**Student Support and Interventions Team Referral**

**For Comprehensive Evaluation**

This referral form is completed by the school based team when the decision is made to refer a student for a comprehensive evaluation for Special Education consideration. Data and documentation gathered through the tiered intervention process should be reviewed prior to referral.

**□ Parent Referral □ School/Teacher Referral**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_**

**Race/Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_**

**School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School System \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Language spoken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Problem Identification (check all that apply)\***:

□ Phonological Awareness □ Phonics □ Reading Fluency □ Reading Comprehension

□ Vocabulary □ Math Calculation□ Math Problem Solving □ Written Expression

□ Attention/Behavior □ Speech/Language □ High Achievement □ Other \_\_\_\_\_\_\_\_\_\_\_\_

**\*For Reading, Math, and Writing Concerns, the following RTI² documentation MUST be included:**

 \_\_\_\_\_ Student benchmark data

 \_\_\_\_\_ Student Progress monitoring data

 \_\_\_\_\_ Student Intervention Plan(s)

 \_\_\_\_\_ Fidelity Monitoring form(s)

 \_\_\_\_\_ Intervention Log(s)

 \_\_\_\_\_ Parent notification letter(s)

 \_\_\_\_\_ Gap Analysis

**Cumulative Record Review**:

**Attendance**: Current Year \_\_\_\_\_\_Days present \_\_\_\_\_\_Days absent \_\_\_\_\_\_Days tardy \_\_\_\_\_\_\_\_

 Last year \_\_\_\_\_\_ Days present \_\_\_\_\_\_ Days absent \_\_\_\_\_\_ Days tardy \_\_\_\_\_\_

 Retentions \_\_\_\_\_\_\_\_ List previous schools attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Discipline Record:** Number of discipline reports \_\_\_\_\_\_\_\_\_\_ List Violations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Out of School Suspensions \_\_\_\_\_\_\_ In-School suspensions \_\_\_\_\_\_\_Detentions \_\_\_\_\_\_\_\_\_\_\_

**Testing Information: TCAP or other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Year: Year: Year:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Results/Percentiles** | **Results/Percentiles** | **Results/Percentiles** |
| Reading/ ELA |  |  |  |
| Math |  |  |  |
| Science |  |  |  |
| Social Studies |  |  |  |

**Academic Grades:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject Area** | **Year/Semester** | **Year/Semester** | **Year/Semester** | **Year/Semester** |
| Reading |  |  |  |  |
| Math |  |  |  |  |
| Science |  |  |  |  |
| Social Studies |  |  |  |  |
| Language Arts |  |  |  |  |
| Spelling |  |  |  |  |
| English |  |  |  |  |
| Other:  |  |  |  |  |

**Exclusionary Factors**

Please include relevant information as it applies to the following:

**Limited English Proficiency**:

Is there another language other than English spoken by the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there another language other than English spoken in the student’s home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have English Learner services been provided? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Visual Impairment**:

Does the student have a history of significant vision problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hearing Impairment**:

Does the student have a history of significant hearing problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Orthopedic Impairment**:

Does the student have any physical or motor impairments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Behavior Problems:**

Does the student exhibit behavior(s) or emotional difficulties that interfere with learning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have a current behavior plan or Functional Behavior Assessment (FBA)?\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Environmental/Cultural/Economic Factors:**

Are you aware of any environmental factors that may be impacting this student’s ability to learn?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Motivational Factors:**

Does the student want to succeed in school? □ Yes □ No

Does the student seek assistance from teachers, peers, or others? □ Yes □ No

Does the parent report efforts made at home to complete homework or study

assignments? □ Yes □ No

Is the student making an effort to learn? □ Yes □ No

Are the student’s achievement scores consistent with the student’s grades? □ Yes □ No

**Situational Trauma**:

Has the student experienced recent trauma? (i.e. parent divorce, death or illness of family member, etc)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there other situations that could create stress or emotional upsets? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has there been a significant change in the student’s classroom performance within a short period of time (6-12 months)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medical**:

Does the student have any known medical issues that interfere with learning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Describe classroom interaction with peers and teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Additional Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Person completing form**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Job Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

|  |
| --- |
| **For Office Use only**Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Parents notified \_\_\_\_\_\_\_\_\_\_\_\_\_ Scheduled Meeting date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |