



Student Support and Interventions Team Referral For Comprehensive Evaluation

This referral form is completed by the Student Support and Interventions Team (SSIT) when the decision is made to refer a student for a Comprehensive Evaluation in Special Education due to a suspected learning disability. Data and documentation gathered through interventions should be implemented, documented, monitored and evaluated by the SSIT prior to this referral. Please refer to the *Reading Instruction Worksheets* and the *Math Instruction Worksheets* for guidance and documentation of interventions that have been made prior to this referral.

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Name _____ Birth Date ____/____/____ Age ____ Gender ____ Grade ____
Race/Ethnicity _____ Student # _____
School _____ School System _____
Teacher _____ Parent(s) _____
Address _____
Phone (Home) _____ (Work/Other) _____
Child Lives With _____

Problem Identification: (What is the discrepancy between what is expected and what is occurring?)

List and prioritize problems. Describe in measurable terms: _____

Provide baseline data for problem areas(s): _____

Provide data for current level of peer performance: _____

State discrepancy between baseline data and peer performance data: _____

Parent(s) informed of: ☐ academic issues ☐ behavioral issues ☐ other concerns _____

Dates of contact: ☐ by phone _____ ☐ letter _____ ☐ conferences _____ ☐ other _____

Cumulative Record Review:

Attendance: Current Year _____ Days Present _____ Days Absent _____ Days Tardy _____
Last Year _____ Days Present _____ Days Absent _____ Days Tardy _____
Retentions: _____ List schools attended _____

Screening: Hearing Date ____/____/____ Results _____ Vision Date ____/____/____ Results _____

Discipline Record: Number of discipline reports _____ List Violations _____

Number of suspensions _____ In-school suspensions _____ Out of school suspensions _____

Testing Information: TCAP or other (list) _____

	Year:	Year:	Year:
AREA	Results/Percentiles	Results/Percentiles	Results/Percentiles
Reading/Language			
Math			
Science			
Social Studies			
Total			

Academic Grades:

Subject Area	Year:	Year:	Year:	Year:	Year:
Reading					
Math					
Science					
Social Studies					
Language Arts					
Spelling					
English					
Other:					

Student _____ DOB ____/____/____ School _____ Grade _____

Exclusionary Factors:

Appropriate Instruction in Reading and Math:

- ☐ Yes ☐ No Have the *Reading Instruction Worksheets* been completed?
☐ Yes ☐ No Are the *Reading Instruction Worksheets* attached?
☐ Yes ☐ No Have the *Math Instruction Worksheets* been completed?
☐ Yes ☐ No Are the *Math Instruction Worksheets* attached?

Limited English Proficiency:

How long has the student spoken English? _____

Is there a language other than English spoken by the student? _____

Is there a language other than English spoken in the student's home? _____

(If the above information indicates the student has not always had English as the primary language, address the following questions.)

What Limited English Proficiency services or assistance have been provided? _____

Do the results of evaluation by the ELL teacher indicate expected progress in the English language? ☐ Yes ☐ No

Visual Impairment:

Does the student have a history of significant vision problems? ☐ Yes ☐ No If yes, please explain _____

Hearing Impairment:

Does the student have a history of significant hearing problems? ☐ Yes ☐ No If yes, please explain _____

Orthopedic Impairment:

Does the student have any physical or motor impairments? ☐ Yes ☐ No If yes, please explain _____

Behavioral Issues:

Does the student exhibit behavior(s) or emotional difficulties that interfere with learning? ☐ Yes ☐ No If yes, please explain _____

Does the student have a current FBA or have they had one in the past? ☐ Yes ☐ No If yes, please explain _____

Environmental/Cultural/ Economic Factors:

- ☐ Limited experiential background
☐ Irregular attendance (absent at least 23% of the time in a single grading period)
☐ Transience in elementary school years (at least two moves in a single school year)
☐ Home responsibilities that interfere with learning activities (e.g., caring for siblings while parents work, responsible for part of family income)
☐ Lack of adequate stimulation (e.g., conversations or reading with adults, exposure to books or magazines)
☐ Limited experiences in majority-based culture (e.g., student does not participate in scouts, clubs, or other organizations and activities with members of dominant culture)
☐ Student has had limited involvement in organizations and activities of any culture
☐ Secondary standards in conflict with majority-based cultural standards
☐ Geographic isolation
☐ Residence in depressed economic area
☐ Low family income at subsistence level
☐ Household has limited enrichment materials and/or experiences
☐ Free or reduced lunch

Motivational Factors:

(Students should not be classified as having a learning disability if failure to progress academically is due to an absence of motivational issues as the primary cause of the student's academic deficits, please address the following questions.)

