



## Referral for Special Education Services

|                                   |  |        |                  |  |
|-----------------------------------|--|--------|------------------|--|
| Child's Name:                     |  |        | SAU:             |  |
| Date of Birth:                    |  | Grade: | School:          |  |
| Parent/Guardian Name:             |  |        | School Phone:    |  |
| Parent/Guardian Address:          |  |        | School Address:  |  |
| Parent/Guardian City, State, Zip: |  |        | City, State Zip: |  |
| Parent/Guardian Phone Number      |  |        | School Contact:  |  |

Indicate Title

A) Referral Initiated By: \_\_\_\_\_ ☐ Staff ☐ Parent ☐ Other

B) Referral Question(s): \_\_\_\_\_  
\_\_\_\_\_

C) Parent Input (including date): \_\_\_\_\_  
\_\_\_\_\_

D) Other Input: \_\_\_\_\_  
\_\_\_\_\_

E) Previous referral for special education services? ☐ Yes ☐ No

I. If yes, were special education services previously received: ☐ Yes ☐ No

II. If yes, date and qualifying eligibility category: \_\_\_\_\_

F) Hearing Screening Results (including date): \_\_\_\_\_ ☐ Pass ☐ Fail

G) Vision Screening Results (including date): \_\_\_\_\_ ☐ Pass ☐ Fail

***\*All supporting documents should be attached to this form\****



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H) Describe areas of strength and weakness using the checklists and space below:

| <b>ACADEMIC</b>               |                          |  |
|-------------------------------|--------------------------|--|
| <b>Reading</b>                |                          | <b>Mathematics</b>   |
| <u>Strength</u>               | <u>Weakness</u>          | <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"><u>Strength</u></div> <div style="width: 15%;"><u>Weakness</u></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 70%;">Computation (basic math facts and procedures)</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 70%;">Conceptual (ideas, language of instruction)</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 70%;">Problem solving</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 70%;">Math reasoning</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 70%;">Other:</div> </div>   |
| <b>Written Language</b>       |                          | <b>Oral Expression</b>   |
| <u>Strength</u>               | <u>Weakness</u>          | <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"><u>Strength</u></div> <div style="width: 15%;"><u>Weakness</u></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 70%;">Penmanship (letter formation, placement)</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 70%;">Fluency/speed of production</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 70%;">Encoding/spelling</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 70%;">Conventions/mechanics</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 70%;">Developing an idea</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 70%;">Organization</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 70%;">Other:</div> </div> |
| <b>General Academic Areas</b> |                          |  |
| <u>Strength</u>               | <u>Weakness</u>          |  |
| <input type="checkbox"/>      | <input type="checkbox"/> | Ability to retain information  |
| <input type="checkbox"/>      | <input type="checkbox"/> | Using visual information   |
| <input type="checkbox"/>      | <input type="checkbox"/> | Adaptive skills (independent functioning)  |
| <input type="checkbox"/>      | <input type="checkbox"/> | Gross/Motor skills   |
| <input type="checkbox"/>      | <input type="checkbox"/> | Sensory sensitivities/defensiveness  |
| <input type="checkbox"/>      | <input type="checkbox"/> | Following directions   |

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| <input type="checkbox"/> | <input type="checkbox"/> | Task Initiation                  |  |   |
|--------------------------|--------------------------|----------------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Other:                           |  |   |
| SPEECH OR LANGUAGE       |                          |                                  |  |   |
| Strength                 | Weakness                 |                                  | Guidance   | Examples  |
| <input type="checkbox"/> | <input type="checkbox"/> | Articulation/<br>Intelligibility | <ul style="list-style-type: none"> <li>What is the student's ability to produce speech sounds?</li> <li>Are you, other adults, and students able to understand the student?</li> </ul>                           | <ul style="list-style-type: none"> <li>Hard to understand</li> <li>Has several sound errors</li> </ul>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Receptive<br>Language            | Can the student: <ul style="list-style-type: none"> <li>follow directions?</li> <li>understand what he/she reads or hears?</li> <li>understand grade level vocabulary?</li> </ul>                                | Difficulty with: <ul style="list-style-type: none"> <li>Following directions and completing tasks.</li> <li>Comprehending stories read aloud.</li> <li>Understanding language concepts.</li> <li>Retaining old/new information.</li> </ul>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Expressive<br>Language           | Can the student: <ul style="list-style-type: none"> <li>Use appropriate sentence structures and grammar?</li> <li>Use grade-level vocabulary?</li> <li>Explain what he/she knows in an organized way?</li> </ul> | Difficulty with: <ul style="list-style-type: none"> <li>Using accurate oral sentence structure,</li> <li>Repeating sentences,</li> <li>Explaining old/new information.</li> </ul>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Voice                            | <ul style="list-style-type: none"> <li>Abnormal voice pitch, volume, quality</li> </ul>  | <ul style="list-style-type: none"> <li>Raspy and/or hoarse voice</li> <li>Hypernasality</li> <li>Hyponasality</li> </ul>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Fluency                          | <ul style="list-style-type: none"> <li>Abnormal smoothness and rate/effort of which language is spoken</li> </ul>  | <ul style="list-style-type: none"> <li>"Bumpy" speech in different settings</li> </ul>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Functional<br>Communication      | Can the student: <ul style="list-style-type: none"> <li>Use language as his/her primary means of problem solving and getting information?</li> <li>Communicate his/her wants/needs?</li> </ul>                   | Difficulty with: <ul style="list-style-type: none"> <li>Making verbal basic needs requests</li> <li>Asking questions to gain information</li> <li>Advocating for self</li> </ul>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Oral Language                    | <ul style="list-style-type: none"> <li>Abnormal use of grammar and vocabulary</li> <li>(overlaps with receptive/expressive language)</li> </ul>  | Difficulty with: <ul style="list-style-type: none"> <li>Properly using pronouns, verbs, etc.</li> <li>Word order and sentence structure</li> <li>Complexity of sentences</li> </ul>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Pragmatics                       | Can the student: <ul style="list-style-type: none"> <li>Use language in a social way?</li> <li>Communicate with others?</li> <li>Use appropriate conversational skills?</li> </ul>                               | Difficulty with: <ul style="list-style-type: none"> <li>Turn taking</li> <li>Initiating/maintaining conversations</li> <li>Understanding and using appropriate facial cues/body language/tone of voice</li> <li>Participating appropriately in group settings</li> <li>Using and understanding humor appropriately</li> </ul> |

