

**CANTON UNION SCHOOL DISTRICT NO. 66
SPECIAL EDUCATION OFFICE
20 WEST WALNUT STREET
CANTON, ILLINOIS 61520
(309)647-1418**

REQUEST FOR CASE STUDY REFERRAL

Please complete all sections:

(Incomplete forms will be returned)

STUDENT INFORMATION

Name _____ SIS Number _____
(First, Middle, Last)

Birth Date _____ Gender _____ Ethnicity _____

Grade _____ School _____ Primary Language _____

Parent/Guardian _____

Address _____ City _____ Zip Code _____

Phone _____ Parent's Primary Language _____

Additional Parent Information

Parent/Guardian _____

Address _____ City _____ Zip Code _____

Phone _____ Parent's Primary Language _____

MEDICAL INFORMATION

List any medical diagnosis _____

Current medications _____

Vision Screening Date _____ Results: Pass Fail Glasses: Yes No

Does the student wear them? Yes No

Hearing Screening Date _____ Results: Pass Fail Hearing Aid: Yes No

REASON FOR REFERRAL (This statement will be used on the response to parent)

Is this referral supported by the Problem Solving Team? Yes No

ENROLLMENT INFORMATION

List previous schools:

_____	Date attended _____
_____	Date attended _____
_____	Date attended _____
_____	Date attended _____
_____	Date attended _____

Has this student been retained in the past? Yes No What grade? _____

Is the student currently being considered for retention? Yes No

Has the student been evaluated for special education services? Yes No When _____

Has the student ever received special education services? Yes No When _____

Date student was initially referred to the problem solving team _____

ATTENDANCE

Attach attendance record from Skyward

If student is frequently tardy, describe time of missed instruction

COMMUNICATION

Has the student been referred for a Speech/Language evaluation? Yes No When? _____

Is the student currently receiving Speech/Language services? Yes No

Are there current concerns regarding language; articulation; voice; fluency; social language that affects educational performance? Describe: _____

MOTOR

Are there current concerns regarding fine and/or gross motor coordination difficulties; sensory; functional mobility; or strength that affects educational performance?

Describe: _____

SOCIAL/EMOTIONAL

(Information regarding adaptive behavior; independent functioning; personal/social responsibility; cultural background; and other areas including work/study habits; attention; organization; behavior; social skills; homework completion, etc.)

Describe how behavior adversely affects educational performance: _____

Give an example of your baseline data for the area of concern (for example, student is getting out of his seat on average of 10 times in 30 minutes). _____

What research based interventions have been implemented and the results _____

ACADEMIC

Primary area of concern:

Reading

_____ Basic reading skills
_____ Reading fluency skills
_____ Reading Comprehension

Math

_____ Math calculation
_____ Math problem solving

Written Expression

_____ Writing
(not handwriting)

Interventions

(An intervention is a research-based skills-building strategy implemented and monitored to improve a targeted skill)

_____ Orton-Gillingham	_____ Rocket Math
_____ Michael Heggerty	_____ Moby Max
_____ Leveled Readers	_____ Other _____
_____ Six minute Solution	_____ Other _____
_____ Other _____	_____ Other _____
_____ Other _____	_____ Other _____
_____ Other _____	_____ Other _____
_____ Other _____	_____ Other _____

Accommodations/Modifications

(An accommodation eliminates obstacles that would interfere with a student’s ability to perform or produce at the same standard of performance expected of general education students; a modification is a change that actually lowers the standards of performance i.e. what is expected to be known).

- _____ Read test to student
- _____ Break down work into small segments
- _____ Individual/small group instruction
- _____ Visual cues/reminders
- _____ Behavior chart
- _____ Reduce number of multiple choice answers
- _____ Allow extra time to take test or complete assignment
- _____ Preferential seating
- _____ Wiggle seat
- _____ Reduced work by number not content
- _____ Peer tutoring
- _____ Home/school notebook

Other _____

ATTACHMENTS (required if available)

- _____ Problem Solving Summary
- _____ Attendance
- _____ Aimsweb
- _____ Star
- _____ Math DBA
- _____ Report card
- _____ Copy of OLSAT
- _____ Copy of PARCC

Person(s) submitting the referral (will be noted as the referring party)

Signature _____

Title _____ Date _____

Conference Notification Participants

- Parents _____
- General Education Teacher _____
- Special Education Teacher _____
- Title/Interventionist _____
- Speech Language Pathologist _____
- Social Worker _____
- School Psychologist _____
- Building Principal _____
- Other (Please list) _____
- Other (Please list) _____
- Outside Agencies involved _____

BUILDING PRINCIPAL APPROVAL

(I certify that this referral is complete and meets with my approval)

Comments: _____

Principal _____

Date _____

- DISPOSITION (completed by Director of Student Services)
- _____ Received by special education office
- _____ Notification of Decision Regarding Referral
- _____ Date of Domain Meeting