



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.**



Special Education Referral

Team Leader:

Date received:

Date Returned

<input type="radio"/> Building Team Request	<input type="radio"/> Parent Request	Date of Request:
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Building team may choose to ask the Office to fill out pages 1-2

Student Demographic Information (or attach Synergy 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, indicate relationship below name)

Parent/Guardian: _____

Parent/Guardian: _____

☐ Biological ☐ Adoptive ☐ Foster

☐ 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 through DHS or another agency? If yes, describe:

Please check in the student's **cumulative file** to see if there is any special documentation of previous evaluations, previous referral packets, provision of special services, or other information.

_____ Copies of special information from the cumulative file are attached.



Background Information

Health

Hearing Screening: ☐ Pass ☐ Fail Date: _____

Vision Screening: ☐ Pass ☐ Fail Date: _____

Does student wear glasses? Yes/No

Any diagnoses from a Doctor: _____

Any known medications: _____

Other health/medical info (*attach copies, if necessary*):

Attendance (or attach Synergy reports U-STU208 and ATD201/ATP201)

School	Grade	Year	Days Present	Days Absent	Days Tardy

Preschool/Early childhood program attendance: _____

Has student been retained: YES NO Grade(s) Repeated: _____

Has student been accelerated: YES NO Grade(s) skipped: _____

Previous enrollment in Special Education/Section 504 (Please describe): _____

Is student receiving any outside services or therapies? Please describe: _____



Eugene School District 4J

Dr. Gustavo Balderas

Superintendent

Student Services Department

Dr. Cheryl Linder

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

Please describe the student's strengths, interests, and positive contributions to the classroom:

PARENT CONTACT

Describe extent of parental contact **prior** to making this referral:

Date(s): _____ Person making contact: _____

Notes about prior contact(s):

What was discussed?

Did parent understand student's interventions and progress?

Did parent have similar concerns?



Area(s) of Concern

Please check the area of **greatest need for improvement** with this student:

☐ Educational Achievement:

☐ Reading

☐ Math

☐ Writing

☐ Other: _____

☐ Social/Behavioral

☐ Physical (fine/gross motor)

☐ Speech/language

(note: **if ONLY referring for speech/language concerns, please see SLP directly**)

☐ Articulation

☐ Stuttering

☐ Voice

☐ Language Use and/or Understanding

☐ Other: _____

Please describe concern(s): _____

☐ Is student already receiving special education (e.g., speech/language services)? Please describe:

Environmental Information (Mark Yes or No for each item) (*Check with counselor, if necessary*)

___ Current or previous experience living in foster care

___ Current or previous experience of homelessness

___ Recent traumatic experience(s) (e.g. parents divorced, serious illness of student or family member, death or serious injury of family member, parent or family member deported or detained, home eviction, etc.) Explain: _____

Other concerns about student's environment: _____



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 student's primary language: _____

Language(s) spoken at home (circle one):

Only English / Mostly English / Two languages / 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)

<u>Social Behavior</u> ___ 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	<u>Participation</u> ___ Attends school regularly ___ Arrives on time for class ___ Completes assignments ___ Concentrates/ able to focus on task at hand ___ Functions independently when needed ___ Follows directions
<u>Motor Skills</u> ___ 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	<u>Communication</u> ___ Answers questions when called on ___ Uses age-appropriate vocabulary ___ Stays on-topic when speaking ___ Uses grammar typical for age ___ Understands others' spoken language



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 the evidence-based curriculum being used in the regular education classroom:

Please indicate regular education classroom behavior management strategies:

Indicate strategies used to support student in the regular education classroom (mark all that apply):

- ☐ Preferential seating
- ☐ Providing written and oral instructions
- ☐ Providing written materials at various reading levels
- ☐ Providing visuals where appropriate
- ☐ 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



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 ☐ Math ☐ 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



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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 CONTACT

Parent was contacted **regarding this referral**, the reasons for the referral, and that the referral may result in a request for a special education evaluation:

Date: _____ Person making contact: _____

Notes about contact:

What was discussed?

Is parent aware that the team has referred their child for potential evaluation?

Did parent understand that special education is for students with educational disabilities?

Does parent believe student has an educational disability?

**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: _____ Subject: _____ MEETS _____ DOES NOT MEET	Year: _____ Subject: _____ MEETS _____ DOES NOT MEET
Year: _____ Subject: _____ MEETS _____ DOES NOT MEET	Year: _____ Subject: _____ MEETS _____ DOES NOT MEET
Year: _____ Subject: _____ MEETS _____ DOES NOT MEET	Year: _____ Subject: _____ MEETS _____ DOES NOT MEET

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

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



TARGETED/INDIVIDUAL SUPPORTS (TIER 3)

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

Area of intervention:

☐ Reading ☐ Math ☐ Writing ☐ Behavior ☐ Other: _____

Please identify the student-specific interventions beyond the regular education classroom that have been utilized to address student:

Academic interventions:

___ Targeted skills instruction (individual or small group)

___ Title I services

___ ReadRight or Read180

___ Direct instruction with teacher, before or after school

___ Other:

Behavior interventions:

___ Individual Behavior Support Plan (based on a functional assessment of behavior)

___ Ongoing individual meetings with counselor or transition coordinator

___ Counseling

___ Other:



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

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

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.