

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

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

ATTENDANCE

If student is frequently tardy, describe time of missed instruction

COMMUNICATION

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

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/SENSORY

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.)

Has this student been referred to the Social/Emotional/Behavior Problem Solving Team? Yes No

Has this student been referred for Social Work Services Yes No

Describe how behavior adversely affects educational performance: _____

ACADEMIC CONCERNS

Reading

_____ Basic reading skills
_____ Reading fluency skills
_____ Reading Comprehension

Math

_____ Math calculation
_____ Math problem solving

Written Expression

_____ Writing
(not handwriting)

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 _____

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

Signature _____

Title _____ Date _____

Conference Notification Participants (include everyone who should be invited to staffing)

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

