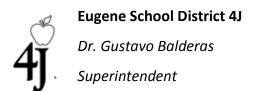
Student Services Department



Dr. Cheryl Linder
Director

Special Education Referral Packet

This referral packet should be completed when a **building team** or a **parent** wishes to refer a student for a Special Education evaluation because the student has not made adequate progress, despite general education services and opportunities. *Individual teachers should not be completing this packet*.

PLEASE READ PRIOR TO COMPLETING THIS REFERRAL

A special education evaluation is one of the *final* steps in the process for providing students with needed supports. Initiating a special education evaluation means there is strong reason to believe that the student may have an **educational disability** that cannot be addressed outside of special education. All general education curriculum and instructional options should be exhausted before moving to this step.

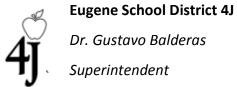
It is important to work with your building principals, specialists, and support teams to determine which programs and services can benefit the student while remaining in the general education program. School-wide, small-group, and individual supports should be considered through general education before completing this packet.

The purpose of this packet is to provide the District Special Education Referral Review Team with sufficient information to determine suspicion of an educational disability that warrants an evaluation for special education. **No referral** should be submitted until **parental contact** has been made. This means the parents are aware of the referral, the reasons for the referral, and the possibility that the referral may lead to a special education evaluation. Parental contact is the responsibility of the building team that is making this referral.

PLEASE NOTE:

In order for the District Referral Review Team to process this referral, all sections must be as complete as possible.

Student Services Department



Dr. Cheryl Linder

Director

Special Education Referral

Team Leader:	Date received:	Date Returned						
O Building Team Request	O Parent Request	Date of Request:						
Building team may choose to ask the Office to fill out pages 1-2								
Student Demographic Information	tion (or attach Synerg	gy report STU201)						
Student Name:		Race/Ethnicity:						
Birth Date:		School:						
Gender ID: M F O		Grade:						
Primary Language:		Teacher or Counselor:						
Parent/Guardian Information (If other than parent, i	indicate relationship below name)						
Parent/Guardian:		Parent/Guardian:						
Biological Adoptive		Biological Adoptive Foster						
Provide history of adoption/foster	experience:	Provide history of adoption/foster experience:						
								
Primary Lang:		Primary Lang:						
Interpreter Required? YES NO		Interpreter Required? YES NO						
Does student have a case worker t								
boes student have a case worker t	in ough bits of unoth	er agency. If yes, describe.						
Please check in the student's cum evaluations, previous referral pack		ere is any special documentation of previous ial services, or other information.						
Copies of special in	formation from the cu	umulative file are attached.						

Student Services Department



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Background I	nformation						
<u>Health</u>							
Hearing Screer	ning:	○ Pass	○ Fail	Date:			
Vision Screening	ng:	○ Pass	○ Fail	Date:			
Does student v	Does student wear glasses? Yes/No						
Any diagnoses from a Doctor:							
Any known me	dications:						
Other health/r	nedical info (att	ach copies, if neces	ssary):				
Attendance (or attach Synerg	gy reports U-STU20	8 and ATD201/ATF	201)			
School	Grade	Year	Days Present	Days Absent	Days Tardy		
Preschool/Earl	v childhood pro	gram attendance: _					
Has student be		YES NO		epeated:			
	en accelerated:		Grade(s) sk				
		Education/Section					
Is student rece	iving any outsid	le services or thera	pies? Please descr	ibe:			

Student Services Department



Dr. Gustavo Balderas

Dr. Cheryl Linder

Superintendent

Director

Building Team may choose to ask the Regular Classroom Teacher(s) to fill out pages 3-7

Team Leader:	Date sent:	Date Returned:	
Strengths and Interests			
		tive contributions to the classroom:	
		ACT	
Describe extent of parental cont	act <i>prior</i> to making this re	ferral:	
Date(s): Person	making contact:		
Notes about prior contact(s):			
What was discussed?			
Did parent understand student's	interventions and progres	s?	
Did parent have similar concerns	?		

