiring communication skills |  | [ ] | Difficulty working with peers |
| [ ] |  | Other |  |  | [ ] | Difficulty staying on task  |
| [ ] |  | Other |  |  | [ ] | Limited adaptive behavioral skills |
| [ ] |  | Other |  |  | [ ] | Inappropriate social interaction skills |
| [ ] |  | None |  |  | [ ] | Other |  |  |
|  |  |  |  |  | [ ] | None |  |  |
|  |  |  |  |  |  |  |  |
| MEDICAL INFORMATION |
| 1. Does the student exhibit any signs of health, orthopedic, or medical problems? If yes, what?  | [ ] Yes [ ] No |
| 2. Does this student exhibit any behaviors in the classroom which might indicate vision or hearing problems? If yes, what?  | [ ] Yes [ ] No |
| 3. Does student currently wear glasses?  | [ ] Yes [ ] No |
| 4. Does student currently wear a hearing aid?  | [ ] Yes [ ] No |
| 5. Is the student receiving any medication at school and/or at home? If yes, what?   | [ ] Yes [ ] No |
| 1. Does this student currently use an assistive technology device? If yes, what?
 | [ ] Yes [ ] No |

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| HISTORICAL INFORMATION |
| Have the following been considered? |
| 1. Latest report card.
 | [ ] Yes [ ] No [ ] NA |
| 1. Cumulative records containing grades and attendance.
 | [ ] Yes [ ] No [ ] NA |
| 1. Current work samples.
 | [ ] Yes [ ] No [ ] NA |
| 1. Current interventions and supporting documentation.
 | [ ] Yes [ ] No [ ] NA |
| 1. Other relevant information (from parent/school/other agencies).
 | [ ] Yes [ ] No [ ] NA |
|       |
| 1. Relevant evaluations including state assessment results.
 | [ ] Yes [ ] No [ ] NA |
| 1. Student’s grades have:

[ ] Improved each year [ ] Stayed about the same each year [ ] Declined each year [ ] Dropped suddenly[ ] Data not available  | 1. Student’s grades in the indicated area(s) of concern are:

[ ] Above Average [ ] Average[ ] Below Average[ ] Data not available  |
| 1. Compared to last year, this student has been absent: [ ] More [ ] Less [ ] About the same [ ] NA
 |
| 1. Out of
 |  | school days for year to date, the student has been: |
|  | Absent |  | days |
|  | Tardy |  | times |
|  | Checked out |  | times |
|  | Failing to attend class(es) |  | times  |
| 1. Has this student ever repeated a grade? If yes, which one(s)/how many times?
 | [ ] Yes [ ] No [ ] NA |
|  |  |  |
| 1. Has this student been suspended or expelled for disciplinary reasons during the current school year? If yes, explain.
 | [ ] Yes [ ] No [ ] NA |
|  |  |  |
| 1. Has this student been previously referred for special education services? If yes, note previous referral date.
 | [ ] Yes [ ] No [ ] NA |
| 1. Did this student qualify for special education services?
 | [ ] Yes [ ] No [ ] NA |
| 1. Has the student received other services such as, Title I, Migrant, 504, ESL, etc.? If yes, which ones?
 | [ ] Yes [ ] No [ ] NA |
| ENVIRONMENTAL, CULTURAL, AND/OR ECONOMIC CONCERNS |
| Use this checklist:To determine factors impacting a student’s learning and therefore excluding him/her from being identified as a student with a disability.To determine whether or not a student needs to be administered a non-traditional intelligence test if there is environmental, language, cultural, and/or economic concerns checked.To consider if there has been a lack of appropriate instruction in reading and/or math |
| Check each that applies to student.  |
|  ENVIRONMENTAL CONCERNS |
|  [ ] Limited experiential background |
|  [ ] Irregular attendance (for reasons other than verified personal illness) |
|  [ ] Transience in school years |
|  [ ] Home responsibilities interfere with learning activities. |
|  LANGUAGE CONCERNS |
|  [ ] Lack of proficiency in any language (a discrepancy of two or more grade levels or years between  the student’s grade level or age in language and ability). |
|  [ ] Nonstandard English constituting a barrier to learning (only a foreign language or nonstandard  English spoken at home, the language of the home exhibits strong dialectal differences) |
|  [ ] Limited opportunity to acquire depth in English (English not spoken in the home, transience due to  migrant employment of family, dialectal differences acting as a barrier to learning). |
|  CULTURAL CONCERNS |
|  [ ] Limited cultural experiences (student does not participate in community activities). |
|  ECONOMIC CONCERNS |
|  [ ] The student receives other services such as Title I, Migrant, 504, ESL, etc. |
|  [ ] Limited participation in supplemental organized learning opportunities, e.g., preschool, Head  Start, after school programs |
|  [ ] NONE OF THE ABOVE APPLY |

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| FOR IEP TEAM USE ONLY |
| Does the data support that the reason for referral has a direct impact on the student’s educational performance, or for a preschool child, participation in age appropriate activities? [ ] Yes [ ] No1. Does the data support the severity of the reason for referral? [ ] Yes [ ] No
2. Does the data support the duration of the reason for referral? [ ] Yes [ ] No
3. Does the data support the valid implementation of intervention(s) for the referral concern(s) (e.g., appropriate target behavior, relationship of intervention to target behavior, duration of intervention, integrity of implementation, data collection procedures)? [ ] Yes [ ] No [ ] NA
4. Does the data support the ineffectiveness of the intervention(s) for the referral concern(s)?

 [ ] Yes [ ] No [ ] NA 1. Does the data include multiple sources of information about the reason for referral? [ ] Yes [ ] No
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| IEP TEAM RECOMMENDATIONS |
| **[ ] ACCEPTED FOR EVALUATION.** Education agency must obtain a signed *Notice and Consent for Initial Evaluation* prior to conducting the evaluation.**[ ] NOT ACCEPTED FOR EVALUATION.** Education agency must provide the parent with *Notice of Intent Regarding Special Education Services.* |
| **POSITION IEP TEAM MEMBER'S DATE** |  | **IEP TEAM MEMBER’S SIGNATURE** |  | **DATE** |
| Parent  |  |  |  |  |
| Parent  |  |  |  |  |
| General Education Teacher  |  |  |  |  |
| Special Education Teacher  |  |  |  |  |
| LEA Representative  |  |  |  |  |
| Someone Who Can Interpret The Instructional Implications Of The Evaluation Results |  |  |  |  |
| Student |  |  |  |  |
|  |  |  |  |  |
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