

# FCSD #25 SPED Evaluation Request

**When Building Staff notice a student struggling, Academically or Behaviorally, notify your Building Administrator and implement the MTSS for the student using these guidelines.**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Referring Staff Member: \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Parent Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Principal: \_\_\_\_\_

Regular Education Teacher: \_\_\_\_\_

Regular Education Teacher: \_\_\_\_\_

Behavior Interventionist (if appropriate): \_\_\_\_\_

**CHECK THE BOX THAT BEST DESCRIBES YOUR AREA OF CONCERN, (SUSPICION OF DISABILITY) AND PROVIDE DOCUMENTATION ON THE FOLLOWING MTSS FORMS**

- |   |  |
|---|--|
| <input type="checkbox"/> Student Record Review          | <input type="checkbox"/> Emotional/Social/Behavioral/Attention Interventions |
| <input type="checkbox"/> Circumstantial Disadvantage    |  |
| <input type="checkbox"/> Student Concern                | <input type="checkbox"/> Emotional/Social/Behavioral/Attention Rating Scales |
| <input type="checkbox"/> Identification of Concerns     | <input type="checkbox"/> Conclusion:   |
| <input type="checkbox"/> Math Interventions             |  |
| <input type="checkbox"/> Written Language Interventions |  |
| <input type="checkbox"/> Reading Interventions          |  |
| <input type="checkbox"/> Language Interventions         |  |

## Student Record Review

**ATTACH COPIES OF THE FOLLOWING ITEMS, Please check the box when that item is complete and attached.**

- Passed current vision screening (within last 12 months)
- Passed current hearing screening (within last 12 months)
- Report card (for current and previous school year – indicate if modified)
- Attendance record (for current and previous school year)
- Discipline record (for current and previous school year)
- Criterion reference scores
- Standardized testing results (for current and previous school year)
- Standards reports (for current and previous school year)
- Previous teacher concerns (if any)
- Medical information (if appropriate)

## Circumstantial Disadvantage/Social Maladjustment

### § C.F.R. 300.308 Child with a Disability

Please check the areas below that are applicable to the student and describe in the spaces provided.

- Has the student changed schools often, been retained, or had any other disruptions of educational progress?  Yes  No.

Comments: \_\_\_\_\_

- Does the student have excessive school absences?  Yes  No.

Comments: \_\_\_\_\_

- Has the student experienced family traumas (e.g. death, divorce, abuse, etc.)?  Yes  No. Comments:

- Is English the student's native language?  Yes  No. Comments:

- Has the student moved here from another country?  Yes  No.

Comments: \_\_\_\_\_

- If the student is an English language learner, have they had sufficient exposure to general education concepts and experiences to enable comprehension of academic content?  Yes  No.

Comments: \_\_\_\_\_

**\*Is there circumstantial disadvantage for this student?  Yes  No. If the team determines any circumstantial disadvantage substantially contributes to the student's difficulty then the team needs to address the issue with school programs, community agencies, etc. \***

## **Child with a Disability**

**As per Federal Law, please check yes or no concerning the following statements.**

### **§ C.F.R. 300.309 Determining the existence of a Specific Learning Disability**

**(b)** Has the child been involved in appropriate instruction in reading and/or math?  Yes  No

**(1)** Does the data demonstrate that prior to, or as a part of, the referral process, the student was provided appropriate instruction in regular education settings, delivered by qualified personnel?  
 Yes  No

**(2)** Is there Data-based documentation of repeated assessments of achievement at reasonable intervals, (Progress Monitoring), reflecting formal assessment of student progress during instruction, which was provided to the student's parents?  Yes  No

### **§ C.F.R. 300.310 Specific documentation for the eligibility determination**

**(7)** Has the Child participated in a process that assesses the child's response to scientific, research-based intervention?  Yes  No

**(i)** Are the Instructional Strategies listed and has the student-centered data been collected?  
 Yes  No

**(ii)** Have the parents been notified about the documentation that has been collected?  Yes  No

## Student Concern

• Academic, speech/language, and/or behavior concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• How is the academic, speech/language, and/or behavior concern affecting educational

performance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• Are the parents aware of the concern?  Yes  No. If yes, who has communicated with the

Parent and by what means? \_\_\_\_\_

Documented Parent Contact included  Yes  No

• Student's strengths: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• Has the student previously been referred or tested for special education?  Yes  No.

