



Greenville Public School District  
**Office of Special Services**

430 N. Martin Luther King, Jr. Blvd.  
Greenville MS 38701

Ph. (662) 334-2862 Cell (662) 820-6966 Fax (662) 334-6598

Email address: [jmonroe@gville.k12.ms.us](mailto:jmonroe@gville.k12.ms.us)

**Dr. Janice McKinnie Monroe, Director**

**“Building a Legacy of Excellence, One Student at a Time”**

## **REFUSAL OF SPECIAL SERVICES**

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_

- 1) My signature below indicates that I have been contacted concerning services offered to my child (named above); however, at this time, I feel that my child does not need these services, and I hereby decline them.
- 2) It has been explained to me that, should I reconsider my child's needs and decide to accept services for my child, he/she will be eligible **until the following date:**

\_\_\_\_\_  
(Date three years from date of PPDS ruling)

- 3) **If I should change my mind, I realize that I must notify the Office of Special Services before that date.**

Parent(s)/Guardian(s) Signatures: \_\_\_\_\_

Date of Refusal \_\_\_\_\_

Case Manager: \_\_\_\_\_

Director of Special Services: \_\_\_\_\_

## **REFUSAL OF SPECIAL SERVICES**

# DISTRICT MEDICATION PERMISSION/REQUEST FORM

The **Greenville Public School District** requires that all students who need medication during the school hours must do the following:

1. Present this written consent form signed by the parent or legal guardian.
2. Bring the medication in the original prescription bottle, properly labeled by a registered pharmacist, as prescribed by law.

Long-term medication (longer than four weeks) may be given by district personnel, provided that the prescribing physician completes the district medication permission/request form.

NAME OF STUDENT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SCHOOL: \_\_\_\_\_



## TO BE COMPLETED BY PHYSICIAN

Date: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

Specific time(s) and dose(s) to be given at school: \_\_\_\_\_

\_\_\_\_\_

Length of time: \_\_\_\_\_

Are there any restrictions?  NO  YES If "YES", what and how long?

\_\_\_\_\_

\_\_\_\_\_  
Printed name of Physician

\_\_\_\_\_  
Signature of Physician



## TO BE COMPLETED BY PARENT/GUARDIAN

Date: \_\_\_\_\_

I hereby give permission for my child to receive the above medication as indicated.

\_\_\_\_\_  
Printed name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Telephone Number (home)

\_\_\_\_\_  
Telephone Number (work)

Please return to school as soon as possible. \_\_\_\_\_

# REQUEST TO DISCLOSE INFORMATION

Date: \_\_\_\_\_

My signature below authorizes the GREENVILLE PUBLIC SCHOOL DISTRICT, the Office of Special Services, and/or \_\_\_\_\_

Name of School and Teacher

to receive from \_\_\_\_\_

Name & Address of School or Agency

all or any part of the information contained in the records of the student named below.

Student's Name:			
Student's Date of Birth:		Student's SSN:	
Signature of Parent or Guardian*			
Relationship to Student:			

Requested information:

- Individualized Education Plan (IEP)
- Psychological and educational testing results
- Complete special education folder
- Other



<b>Send to:</b>	Greenville Public School District <b>Office of Special Services</b> 430 N. Martin Luther King, Jr. Blvd. GREENVILLE MS 38701	Phone: (662) 334-2862 Fax: (662) 334-6598
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If you do not have this information, if possible please send an address of the agency or school that may provide it to us. Thank you.

\_\_\_\_\_

Dr. Janice McKinnie Monroe, Director of Special Services

	Date
1st Request	
2nd Request	
3rd Request	

\* Parent signature is not required if the disclosure is to officials of another school or school system in which the student seeks or intends to enroll. (FERPA Regulations 34CFR, Part 99.31 and 99.34)

# Greenville Public Schools

## CHILD STUDY FORM

REASON FOR MEETING:

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RECOMMENDATION OF CHILD STUDY:

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MEET MEMBERS PRESENT:

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Agree

Disagree

NAME OF STUDENT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL \_\_\_\_\_ DATE OF MEETING \_\_\_\_\_

