2022-2023 Special Education REFERRAL PACKET

STUDENT NAME: _____ **GRADE:** _____ **SCHOOL:** _____

REQUIRED PACKET SECTIONS & ATTACHMENTS

==Incomplete packets will not be accepted==

❒ **Student Demographics** (include Synergy printout of STU201 -- Student demographic information)

❒ **Attendance History** (include U-STU208 -- Attendance)

❒ **Medical history section in packet** (Including vision, hearing, diagnoses, medications -- check cumulative and nurse files)

❒ **Environmental section in packet** (home life)

❒ **Culture & Language section in packet** (from ELD teacher)

      ❒ include ELPA scores and True Peer comparison data (consult with Lily Gold)

❒ **Statement of student strengths in packet** (by classroom teacher)

❒ **Evidence of learning concern** (reading, writing, math, speech/language, social, behavior, adaptive)

      ❒ State tests (TST201 -- Statewide Assessment and Kindergarten screener)

      ❒ Grades (CHS404 -- Academic grades)

      ❒ Student Incident reports

      ❒ Work samples in academic areas of concern

      ❒ Work samples of students receiving the same or similar intervention

❒ **Evidence of *research-based interventions* in the areas(s) of concern (describe in packet)**

❒ **Evidence of progress data from interventions, which might include:**

      ❒ SWIS Data (individual tracking data, not just incident data)

      ❒ Behavior Support Plan (including progress data) and/or 504 Plan

      ❒ Check-In/Check-Out data (progress toward goals)

      ❒ Academic progress data, e.g easyCBM
           ❒ Progress graphs of student, *and*
           ❒ Progress graphs of peers in the same intervention group, *and*
           ❒ Classwide risk levels for the student's class

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Packet to be completed by the Building Team.
Parent referrals: Inform the school psychologist of Parent Referrals immediately, then proceed with the packet.
Building team referrals: Inform the parent of the intention to refer, then proceed with the packet.
Upon completion, packet should be delivered to the building's School Psychologist or SpEd consultant

TYPE OF REFERRAL

☐ BUILDING TEAM REQUEST

PARENT WAS CONTACTED TO DISCUSS CONCERNS AND TALK ABOUT SPED REFERRAL:

On DATE: _____ by NAME: _____

☐ PARENT REQUEST on DATE: _____

AREAS OF CONCERN

☐ ACADEMIC SKILLS: ☐ *Reading* (pre-reading, decoding/spelling, fluency, comprehension)
☐ *Writing* (expression of ideas...not spelling or handwriting)
☐ *Math* (numeracy, calculation, problem solving)

☐ SOCIAL/EMOTIONAL/BEHAVIORAL SKILLS: ☐ *Inattention* ☐ *Disruption* ☐ *Withdrawal* ☐ *Other (describe)*

☐ FUNCTIONAL/ADAPTIVE SKILLS: ☐ *Self-help* ☐ *Personal interactions* ☐ *Functional Communication*

☐ SPEECH/LANGUAGE SKILLS: ☐ *Articulation* ☐ *Language use/understanding* *Please inform SLP directly*

BUILDING TEAM LEADER: _____

SCHOOL PSYCH or SPED CONSULTANT: _____

CLASSROOM/HOMEROOM TEACHER: _____

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STUDENT INFORMATION

1. Indicate if parents are ☐ BIOLOGICAL ☐ ADOPTIVE ☐ FOSTER ☐ DHS CASEWORKER

2. Indicate student's primary language: _____

3. Interpreter needed for parent or student? ☐ Y ☐ N

4. Previous SpEd enrollment? ☐ Y ☐ N

5. Previous or Current 504 Plan (please attach)? ☐ Y ☐ N

HEALTH INFORMATION

Hearing Screening: Vision Screening:
☐ Pass ☐ Fail   Date: _____   ☐ Pass ☐ Fail   Date: _____   ☐ Glasses

Any known medical diagnoses, medications, or other health information?