If yes, when? \_\_\_\_\_

• Has the student been retained?  Yes  No. If yes, when? \_\_\_\_\_

• Does the student have any illnesses or physical, vision, or hearing difficulties that would affect academic performance?  Yes  No. If yes, what are they? \_\_\_\_\_

• Is the student prescribed any medication?  Yes  No. If yes, what are they and what is their purpose?

\_\_\_\_\_

# Identification of Concerns

Please check the area(s) the student is having difficulty with and describe in the spaces provided.

## • Vision

- Squints
- Rubs eyes
- Holds book too close/too far away

Comments: \_\_\_\_\_

## • Hearing

- Needs instructions repeated
- Earaches
- Refuses to wear hearing appliances

Comments: \_\_\_\_\_

## • Thinking Skills

- Memory
- Problem solving

Comments: \_\_\_\_\_

## • Math

- Comprehending numerical concepts
- Basic facts (circle specifics: addition, subtraction, multiplication, division, fractions, units of measure, percent)
- Written computations (circle specifics: addition, subtraction, multiplication, division, fractions, percent)
- Story problems

Comments: \_\_\_\_\_

## • Spelling

- Spells according to sound
- Substitution of letters
- Reversal of letter order
- No identifiable pattern for spelling
- Auditory discrimination of sounds

Comments: \_\_\_\_\_

## • Reading

- Fluency
- Word attack/phonics
- Omissions, substitutions, additions
- Mispronunciations
- Sight words

- Comprehension
- Limited vocabulary

Comments: \_\_\_\_\_

## • Written Language

- Spacing/letter placement
- Reversals
- Poor grammar
- Limited vocabulary
- Does not write complete sentences
- Does not use capitalization and

punctuation

Comments: \_\_\_\_\_

## • Motor

- Gross motor (awkward, clumsy, poor balance)
- Fine motor (cutting, coloring, writing)
- Awkward pencil grip
- Letter/number formation poor
- Stamina (fatigues easily)
- Avoids physical activity (gym class, playground)
- Excessive body movement
- Posture at desk (slumped, head on arms, etc.)

Comments: \_\_\_\_\_

## • Expressive Language

- Difficulty using complete sentences
- Difficulty having a conversation
- Difficulty expanding an answer or providing details when talking.
- Difficulty asking questions
- Difficulty using a variety of vocabulary when talking.
- Difficulty thinking of the right word to say.

Comments: \_\_\_\_\_

• **Receptive Language**

- Difficulty following directions
- Difficulty understanding what people say
- Difficulty remembering what people say
- Difficulty understanding concepts (in front, behind, small, large, more, less)
- Difficulty understanding the meaning of words
- Difficulty remembering details from stories and/or classroom lessons

Comments: \_\_\_\_\_

• **Articulation**

- Is difficult to understand
  - Has specific sound errors
  - Speech is very different from peers
- Comments:

• **Fluency**

- Stutters
- Repeats sounds, syllables, words or phrases
- Unnatural pauses

Comments: \_\_\_\_\_

• **Voice**

- Unusual voice quality
- Nasal voice quality
- Sounds like they have a cold
- Pitch (too high/low)
- Hoarse or breathy

Comments:

• **Emotional**

- Anxious
- Displays irrational fears
- Frequent physical complaints
- Obsessive-compulsive behaviors
- Difficulty with schedule changes

- Hears/Sees things which do not occur
- Bizarre Ideas/Behavior
- Talks of suicide/death
- Irritable
- Lethargic/sleepy
- Withdrawn/isolated
- Mood of unhappiness/crying
- Feelings of worthlessness

Comments: \_\_\_\_\_

• **Social/Behavioral**

- Avoids talking with teachers and peers
- Fails to develop peer relationships
- Poor hygiene/self-care
- Preoccupation with fantasy life
- Poor attendance (tardy/absent)
- Loses temper/often angry/argues
- Refuses to comply with requests/rules
- Easily annoyed/annoys others
- Blames others for misbehavior
- Bullies/threatens/intimidates others
- Hits/kicks/fights others
- Lies/cheats/steals

Comments: \_\_\_\_\_

• **Attention**

- Organizational difficulties
- Loses assignments/materials
- Does not complete assignments
- Inattentive/distracted/daydreams
- Hyperactive/impulsive
- Out of chair/fidgets in chair
- Forgetful
- Makes careless mistakes
- Does not seem to listen

Comments: \_\_\_\_\_

**\*\*If Articulation is the only concern go to page 13 (Conclusion)\*\***

# Scientific, Researched Based Math Intervention Using your MTSS Data

• Is there a math concern?  Yes  No. If yes, complete this page. If no, go to page 8.

\* The interventions need to be implemented for a reasonable amount of time that enough data is

Gathered to determine if there is growth or not in the area of written language. § C.F.R. 300.310(7)(i)\*

Scientific Based Research Intervention	Length of Time Implemented	Frequency	Intensity	Grade Level Norm	Base Line Data	Post Implementation Data
<i>Do The Math</i>	<i>6 weeks</i>	<i>2X/week</i>	<i>20 min</i>	<i>Module C 80% accuracy</i>	<i>Module A Begin 35%</i>	<i>End of Module A 86%</i>

Progress Monitoring Tool	Data Week 1	Data Week 2	Data Week 3	Data Week 4	Data Week 5	Data Week 6	Data Week 7	Data Week 8

  

Scientific Based Research Intervention	Length of Time Implemented	Frequency	Intensity	Grade Level Norm	Base Line Data	Post Implementation Data
<i>Corrective Reading</i>	<i>6 weeks</i>	<i>2X/week</i>	<i>46 min</i>	<i>120 CWPM 95% accuracy</i>	<i>87CWPM 100% accuracy</i>	<i>103CWPM 99% accuracy</i>

Progress Monitoring Tool	Data Week 1	Data Week 2	Data Week 3	Data Week 4	Data Week 5	Data Week 6	Data Week 7	Data Week 8

# Scientific, Researched Based Writing Intervention Using your MTSS Data

- Is there a written language concern?  Yes  No. If yes, complete this page. If no, go to page 9.

\* The interventions need to be implemented for a reasonable amount of time that enough data is gathered to determine if there is growth or not in the area of written language. § C.F.R. 300.310(7)(i)\*

Scientific Based Research Intervention	Length of Time Implemented	Frequency	Intensity	Grade Level Norm	Base Line Data	Post Implementation Data
<i>Six Traits</i>	<i>6 weeks</i>	<i>2X/week</i>	<i>25 min</i>	<i>4 or higher in each of 7 areas</i>	<i>2 of the 7</i>	<i>3 of the 7</i>

Progress Monitoring Tool	Data Week 1	Data Week 2	Data Week 3	Data Week 4	Data Week 5	Data Week 6	Data Week 7	Data Week 8

Scientific Based Research Intervention	Length of Time Implemented	Frequency	Intensity	Grade Level Norm	Base Line Data	Post Implementation Data
<i>Corrective Reading</i>	<i>6 weeks</i>	<i>2X/week</i>	<i>46 min</i>	<i>120 CWPM 95% accuracy</i>	<i>87CWPM 100% accuracy</i>	<i>103CWPM 99% accuracy</i>

Progress Monitoring Tool	Data Week 1	Data Week 2	Data Week 3	Data Week 4	Data Week 5	Data Week 6	Data Week 7	Data Week 8



# Scientific, Researched Based Reading Intervention

• Is there a reading concern?  Yes  No. If yes, complete this page. If no, go to page 10.

\* The interventions need to be implemented for a reasonable amount of time that enough data is

Gathered to determine if there is growth or not in the area of written language. § C.F.R. 300.310(7)(i)\*

Scientific Based Research Intervention	Length of Time Implemented	Frequency	Intensity	Grade Level Norm	Base Line Data	Post Implementation Data
<i>Corrective Reading</i>	<i>6 weeks</i>	<i>2X/week</i>	<i>46 min</i>	<i>120 CWPM 95% accuracy</i>	<i>87CWPM 100% accuracy</i>	<i>103CWPM 99% accuracy</i>

Progress Monitoring Tool	Data Week 1	Data Week 2	Data Week 3	Data Week 4	Data Week 5	Data Week 6	Data Week 7	Data Week 8

Scientific Based Research Intervention	Length of Time Implemented	Frequency	Intensity	Grade Level Norm	Base Line Data	Post Implementation Data
<i>Corrective Reading</i>	<i>6 weeks</i>	<i>2X/week</i>	<i>46 min</i>	<i>120 CWPM 95% accuracy</i>	<i>87CWPM 100% accuracy</i>	<i>103CWPM 99% accuracy</i>

Progress Monitoring Tool	Data Week 1	Data Week 2	Data Week 3	Data Week 4	Data Week 5	Data Week 6	Data Week 7	Data Week 8

# Scientific, Researched Based Language Intervention Using your MTSS Data

• Is there a language concern?  Yes  No. If yes, complete this page. If no, go to page 11.

\* The interventions need to be implemented for a reasonable amount of time that enough data is

Gathered to determine if there is growth or not in the area of written language. § C.F.R. 300.310(7)(i)\*

Scientific Based Research Intervention	Length of Time Implemented	Frequency	Intensity	Grade Level Norm	Base Line Data	Post Implementation Data
<i>Consult SLP Sentence Starter</i>	<i>4Weeks</i>	<i>2X/week</i>	<i>10 min</i>	<i>Ask/Answer Question</i>	<i>Not able to ask/answer questions</i>	<i>Record whether ask or answer a question</i>

Progress Monitoring Tool	Data Week 1	Data Week 2	Data Week 3	Data Week 4	Data Week 5	Data Week 6	Data Week 7	Data Week 8

Scientific Based Research Intervention	Length of Time Implemented	Frequency	Intensity	Grade Level Norm	Base Line Data	Post Implementation Data
<i>Corrective Reading</i>	<i>6 weeks</i>	<i>2X/week</i>	<i>46 min</i>	<i>120 CWPM 95% accuracy</i>	<i>87CWPM 100% accuracy</i>	<i>103CWPM 99% accuracy</i>

Progress Monitoring Tool	Data Week 1	Data Week 2	Data Week 3	Data Week 4	Data Week 5	Data Week 6	Data Week 7	Data Week 8

# Scientific, Researched Based Social/Emotional Intervention(s) Using your MTSS Data

• Is there a social/emotional/behavioral/attention concern?  Yes  No. If yes, complete this page. If no, go to page 12.

\* The interventions need to be implemented for a reasonable amount of time that enough data is gathered to determine if there is growth or not in the area of written language. § C.F.R. 300.310(7)(i)\*

Scientific Based Research Intervention	Length of Time Implemented	Frequency	Intensity	Grade Level Norm	Base Line Data	Post Implementation Data
<i>Second Step</i>	<i>8 weeks</i>	<i>1X/week</i>	<i>25 min</i>	<i>On task 85%</i>	<i>On Task 30%</i>	<i>On Task 45%</i>

Progress Monitoring Tool	Data Week 1	Data Week 2	Data Week 3	Data Week 4	Data Week 5	Data Week 6	Data Week 7	Data Week 8

Scientific Based Research Intervention	Length of Time Implemented	Frequency	Intensity	Grade Level Norm	Base Line Data	Post Implementation Data

Progress Monitoring Tool	Data Week 1	Data Week 2	Data Week 3	Data Week 4	Data Week 5	Data Week 6	Data Week 7	Data Week 8

# Emotional/Social/Behavioral/Attention Rating Scale

• Was there a social/emotional/behavioral/attention rating scale administered prior to this SOS referral?  
 Yes  No. If yes, complete this page. If no, go to page 13.

Attach a signed parent permission form that allowed you to administer the rating scale.

Attach the results/write-up of the rating scale.

• Provide a summary of the meeting with the parent(s) about the results of the rating scale?

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• Provide a summary of what the parent(s) did with the results. Did they go to the doctor? Is there a medical diagnosis?

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# Conclusion

- Stop referral. Intervention(s) were/are successful.
- Refer to community resources, which are: \_\_\_\_\_
- Refer to other school program, which is: \_\_\_\_\_
- Refer to school team for possible 504 plan, Building 504 coordinator is: \_\_\_\_\_
- Refer for special education testing in the area of Articulation:  Yes  No
- Refer for special education testing. Incomplete referral forms will be returned. Testing can be completed for more than one area, but there must be documented interventions for the areas of concern. As a team, based on your interventions draw a conclusion as to what the *suspected* disability area(s) is:
  - Autism
  - Cognitive Disability
  - Emotional Disability
  - Other Health Impairment
  - Speech or Language Impairment
  - Specific Learning Disability
  - Reading  Math  Written Language

**Team Member Signatures:**

Member: \_\_\_\_\_ Date: \_\_\_\_\_

Member: \_\_\_\_\_ Date: \_\_\_\_\_

Member: \_\_\_\_\_ Date: \_\_\_\_\_

MTSS Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Building SLP: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Building Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_