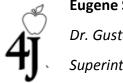
Student Services Department



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Director

Area(s) of Concern				
Please check the area	of greatest need for i	improvement wit	h this student:	
Educational Achiev	vement:			
Reading		\circ	Writing	Other:
○ Social/Behavioral				
O Physical (fine/gros	s motor)			
○ Speech/language				
(note: if ONLY referri	ng for speech/languag	ge concerns, pleas	se see SLP direct	ly)
Articulation	○ Stuttering	○ Voice	○ Language	Use and/or Understanding
Other:				
Please describe conce	ern(s):			
() Is student already	receiving special educ	ation (e.g., speech	n/language servi	ces)? Please describe:
Environmental Info	rmation (Mark Yes or	r No for each item) (Check with co	unselor, if necessary)
Current or previou	s experience living in t	foster care		
Current or previou	s experience of home	lessness		
death or serious injur	experience(s) (e.g. par y of family member, p n:	arent or family m	ember deported	udent or family member, or detained, home
Other concerns about	t student's environme	nt:		

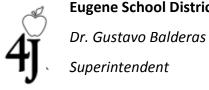
Student Services Department



Dr. Gustavo Balderas Superintendent

Dr. Cheryl Linder
Director

Cultural/Linguistic Information (Mark Yes or No	for each item) (Check with ELD teacher, if necessary)
Student has received education outside of the U.	S.
Please describe:	
If yes, indicate number of years of schooling	within the U.S.:
Student's primary language is English; or list stud	lent's primary language:
Language(s) spoken at home (circle one):	
Only English / Mostly English / Two language	s / Mostly another language / Only another language
Student receives or has received ELD services	
If yes: Year ELD services began:	
Most recent test scores (ELPA/IPT): Reading	: Writing: Speaking: Listening:
Observational Information	
General Behaviors (Mark Yes or No for each item)	
Social Behavior	Participation
 Age-appropriate self-help skills Displays feelings appropriate to situation Sensitive to social culture Relates well to adults Relates well to peers Cooperates with peers and adults 	 Attends school regularly Arrives on time for class Completes assignments Concentrates/ able to focus on task at hand Functions independently when needed Follows directions
Motor Skills	Communication
 Age-appropriate drawing, copying, cutting Successful pencil grasp and scissor use Appropriate pencil-pressure on paper Writes with age-typical speed and effort Able to form letters with good spacing and size 	 Answers questions when called on Uses age-appropriate vocabulary Stays on-topic when speaking Uses grammar typical for age Understands others' spoken language



Dr. Cheryl Linder Director

UNIVERSAL/CLASSROOM SUPPORTS (TIER 1)

These are services, supports, and instruction provided to ALL students at this grade level.

Area of concern	:			
Reading	○ Math	○ Writing	○ Behavior	Other:
Please identify t	:he evidence-based c	urriculum being used ir	n the regular education	n classroom:
Please indicate	regular education cla	ssroom behavior mana	gement strategies:	
Indicate strateg	ies used to support s	tudent in the regular ed	ducation classroom (m	ark all that apply):
O Preferential	seating			
O Providing wr	itten and oral instruc	tions		
O Providing wr	itten materials at var	ious reading levels		
O Providing vis	uals where appropria	ate		
O Pre-teaching	vocabulary			
Other:				
Other:				
Other:				
Other				

Please attach examples of classroom products or work samples, and a sample of typical student work for comparison

Dr. Gustavo Balderas Superintendent

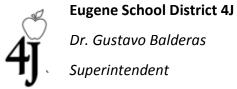
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Director

SUPPLEMENTARY/SMALL-GROUP SUPPORTS (TIER 2)