MEET

## CONSIDERATION FOR SPECIFIC LEARNING DISABILITIES FORM

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

- I. This child appears to have a learning problem in one or more of the following areas and is verified by a standardized test. Based on the review of the tests listed and all other information gathered on this child, a learning problem is indicated in the following areas:

DEFICIT AREAS	STANDARDIZED TEST(S) ADMINISTERED
<input type="checkbox"/> 1. Oral Expression	1. _____
<input type="checkbox"/> 2. Listening Comprehension	2. _____
<input type="checkbox"/> 3. Written Expression	3. _____
<input type="checkbox"/> 4. Basic Reading Skills	4. _____
<input type="checkbox"/> 5. Reading Fluency	5. _____
<input type="checkbox"/> 6. Mathematics Calculation	6. _____
<input type="checkbox"/> 7. Math Problem Solving	7. _____

- II. Results of Classroom Observation - *Observer's report and/or checklist(s) should be attached. The observation must be done by at least one of the committee members other than the child's regular teacher.*

**SUMMARY OF RELEVANT BEHAVIOR(S) OBSERVED DURING THE CHILD'S REGULAR CLASS:**  
(If not in classroom observation report):

**STATEMENT OF RELATIONSHIP OF OBSERVED BEHAVIOR TO ACADEMIC FUNCTIONING:**  
(If not in classroom observation report):

**OBSERVER:**

**POSITION:**

**DATE(S) OF OBSERVATION:**

- III. Describe any relevant medical information needed to assist in educational programming. If there are none, please indicate by writing NONE.

- |  |            |                          |
|--|------------|--------------------------|
| IV. There is a severe discrepancy between achievement and intellectual ability since the child's achievement is one standard deviation or more below his/her intellectual ability. | <b>YES</b> | <input type="checkbox"/> |
|  | <b>NO</b>  | <input type="checkbox"/> |

- V. If the answer to IV is NO, give a justification for why you feel the child has a learning disability.

- |  |            |                          |
|--|------------|--------------------------|
| VI. The child exhibits a learning problem that is not attributed to the effects of environment, culture or economic disadvantage; visual, hearing or motor disability, mental retardation or emotional disability. | <b>YES</b> | <input type="checkbox"/> |
|  | <b>NO</b>  | <input type="checkbox"/> |

- VII Conclusion: Based on the assessment data, there is a severe discrepancy between intellectual ability and achievement which is not correctable without special education and related services.

AGREE	DISAGREE	SIGNATURE(S)	POSITION(S)
<input type="checkbox"/>	<input type="checkbox"/>		Child's regular classroom teacher
<input type="checkbox"/>	<input type="checkbox"/>		Person qualified to administer and interpret test data
<input type="checkbox"/>	<input type="checkbox"/>		OTHER (Please specify):

**DATE:**

***If the report does not reflect each Team member's conclusion, that Team member must submit a separate statement presenting his or her conclusion.***

# SPEECH: Screening Data Form

Name:	<input type="checkbox"/> Male	<input type="checkbox"/>	DOB:	Year	Month	Day
School:	<input type="checkbox"/> Female		AGE:			
City: GREENVILLE MS	RACE		<b>Date of Test:</b>			
Teacher:						

(I) SPEECH SOUNDS				Screener:			
01. <u>w</u> agon	+ / 0	08. <u>f</u> ish	+ / 0	15. <u>m</u> an	+ / 0	22. <u>ch</u> air	+ / 0
02. <u>p</u> an		09. <u>k</u> nife		16. <u>c</u> at		23. <u>w</u> atch	
03. <u>c</u> up		10. <u>t</u> urtle		17. <u>s</u> nake		24. <u>l</u> amp	
04. <u>b</u> oots		11. <u>h</u> at		18. <u>g</u> un		25. <u>b</u> all	
05. <u>b</u> athtub		12. <u>d</u> uck		19. <u>d</u> og		26. <u>th</u> umb	
06. <u>m</u> ailman		13. <u>b</u> ed		20. <u>v</u> an		27. <u>b</u> ath	
07. <u>c</u> omb		14. <u>k</u> nee		21. <u>st</u> ove		28. <u>s</u> ocks	
09. <u>h</u> ouse		30. <u>z</u> ipper		31. <u>n</u> ose		32. <u>sh</u> oe	
		33. <u>br</u> ush		34. <u>r</u> abbit		35. <u>c</u> ar	

AGE	3.0 to 3.11	4.0 to 4.11	5.0 TO 5.11
Cutoff	8 or more errors	6 or more errors	4 or more errors

(II) LANGUAGE	Screener:
<p>Mark "+" if sentence is correct. If incorrect, write <u>exactly</u> what the child says.</p>	
01. This chair is big.	
02. That's his ball on the table.	
03. Where's the bad dog?	
04. There's a flat tire.	
05. She doesn't want another shot.	
06. Give me more milk.	
07. He can't climb the tree.	
08. He isn't smiling.	
09. Is this her hat?	
10. The girl is wearing mama's boots.	
11. Mama is feeding the baby.	
12. They wrote on the wall.	
13. I don't want to wear it.	
14. The apples are in the bowl.	
15. He cried when he fell down.	
16. He is going to close the window.	
17. We want some ice cream.	
18. Here are two boxes.	
19. Can you catch the ball?	
20. Did he drop the dish?	

AGE	3.0 to 3.11	4.0 to 4.11	5.0 TO 5.11
Cutoff	8 or more errors	6 or more errors	4 or more errors

(III) HEARING	Screener:				
FREQUENCY					
EAR	500	1000	2000	3000	4000
Right					
Left					

1. Check only frequencies failed.

2. Screening condition:

Quiet     Noisy

Screening Level: 25 dB

When two or more checks are recorded, mark "NEEDS FURTHER TESTING: HEARING."

NEEDS FURTHER TESTING:	<input type="checkbox"/> SPEECH	<input type="checkbox"/> LANGUAGE	<input type="checkbox"/> HEARING
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Greenville Public Schools

# OROFACIAL EXAMINATION CHECKLIST

Name: \_\_\_\_\_ School: \_\_\_\_\_

<u>Structure / Function</u>	<u>Adequate</u>	<u>Inadequate</u>
Face -		
Lips -		
Tongue -		
Dentition -		
Hard Palate -		
Soft Palate -		
Pharynx -		
Larynx -		
Velopharyngeal Closure -		

Comments on above-noted deviations or inadequacies:

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It is my professional opinion that the structure and neurological capacity of this child are adequate for speech production. (If not, please relate in comments above.)

\_\_\_\_\_  
Speech/Language Pathologist

\_\_\_\_\_  
Date

# OROFACIAL EXAMINATION CHECKLIST

## CLASSROOM OBSERVATION REPORT

The child suspected of having a learning disability must be observed in the regular classroom and should be observed in the area(s) in which deficits are suspected:

STUDENT IDENTIFICATION	SETTING:			STUDENT BEHAVIOR OBSERVED:			
NAME:	A. Subject(s)	B. Class size	C. Seating <input type="checkbox"/> Front <input type="checkbox"/> Back	A. Social behaviors Withdrawn Aggressive Communicates appropriately Reacts appropriately	Teacher	Peer	Support person
	Grade level presented:	D. Instruction			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GRADE:	Amount of time for:	E. Materials			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F. Teacher instruction			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL:	H. Student evaluation procedures:	G. Independent work		B. Student attentive majority of time in setting items J., K., L. If no, describe inattentive behaviors:			YES NO
		Written test(s) Oral test(s) Demonstration(s)	OTHER:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE:	I. Student support services <input type="checkbox"/> Tutor <input type="checkbox"/> Peer tutor <input type="checkbox"/> Parent helpers Did support people work on one-to-one basis?			Give any comments teacher made to student (i.e., "pay attention", "hurry up", etc.)			
OBSERVER IDENTIFICATION						YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:	J. Student observed in:	Large group		A. Student completed assigned work			YES NO
		Small group			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSITION ON TEAM:	K. Instructions	Verbal		Give any comments teacher made to student (i.e., "pay attention", "hurry up", etc.)			
		Written					
REGULAR TEACHER:	L. Student observed during:	Independent written work	OTHER:	B. Student received help in completing work Person who helped student:			YES NO
		Responding orally			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AREA(S) OBSERVED:	OTHER COMMENTS:			C. Student begins work without unnecessary delay If no, describe delaying behaviors:			YES NO
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				D. Student asks for clarification of direction(s) before beginning work			YES NO
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



