

REFERRAL FOR EVALUATION

Date Received: _____

STUDENT INFORMATION

Student's Complete Legal Name: _____

Sex: _____ Grade: _____ Race: _____ Date of Birth: _____

School/Service Provider: _____

Parent Name(s): _____

Address: _____ Primary Phone: _____

_____ Phone Contact Name: _____

_____ Other Phone (Opt.): _____

Primary Language in Home: _____ Phone Contact Name: _____

Type of Referral: (Select one that represents the type of referral for the student.)

From Early Intervention Parent School Based

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

- | | |
|--|--|
| <input type="checkbox"/> Poor progress acquiring pre-literacy skills | <input type="checkbox"/> Poor attention and concentration |
| <input type="checkbox"/> Poor progress acquiring basic reading skills | <input type="checkbox"/> Noncompliance with teacher directives |
| <input type="checkbox"/> Poor progress acquiring pre-numeracy skills | <input type="checkbox"/> Excessively high/low activity level |
| <input type="checkbox"/> Poor progress acquiring basic math skills | <input type="checkbox"/> Difficulty following directions |
| <input type="checkbox"/> Difficulty producing written work | <input type="checkbox"/> Easily frustrated |
| <input type="checkbox"/> Few appropriate cognitive learning strategies | <input type="checkbox"/> Extreme mood swings |
| <input type="checkbox"/> Poor progress acquiring communication skills | <input type="checkbox"/> Difficulty working with peers |
| <input type="checkbox"/> Difficulty producing speech sounds | <input type="checkbox"/> Difficulty staying on task |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Limited adaptive behavioral skills |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Inappropriate social interaction skills |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> None | <input type="checkbox"/> None |

MEDICAL INFORMATION

- Does the student exhibit any signs of health, orthopedic, or medical problems? If yes, what? Yes No

- Does this student exhibit any behaviors in the classroom which might indicate vision or hearing problems? If yes, what? Yes No

- Does student currently wear glasses? Yes No
- Does student currently wear a hearing aid? Yes No
- Is the student receiving any medication at school and/or at home? If yes, what? Yes No

- 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 2. Cumulative records containing grades and attendance. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 3. Current work samples. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 4. Current interventions and supporting documentation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 5. Other relevant information (from parent/school/other agencies). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

6. Relevant evaluations including state assessment results. Yes No NA

- | | |
|---|---|
| 7. Student's grades have:
<input type="checkbox"/> Improved each year
<input type="checkbox"/> Stayed about the same each year
<input type="checkbox"/> Declined each year
<input type="checkbox"/> Dropped suddenly
<input type="checkbox"/> Data not available | 8. Student's grades in the indicated area(s) of concern are:
<input type="checkbox"/> Above Average
<input type="checkbox"/> Average
<input type="checkbox"/> Below Average
<input type="checkbox"/> 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(s)? 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, EL, etc.? If yes, which ones? Yes No NA

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**

FOR IEP TEAM USE ONLY

Details on the Eligibility Report to contain data-based documentation (RTI and PST interventions) for questions 1 – 3 (prong 1) and questions 4 – 7 (prong 2). (Questions 4 – 7 may be waived for a child who has severe problems that require immediate attention, a preschool child, a child with articulation, voice, or fluency problems only, a child with a medical diagnosis of traumatic brain injury, and a parent referral.) See AAC 290-8-9.03(10)(d)4.

- [] Yes [] No 1. Does data-based documentation support that the child was provided appropriate instruction in regular education settings by qualified personnel, or for a preschool child, participation in age-appropriate activities?
- [] Yes [] No 2. Does the reason(s) for the referral have a direct impact on the child’s educational performance, or for a preschool child, participation in age-appropriate activities?
- [] Yes [] No [] NA 3. Does the child make insufficient progress in meeting age or state approved grade level standards in areas of suspected disability? (NA for preschool only)
- [] Yes [] No [] NA 4. Does data-based documentation of progress monitoring demonstrate valid implementation of intervention(s)? (NA for preschool only)
- [] Yes [] No [] NA 5. Does data-based documentation demonstrate repeated assessment of achievement at reasonable intervals from multiple sources for the referral concern(s)? (NA for preschool only)
- [] Yes [] No [] NA 6. Does data-based documentation demonstrate the ineffectiveness of the intervention(s) for the referral concern(s)? (NA for preschool only)
- [] Yes [] No [] NA 7. Does documentation demonstrate that progress monitoring data was provided to the child’s parent(s)?
- [] Yes [] No 8. Does the documented data overall support the referral concern(s)?

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 Proposal or Refusal to Take Action*.

POSITION	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	_____	_____
_____	_____	_____