These are supports available to all students, if needed. May be within or outside of regular class. Area of intervention: Reading Writing Behavior Other (sensory, physical, etc.): ______ Please identify the strategies or procedures used to supplement or enhance the general education curriculum or behavior strategies for the student: Academic supports: ____ Small-group instruction using approaching level materials ____ Additional time for skills practice Review sessions ____ Homework Club, Resource time, or Office hours Other: Behavior supports: ___ Check-in/Check-out (CICO) ____ Social skills groups ____ Check-in with adult mentor ___ 9th grade support class ___Other (sensory tools, scheduled breaks, etc.): Indicate the frequency with which these supports were provided:

Please attach documentation of student performance

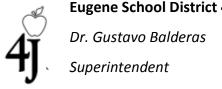
Student Services Department



Dr. Cheryl Linder Director

Building team may choose to ask Data Coordinator to fill out pages 8-11 and return to team leader

Team Leader:	Date sent:	Date Returned:
	PARENT CONTA	ст
Parent was contacted regar result in a request for a spec		or the referral, and that the referral may
Date: Pe	rson making contact:	
Notes about contact:		
What was discussed?		
Is parent aware that the ted	am has referred their child for po	otential evaluation?
Did parent understand that	special education is for students	s with educational disabilities?
Does narent helieve studen	t has an educational disability?	



Dr. Cheryl Linder Director

Discipline Record

Office Discipline Referrals (or attach SWIS data)

Year/Grade	Number of discipline referrals	Behavior noted

Suspensions (or attach Synergy report IDS201)

Year/Grade	Number of suspensions	Reason for suspension

Statewide Test Scores (Include Kindergarten screener) (or attached Synergy report TST201)

Year:	Year:
Subject:	Subject:
MEETS DOES NOT MEET	MEETS DOES NOT MEET
Year:	Year:
Subject:	Subject:
MEETS DOES NOT MEET	MEETS DOES NOT MEET
Year:	Year:
Subject:	Subject:
MEETS DOES NOT MEET	MEETS DOES NOT MEET

<u>Academic Grades</u> (or, elementary: attached report cards; secondary: attach Synergy report CHS404)

Grade level	Lang. Arts	Math	Science	Soc. Stud.	Health/PE	Art/Music	Other:



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Superintendent

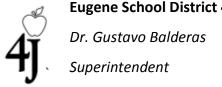
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Director

TARGETED/INDIVIDUAL SUPPORTS (TIER 3)

These are additional services provided directly to the student that most other students do not receive.

Area of intervention	n:									
Reading	○ Math	○ Writing	○ Behavior	Other:						
	Please identify the student-specific interventions beyond the regular education classroom that have been utilized to address student:									
Academic intervent	ions:									
Targeted skills i	nstruction (indivi	idual or small group)								
Title I services										
ReadRight or Re	ead180									
Direct instruction	on with teacher, l	before or after school								
Other:										
Behavior intervention	ons:									
Individual Beha	vior Support Plar	n (based on a functional a	assessment of behav	ior)						
Ongoing individ	ual meetings wit	h counselor or transition	coordinator							
Counseling										
Other:										



Dr. Cheryl Linder Director

Please provide the following information about this student's Tier 3 intervention:

	Example	For this student's intervention
Frequency of interventions	3x per week	
Duration of each session	30 minutes per session	
Length of intervention	12 weeks, student absent 2x	
Student-to-teacher ratio	3 students in group	
Specific skill taught	Letter sounds; or Finding appropriate place to take a break	
Progress monitoring method	easyCBM letter sounds; or, Point Card to track breaks	
How does this student's progress compare with others in the same intervention?	Others gained at least 24 correct words per minute on easyCBM passage reading fluency, but this student only gained 7 cwpm	

Please attach documentation of student progress

Include progress monitoring data (graphs, charts, and data from easyCBM, SWIS, etc.), or, attach a description of the impact of the intervention on the student.

For behavior, please attach Functional Behavior Assessment and Behavior Support Plan.