Bennett County School District
Fact Finding Form

Referral for Possible Special Education Evaluation—There is reasonable cause to suspect that this child is or may be in need of special education services.

Student Name_____

M/F_____

DOB_____ Age_____ Grade_____

School_____

Mother/Guardian_____Address_____

_____

Phone H)_____ W)_____

Father/Guardian_____Address_____

_____

Phone H)_____ W)_____

Referring Person's Signature &

Title_____

A. Record of Parent Contact(s) :
Dates and Method(s): (Phone, Written [email], Meeting, etc.):

Method(s): Phone /___/ ___ Written /___/ __ Other /___/ __

(date) (date) (date)

By Whom:

Outcome:_____
_____
_____
_____

Method(s): Phone /___/ ___ Written /___/ __ Other /___/ __

(date) (date) (date)

By Whom:

Outcome:_____
_____
_____
_____
____

Parent Input: concerns were noted by the parent in the following areas as per our conversation on_____

Homework Study Skills Communication Language Arts Mathematics

Health/Medical Daily Living Skills Fine Motor Gross Motor Behavior/Social

Other:
_____
_____-

Speech and Language Concerns

Detail your concerns with the student's speech and language skills: (indicate Phoneme errors, sounds they can not say, or language difficulties they may have)

Describe the adverse effect of the speech and language concern on the student's ability to learn and function in your classroom:

Academic or Behavior Reason for Referral (Primary Concern):

Please list SPECIFIC concerns prompting this referral. What makes this student difficult to teach? (Give 3 examples of attitude, behaviors, poor work, etc.)

1.
2.
3.

How do this student's academic skills compare to those of an average student in your classroom?

_____
_____
_____
_____
_____
_____

In what settings/situations does the problem occur most often?

_____
_____
_____
_____
_____
_____

In what settings/situations does the problem occur least often?

_____
_____
_____
_____
_____
_____

Describe the student's strengths.

_____
_____
_____
_____
_____
_____

C. Interventions: An intervention is a data driven plan or process that is specific, measurable, reasonable, and implemented consistently for a minimum of 6 weeks.

Does the student receive RTI intensive services? ____Yes ____No If yes, what subject? _____

Describe 2-3 academic and/or behavioral interventions that have been implemented, and their outcomes:

1. Begin Date_____ End Date:_____ Person Responsible: _____

What you tried to do to resolve the problem:

How did it work (include data/test scores)?

2. Begin Date_____ End Date:_____ Person Responsible: _____

What you tried to do to resolve the problem:

How did it work (include data/test scores)?

Fill this out for speech, academic or behavior referral

Medical Concerns

Has the child been diagnosed with a medical condition?

_____

Is the child on medication? (If yes, please add any known information)

_____

Family History (describe family history/structure, who the child lives with, guardians, siblings, etc)

_____

_____

_____

_____

_____

_____

CURRENT REVIEW OF EXISTING DATA (Completed by teacher/principal prior to submitting to Special Education)

Cumulative Performance Review:

MUST ATTACH copies of Campus information for the following (ü if attached; provide explanation if not):

___ Current grades
___ Report cards from past 3 years
___ Monitoring test scores for past 3 -4 assessments
___ Attendance for present year and past year
___ Number of Office Discipline Referrals for present year

Is this student transferring from another district? Yes/No Has the student been previously evaluated? Yes/No

Vision Screening Date_____ Pass /Fail **Hearing Screening** Date_____ Pass /Fail **Limited English Proficient** Yes/No

Smarter Balance Results Math_____ Reading _____

Prior program involvement: Special Education_____ Title 1 for_____ Head Start_____ School Counseling_____

Behavior Plan_____ 504 Plan (If Yes indicate type)_____

Is the child an English Language Learner (ELL)_____

Part C (preschool) Program_____ Preschool Screening_____ Retained in grade_____

How many different schools has the student attended? _____

Is the student's current teacher/teachers **Highly Qualified?** Yes _____ No_____ Other_____

Is there any other information about this student you wish to convey?_

Date Referral Completed and Sent to Principal: _____

Building Principal's Signature_____

Date Referral Completed and Sent to Special Ed Dept to request a fact find: _____

Please attach work samples & additional information that may be pertinent to this referral.