- Does the student want to succeed in school? ☐ Yes ☐ No
- Does the student seek assistance from teachers, peers, others? ☐ Yes ☐ No
- Does the parent report efforts made at home to complete homework or study assignments? ☐ Yes ☐ No
- Is the student making an effort to learn? ☐ Yes ☐ No
- Are the student's achievement scores consistent with the student's grades? ☐ Yes ☐ No

Situational Trauma:

(Situational stressors can cause daydreaming, poor memory, lack of attention, etc., which affect educational performance. Temporary, sudden or recent change in the student's life must be ruled out as a primary cause of academic deficits.)

Has the student experienced a recent trauma? (i.e., parents divorce, illness of student or family member, death of family member, serious accident or injury, etc.) ☐ Yes ☐ No If yes, please explain _____

Is there any other situation that could create stress or emotional upsets? ☐ Yes ☐ No If yes, please explain _____

Has there been a significant change in the student's classroom performance within a short period of time (6-12 months)? ☐ Yes ☐ No If yes, please explain _____

Medical:

Does the student have any known medical issues that interfere with learning? ☐ Yes ☐ No If yes, please explain. _____

Classroom interaction with peers and teachers: _____

Additional Comments: _____

Please check the interventions and/or modifications used to meet the student's educational needs in the general education classroom to overcome the suspected academic and/or behavioral problem(s).

Reading/Writing	Math	Behavioral	Assessment/ Environmental
<input type="checkbox"/> Peer/Volunteer Assistant	<input type="checkbox"/> Longer Wait Time	<input type="checkbox"/> Behavioral Contract	<input type="checkbox"/> Taped/Oral Testing
<input type="checkbox"/> Repeat Directions	<input type="checkbox"/> Peer Read Problem	<input type="checkbox"/> Consult Appropriate Specialist	<input type="checkbox"/> Flexible Seating
<input type="checkbox"/> Visual/Audio Prompts	<input type="checkbox"/> Paraphrasing	<input type="checkbox"/> Time-Out/ Isolation	<input type="checkbox"/> Modify Test Format
<input type="checkbox"/> Small Group Instruction	<input type="checkbox"/> Student Describes What/How/Why	<input type="checkbox"/> Schedule Change	<input type="checkbox"/> Abbreviated Assignments
<input type="checkbox"/> Accept typed/computer/dictated assignments	<input type="checkbox"/> Read Problem Silently First to Identify Operations	<input type="checkbox"/> Self Monitoring/ Self Evaluation	<input type="checkbox"/> Additional Time
<input type="checkbox"/> Making Words	<input type="checkbox"/> Underline Key Words	<input type="checkbox"/> Provide Choices	<input type="checkbox"/> Enlarge Print
<input type="checkbox"/> Graphic Organizers	<input type="checkbox"/> Study Math Symbols	<input type="checkbox"/> Make Clear Rules and Consequences	<input type="checkbox"/> Overlay Bookmarks
<input type="checkbox"/> Model Reading Expository Text	<input type="checkbox"/> Color-code Math Steps in Order	<input type="checkbox"/> Ignore Inappropriate Behaviors	<input type="checkbox"/> Modify Criteria for Success
<input type="checkbox"/> Alternate Night Readers Fluency	<input type="checkbox"/> Use Manipulatives	<input type="checkbox"/> Use Positive Statements	<input type="checkbox"/> Test for Mastery (pre/post)
<input type="checkbox"/> Alternative Auditory Materials	<input type="checkbox"/> Have Student Check on Board	<input type="checkbox"/> Reinforced Appropriate Behaviors	<input type="checkbox"/> Define Steps for Task Completion
<input type="checkbox"/> Allow Cursive or Print	<input type="checkbox"/> Collaborative Work	<input type="checkbox"/> Rewarded Completed Assignments	<input type="checkbox"/> Model Skills/Strategies
<input type="checkbox"/> Build High Frequency Word Bank	<input type="checkbox"/> Computer Software for Practice	<input type="checkbox"/> Changed Seating Assignment	<input type="checkbox"/> Physical Facility Modifications
<input type="checkbox"/> Letter Identification	<input type="checkbox"/> Permit Use of Calculator	<input type="checkbox"/> Loss of Privileges	<input type="checkbox"/> Request Parental Monitoring of Homework
<input type="checkbox"/> Word Sorting	<input type="checkbox"/> Memorize Basic Facts in Sets (Flashcards)	<input type="checkbox"/> Model Desired Behaviors	<input type="checkbox"/> Maintain Assignment Book
<input type="checkbox"/> Guided Reading	<input type="checkbox"/> Timed Drills	<input type="checkbox"/> Charted Desired Behaviors	<input type="checkbox"/> Limited Visual/Auditory Distractions
<input type="checkbox"/> Synonyms/Antonyms Classification	<input type="checkbox"/> Other:	<input type="checkbox"/> Provided Consistent Follow Through	<input type="checkbox"/> Provided Structured Routine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Set Goals	<input type="checkbox"/> Parent Conferences

Describe parental involvement with home interventions and/or modifications: _____

Additional interventions and/or modifications: _____

Referral Completed By: _____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

SSIT Signature (s)

Position

Date