_____

_____

_____

ENVIRONMENTAL INFORMATION

Current or previous experience living in foster care: ☐ Y ☐ N

Current or previous experience of homelessness: ☐ Y ☐ N

Please describe any known recent traumatic experiences or Other environmental concerns:
(e.g., parents divorced, family member death or serious injury or illness, family member detention or deportation, home eviction, etc.)

_____

_____

_____

_____

_____

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(*Ask ELD teacher to complete*)

CULTURAL/LINGUISTIC INFORMATION

Student qualifies for Migrant Education. ☐ Y ☐ N

Student has received education outside of the U.S. ☐ Y ☐ N

If yes, indicate number of years of schooling within the U.S.: _____ Describe education outside of the US:

_____

_____

_____

_____

Language(s) spoken at home: ☐ Only English ☐ Mostly English ☐ Equally English and other language(s)
☐ Mostly language(s) other than English ☐ Only non-English language(s)

☐ Student receives or has received ELD services

If checked: Year ELD services began: _____

Currently on "monitor status"? ☐ Y ☐ N

Please describe student progress in ELD, compared to instructional group and compared to *true peers*?

_____

_____

_____

_____

_____

_____

_____

☐ If available, please attach True Peer worksheets as designed by 4J ELD Coordinator

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CLASSROOM INFORMATION

Please describe **STUDENT STRENGTHS**, interests, and positive contributions to the classroom:

_____

_____

_____

_____

_____

Please mark **Yes or No** for each:

Speech/Language Skills:

___Is understood by other when speaking   ___Answers questions when called on
___Pronounces all sounds correctly   ___Pays attention to stories read in class
___Uses age-appropropriate vocabulary   ___Accurately retells an age-appropriate story
___Uses age-appropriate grammar   ___Follows simple directions
___Stays on-topic when speaking   ___Follows multi-step directions

Motor Skills:

___Draws and copies typical for age   ___Moves with age-typical coordination
___Writes with age-typical speed and effort   ___Walks up/down stairs using alternating feet
___Forms words with good spacing and size   ___Has age-typical awareness of own body in space

Please describe **CONCERNS** you have about the student's **academic, behavioral, or functional** progress:

_____

_____

_____

_____

_____

_____

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INSTRUCTION and INTERVENTIONS

	Academic EXAMPLES	Social/Emotional/Behavioral EXAMPLES
Tier 1	District-approved Curriculum	Classroom rules and routines School wide programs (SWPBIS, etc.)
Tier 2	In-class, small group instruction Additional skills practice sessions Homework club, resource time, office hours	Check-in/Check-out Social skills instruction (in class or sm. group) Adult/peer mentor Structured break plans
Tier 3	Targeted skills instruction, such as: Title I curricula, Read Right or Read 180, Direct instruction with teacher before/after school	Individual behavior support plan (BSP) Individual counseling 9th grade support class

<u>Examples of Accommodations</u>

Preferential seating
Provide written and oral instructions
Provide visuals when appropriate
Alternative means of demonstrating knowledge

Pre-teaching vocabulary
Provide materials at various reading levels
Frequent checks for understanding
Adjusted or altered schedule

Please describe the instruction & interventions for this student:

READING and WRITING (please attach Progress data)	TIER 1	TIER 2	TIER 3
	Curriculum used	Intervention(s) used	Intervention(s) used
	Accommodations	Weeks of intervention	Weeks of intervention
		Minutes per day	Minutes per day
MATH (please attach Progress data)	Curriculum used	Intervention(s) used	Intervention(s) used
	Accommodations	Weeks of intervention	Weeks of intervention
		Minutes per day	Minutes per day

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	TIER 1	TIER 2	TIER 3
BEHAVIOR/ SOCIAL SKILLS/ ADAPTIVE SKILLS (please attach Progress data)		Intervention:	Intervention:
		How many weeks:	How many weeks:

What other information can you share to help determine if this student may have a *disability that requires Special Education services*?

_____

_____

_____

_____

_____

_____

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_____

_____

Please attach any additional data, information, notes, or teacher narratives

that may help the Referral Review Team understand this student's skills and needs.

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