**C:\Documents and Settings\lcoen\Local Settings\Temporary Internet Files\Content.IE5\RPB44D13\MC900445164[1].wmfMarshall Community Unit School District** Referred by: 🞎 Teacher Referral Type: 🞎 Initial

**503 Pine St.**  🞎 Parent 🞎 Re-Evaluation

**Marshall, IL 62441**  🞎 RtI Team

**Phone: (217)826-5912** 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAX: (217)826-5170**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re-Eval Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIPTIVE INFORMATION**

**Student Name:** (Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Middle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender:** \_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_ **Teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name: Address: Phone:**

Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASON for REFERRAL** (Indicate “P” for primary and “S” for secondary

🞎 Pre-Academic 🞎 Academic 🞎 Behavioral/Emotional 🞎 Sensory/Motor 🞎 Speech/Language

🞎 Hearing 🞎 Vision 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREVIOUS EVALUTIONS:**

Audiological: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Psychological: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Speech/Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hearing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Pass 🞎 Fail Vision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Pass 🞎 Fail

**Date this referral was discussed with parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By Whom:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person Completing Form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Principal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **HEALTH HISTORY**
   1. Describe any current or previous medical/physical problems:

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* 1. List any known prescribed medications:

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1. **SCHOOL HISTORY**
   1. School Attendance

*Name of School City/State Grade/Year Performance*

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

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* 1. Previous Retentions: (list grades) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Past and Present Services (Check ***ALL*** grade levels in which student has or is receiving services):

Title 1 🞎Pre-K 🞎K 🞎1st 🞎2nd 🞎3rd 🞎4th 🞎5th 🞎6th 🞎7th 🞎8th 🞎9th 🞎10th 🞎11th  🞎12th

Tutoring 🞎Pre-K 🞎K 🞎1st 🞎2nd 🞎3rd 🞎4th 🞎5th 🞎6th 🞎7th 🞎8th 🞎9th 🞎10th 🞎11th  🞎12th

Counseling 🞎Pre-K 🞎K 🞎1st 🞎2nd 🞎3rd 🞎4th 🞎5th 🞎6th 🞎7th 🞎8th 🞎9th 🞎10th 🞎11th  🞎12th

RtI 🞎Pre-K 🞎K 🞎1st 🞎2nd 🞎3rd 🞎4th 🞎5th 🞎6th 🞎7th 🞎8th 🞎9th 🞎10th 🞎11th  🞎12th

Speech/Language 🞎Pre-K 🞎K 🞎1st 🞎2nd 🞎3rd 🞎4th 🞎5th 🞎6th 🞎7th 🞎8th 🞎9th 🞎10th 🞎11th  🞎12th

**Special Education** 🞎Pre-K 🞎K 🞎1st 🞎2nd 🞎3rd 🞎4th 🞎5th 🞎6th 🞎7th 🞎8th 🞎9th 🞎10th 🞎11th  🞎12th

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

(Eligibility)

1. **ACADEMIC PERFORMANCE**
   1. **Reading** Estimate of Reading Grade Level: \_\_\_\_\_\_\_\_\_\_ Grade Currently Earning\_\_\_\_\_\_\_\_\_\_

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

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* 1. **Written Language** Estimate of Writing Level: \_\_\_\_\_\_\_\_\_\_ Grade Currently Earning\_\_\_\_\_\_\_\_\_\_

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

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* 1. **Math** Estimate of Math Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Currently Earning\_\_\_\_\_\_\_\_\_\_

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

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1. **WORK STUDY HABITS 🞎 No Concerns Identified**

Check those items that characterize DIFFICULTIES in this student’s work/study habits:

🞎 Performance on Tests 🞎 Gives Up Easily 🞎 Starting Assigned Tasks

🞎 Taking Notes during Class 🞎 Needing Frequent Repetition 🞎 Finishing Daily Work

🞎 Beginning Work Impulsively 🞎 Asking for Help When Needed 🞎 Handing in Work on Time

🞎 Using Class Time Wisely 🞎 Paying Attention 🞎 Works too Slowly

🞎 Works Rapidly with Errors 🞎 Participating in Discussions/Activities

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

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1. **COMMUNICATION STATUS 🞎 No Concerns Identified**

Check those items that characterize DIFFICULTIES in this student’s speech & language performance:

🞎 Articulating Sounds 🞎 Repeat Parts of Words/Sentences 🞎 Confuses Sentence Order

🞎 Finding Right Word to Say 🞎 Using Complete Sentences 🞎 Immature Sentence Structure

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

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1. **MOTOR SKILLS 🞎 No Concerns Identified**

*Gross Motor*

Check those items that characterize DIFFICULTIES in this student’s gross motor skill performance:

🞎 Basic Ball Skills 🞎 Smooth Motor Movement 🞎 Endurance (Fatigues Easily)

🞎 Hopping, Skipping, Jumping 🞎 Maintaining Balance 🞎 Maintaining Body Posture

*Fine Motor*

🞎 Pencil Grasp 🞎 Using Scissors Effectively 🞎 Legible Handwriting

🞎 Copying Accurately 🞎 Manipulating Materials

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

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1. **Social/Emotional**

*Acting Out Behaviors* **🞎 No Concerns Identified**

🞎 Fights 🞎 Sets Fires 🞎 Destroys Possessions

🞎 Uses Threatening Gestures 🞎 Displays Threatening Behaviors 🞎 Throws Objects

🞎 Frequently Tattles 🞎 Tells Lies 🞎 Teases Others

🞎 Seeks Attention Inappropriately 🞎 Argumentative 🞎 Cheats in Games/Tests

🞎 Cries Easily 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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*Emotional Adjustment* **🞎 No Concerns Identified**

🞎 Falls Asleep in Class 🞎 Self-Conscious 🞎 Little or Fixed Expression

🞎 Lacks Self-Confidence 🞎 Sluggish, Lethargic 🞎 Tense/Difficult to Relax

🞎 Easily Led by Others 🞎 Limited Peer Interaction 🞎 Quiet and Shy with Adults

🞎 Easily Flustered/Confused 🞎 Preoccupied, in their own world 🞎 Excessive Daydreaming

🞎 Appears Depressed/Sad 🞎 Extremely Self-Critical 🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**ADDITIONAL COMMENTS/INFORMATION:**

(Please include any information related to student performance, reason for referral, strengths/weaknesses, or any additional information that would be helpful when evaluating this student.)

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**Response to Intervention (RtI)**

Please include the following:

🞎 Progress Monitoring Data

(Attach print out/graph that shows progress over time)

🞎 Documentation of Intervention Plan—Initial Evaluations Only

(Attach intervention plan from RTI team meeting)

🞎 Any Additional Data

(Grades, ISAT, Plan/Explore, STAR, etc.)

A formal assessment of cognitive ability (IQ test) is *requested* for this student: 🞎 Yes 🞎 No

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

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A standardized assessment of academic achievement is *requested* for this student: 🞎 Yes 🞎 No

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

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