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

MEDICAL INFORMATION

1. Does the student exhibit any signs of health, orthopedic, or medical problems? If yes, what?   [ ] Yes   [ ] No
   _____

2. Does this student exhibit any behaviors in the classroom which might indicate vision or   [ ] Yes   [ ] No
   hearing problems? If yes, what? _____

3. Does student currently wear glasses?   [ ] Yes   [ ] No
4. Does student currently wear a hearing aid?   [ ] Yes   [ ] No
5. Is the student receiving any medication at school and/or at home? If yes, what?   [ ] Yes   [ ] No
   _____

6. 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.   [ ] Yes   [ ] No   [ ] NA

2. Cumulative records containing grades and attendance.   [ ] Yes   [ ] No   [ ] NA

3. Current work samples.   [ ] Yes   [ ] No   [ ] NA

4. Current interventions and supporting documentation.   [ ] Yes   [ ] No   [ ] NA

5. Other relevant information (from parent/school/other agencies).   [ ] Yes   [ ] No   [ ] NA

_____

_____

_____

_____

_____

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

7. Student's grades have:

    [ ] Improved each year

    [ ] Stayed about the same each year

    [ ] Declined each year

    [ ] Dropped suddenly

    [ ] Data not available

8. Student's grades in the indicated area(s) of concern are:

    [ ] Above Average

    [ ] Average

    [ ] Below Average

    [ ] 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**

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?

[ ] Yes   [ ] No   [ ] NA   4. Does data-based documentation of progress monitoring demonstrate valid implementation of intervention(s)?

[ ] Yes   [ ] No   [ ] NA   5. Does data-based documentation demonstrate repeated assessment of achievement at reasonable intervals from multiple sources for the referral concern(s)?

[ ] Yes   [ ] No   [ ] NA   6. Does data-based documentation demonstrate the ineffectiveness of the intervention(s) for the referral concern(s)?

[ ] 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

	DATE	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			