

Referral was made by:

Phone

Mail

Conference

on _____ (date).

REFERRAL FOR EVALUATION

STUDENT INFORMATION

Student's Complete Legal Name: _____

Student ID Number: _____ Sex: _____ Grade: _____ Race: _____

Date of Birth: _____ School/Service Provider: _____

Parent's Name(s): _____

Address: _____ Home Phone: _____

Work Phone (Mother): _____

Primary Language in Home: _____ Work Phone (Father): _____

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

- Poor progress acquiring pre-literacy skills
 Poor progress acquiring basic reading skills
 Poor progress acquiring pre-numeracy skills
 Poor progress acquiring basic math skills
 Difficulty in spelling
 Difficulty producing written work
 Few appropriate cognitive learning strategies
 Poor progress acquiring communication skills
 Other _____
 Other _____
 Other _____
 None _____

BEHAVIORAL CONCERNS

- Poor attention and concentration
 Noncompliance with teacher directives
 Excessively high/low activity level
 Difficulty following directions
 Easily frustrated
 Extreme mood swings
 Difficulty working with peers
 Difficulty staying on task
 Limited adaptive behavioral skills
 Inappropriate social interaction skills
 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

6. Does this student currently use an assistive technology device? If yes, what? Yes No

HISTORICAL INFORMATION

Have the following been considered?

- 1. Latest report card. Yes No NA
- 2. Cumulative records containing grades and attendance. Yes No NA
- 3. Current work samples. Yes No NA
- 4. Current interventions and supporting documentation. Yes No NA
- 5. Relevant information.* Yes No NA
- 6. Relevant evaluations including state assessment results (e.g., *Pre-Graduation Exam, Stanford Achievement Test*). Yes No NA

- 7. Student's grades have:
 - Improved each year
 - Stayed about the same each year
 - Declined each year
 - Dropped suddenly
 - Data not available
- 8. Student's grades in the indicated area(s) of concern are:
 - Above Average
 - Average
 - Below Average
 - Data not available

9. Compared to last year, this student has been absent: More Less About the same NA

10. 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

11. Has this student ever repeated a grade? If yes, which one(s)/how many times? Yes No NA

12. Has this student been suspended or expelled for disciplinary reasons during the current school year? If yes, explain. Yes No NA

13. Has this student been previously referred for special education services? If yes, note previous referral date: Yes No NA

14. Did this student qualify for special education services? Yes No NA

15. Has the student received other services such as, Title I, Migrant, 504, ESL, etc.? If yes, which ones Yes No NA

* OTHER RELEVANT INFORMATION (FROM PARENT/SCHOOL/OTHER AGENCIES)

ENVIRONMENTAL, CULTURAL, AND/OR ECONOMIC CONCERNS

Use this checklist:

- (1) To determine factors impacting a student's learning and therefore excluding him/her from being identified as a student with a disability.
- (2) 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.
- (3) To consider if there has been a lack of appropriate instruction in reading and/or math

Check each that applies to student.

- Limited experiential background
 - Irregular attendance (for reasons other than verified personal illness)
 - Transience in school years
 - Home responsibilities interfere with learning activities.
 - 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).
 - Limited cultural experiences (student does not participate in community activities).
 - The student receives other services such as Title I, Migrant, 504, EL, etc.
 - Limited participation in supplemental organized learning opportunities, e.g., preschool, Head Start, after school programs
- NONE OF THE ABOVE APPLY

DOCUMENTATION OF APPROPRIATE INSTRUCTION ELEMENTARY GRADES

STUDENT'S NAME: _____ **DATE:** _____

CHECK ALL ITEMS THAT APPLY TO THE STUDENT

_____ The student has participated in a scientifically research based reading program.

_____ The student has participated in a scientifically research based math program.

_____ The student has received standards based instruction by a highly qualified teacher.

_____ The student's data has been reviewed and appropriate instructional strategies have been implemented in the classroom based on the student's needs.

_____ The student has participated in small group instruction.

_____ The student has participated in a school enrichment program.

_____ The student has participated in a tutorial program.

_____ The student has participated in a private educational program.

_____ The student has received private speech therapy services.

_____ Other _____

Name of person completing this form: _____