**Aberdeen Public Schools**

**Referral for Special Education Services**

(Information to be completed prior to Special Needs Team)

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| **Name:** |  | **Birthdate** |  | **Age:** |  |
| **School:** |  | **Grade:** |  | **M/F** |  |
| **Classroom Teacher:** |  | **Parents Names:** |  | | |
| **Date of Referral:** |  | **Principal Signature** |  | | |

**“To ensure that underachievement in a child suspected of having a learning disability is not due to a lack of appropriate instruction in reading or math, the group must consider, as part of the evaluation described in this article, data that demonstrates that prior to, or as a part of, the referral process, the child was provided appropriate instruction in the regular education setting, delivered by qualified personnel, and data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the parents.” ARSD 24:05:24.01:19**

A student’s progress should be documented using an objective and systemic process administered at reasonable intervals. In other words, **information such as teacher reports and teacher made tests, while helpful, are not adequate for this determination.** Data should be used to determine the effectiveness of a particular instructional strategy or program and should be provided to parents in order to keep them informed of their child’s progress, so that they can support instruction and learning at home.

**Medical/Physical Information:**

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| **Vision:** |  |
| **Hearing:** |  |
| **Medical:** |  |
| **Physical:** |  |

**Previous and Current Services** (Title, After School Tutoring, Special Education):

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**Communication Skills** (Previous speech and language assessments/services):

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**Previous Testing for Special Education Services** (individual ability or achievement assessments):

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**Attendance History** (include absences and tardies):

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**School History** (How many schools has the child attended?):

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| **Has he/she been retained?** |  |

**Current Grades** (Last 2 grading periods):

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| **Class** | **Grade** |
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**State and District Wide Assessment Information**:

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| **Assessment** | **Grade** | **Score/Proficiency Level** |
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**Interventions/Modifications that have been implemented:**

This is the documentation that a student was provided with learning experiences appropriate to his/her age and ability and that the student’s learning needs have been considered in the general education classroom.

This is also the documentation that when a disability exists, every attempt is made to meet the student’s unique needs in the least restrictive environment.

Without adequate documentation in this category, a referral for a special service evaluation is not appropriate. Without this information, a determination for eligibility for special services cannot be made. Without this information, the IEP cannot be written.

Concerns regarding student academic performance have been discussed with parent(s)/ guardian(s) on: Date, time, and how contacted:

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| **Were conferences held with student?** | **Yes** |  | **No** |  | **When:** |  |
| **Results:** |  | | | | | |
| **Has school counseling been provided:** | **Yes** |  | **No** |  | **Comments:** |  |

Provide information on **particular instructional strategies and programs** used in general education, with the student, in the areas of concern.

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**Academic Concerns**

If concerns are noted in a given academic area, please provide a **description** of the student’s difficulty.

**READING**

**Basic Reading Skills** (ex. phonemic awareness, phonics, vocabulary skills):

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**Reading Fluency: including oral reading skills** (ex. reading rate, words read per minute):

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**Reading Comprehension** (ex. main idea, inferences, cause and effect, sequencing, vocabulary):

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**MATHEMATICS**

**Calculation Skills** (ex. math facts, fractions, decimals):

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**Problem Solving Skills** (ex. math word problems):

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**Functional Math Skills** (ex. measurement, weights, telling time):

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**WRITTEN LANGUAGE** (ex. spelling, grammar, punctuation, capitalization, writing preparation, production, revision, choosing and developing a topic):

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**ORAL EXPRESSION** (expressive language, receptive language, vocabulary skills, grammar skills, functional use of language, sentence structure, verbal reasoning):

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**COMMUNICATION**

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|  | **Articulation** (ex. may omit, substitute, or distort certain speech sounds) | |
|  | **Fluency** (ex. may stutter, repeat words, hesitate, or prolong words) | |
|  | **Voice** (ex. may be hoarse, breathy, nasal, may talk too loudly or too softly) | |
| **MOTOR SKILLS** | | |
|  | **Fine Motor:** |  |
|  | **Gross Motor:** |  |
| **Other Areas of Concern:** | |  |

**EL SERVICES** (If the student is an EL, the following documents need to be filled out and attached to this form):

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| **Student’s Ethnicity:** | | | **Receiving EL Services** (Please check)**:** |  | **Yes** |  | **No** |
|  | **Family Interview Form** | | | | | | |
|  | **Acculturation Quick Screen** | | | | | | |
|  | **Resiliency Checklist** | | | | | | |
|  | **Classroom Language Interaction Checklist** | | | | | | |
|  | **Sociocultural Checklist** | | | | | | |
|  | **WIDA Access Scores** | | | | | | |
|  | **Cultural Information:** |  | | | | | |
|  | **Other Important Information Obtained from File or Knowledge of the Student’s Background:** |  | | | | | |

**BEHAVIOR** (Please be child specific and fill out the academic portion on how the **behavior affects the student educationally**):

**Attention/Concentration** (ex. does not follow lessons, daydreams, easily distracted by minor movement or noises):

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**Hyperactive** (ex. out of seat, constant movement at desk, constant verbal behavior, can’t remain in line):

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**Withdrawn** (ex. tired, generally unhappy, rarely asks for assess even when work is difficult, does not attempt work, cries without provocation, avoids calling attention to themselves):

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**Aggressive Behavior** (ex. hits, verbally attacks, steals, explosive when angry, argues with teacher, destructive to self and property, strikes back):

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**Disruptive** (ex. demands attention of any sort from teachers and peers, does not follow class rules, interrupts lessons, tells bizarre stories):

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**Uncooperative** (ex. blames others for own mistakes, will not follow routine, defiant, argues, must have last word):

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**Manipulative** (ex. wants excessive visits to nurse or bathroom, works only when given individual help, blames mistakes on anything but self, criticizes own work, tries to keep teacher off task, says I can’t often):

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**Social Behavior** (ex. comments one likes him/her, has no or very few friends, does not like to go out to recess, does not initiate play or talk to peers, is avoided by peers, does not function well in class discussion, exhibits inappropriate behavior in the classroom):

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| **Teacher’s Signature:** |  | | | | **Date:** |  |
| **Assessment Recommended:** | **Yes** |  | **No** |  | **Date:** |  |
| **Evaluators:** |  | | | | | |