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|                                       |                          |   |  |
|---------------------------------------|--------------------------|---|--|
|                                       |                          |   | <ul style="list-style-type: none"> <li>Using figurative language (middle/high school)</li> </ul> |
| <b>BEHAVIORAL or SOCIAL EMOTIONAL</b> |                          |   |  |
| <b>Strength</b>                       | <b>Weakness</b>          |   |  |
| <input type="checkbox"/>              | <input type="checkbox"/> | Social problem solving                          |  |
| <input type="checkbox"/>              | <input type="checkbox"/> | Attention/Concentration                         |  |
| <input type="checkbox"/>              | <input type="checkbox"/> | Lack of flexibility/Rigidity                    |  |
| <input type="checkbox"/>              | <input type="checkbox"/> | Aggression (verbal or physical)                 |  |
| <input type="checkbox"/>              | <input type="checkbox"/> | Tendency to worry/fearful/nervous               |  |
| <input type="checkbox"/>              | <input type="checkbox"/> | Unhappy   |  |
| <input type="checkbox"/>              | <input type="checkbox"/> | Withdrawn/Social Isolation                      |  |
| <b>Strength</b>                       | <b>Weakness</b>          |   |  |
| <input type="checkbox"/>              | <input type="checkbox"/> | Fatigue/Frequent Health Complaints              |  |
| <input type="checkbox"/>              | <input type="checkbox"/> | Limited self-control/Impulsivity                |  |
| <input type="checkbox"/>              | <input type="checkbox"/> | Persistence of effort/Low frustration tolerance |  |
| <input type="checkbox"/>              | <input type="checkbox"/> | Motivation                                      |  |
| <input type="checkbox"/>              | <input type="checkbox"/> | Planning/Organization                           |  |
| <input type="checkbox"/>              | <input type="checkbox"/> | Self-Esteem                                     |  |
| <input type="checkbox"/>              | <input type="checkbox"/> | Other:  |  |

**l) Student Attendance:**

|                         |             |            |
|-------------------------|-------------|------------|
| <b>Current Year</b>     | # Absences: | # Tardies: |
| <b>Previous Year(s)</b> | # Absences: | # Tardies: |

**j) Recent Academic Assessments:**

| <b>Reading</b><br>(NWEA, DRA, Dibels, QRI, SRI, Running Record, etc.) |                   |       |                          |
|---|-------------------|-------|--------------------------|
| Name of Assessment  | Date Administered | Score | Grade Level Benchmark(s) |
|   |                   |       |                          |
|   |                   |       |                          |
|   |                   |       |                          |

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| Writing<br>(AIMSweb, Lucy Calkins rubrics, writing probes, etc.) |                   |       |                          |
|--|-------------------|-------|--------------------------|
| Name of Assessment   | Date Administered | Score | Grade Level Benchmark(s) |
|  |                   |       |                          |
|  |                   |       |                          |
|  |                   |       |                          |

| Mathematics<br>(NWEA, Dibels, SMI, easyCBM, etc.) |                   |       |                          |
|---|-------------------|-------|--------------------------|
| Name of Assessment                                | Date Administered | Score | Grade Level Benchmark(s) |
|   |                   |       |                          |
|   |                   |       |                          |
|   |                   |       |                          |

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J) Tier 1 In-Class Interventions (Leave blank if not attempted):

| Presentation of Materials |                          |  |          |
|---------------------------|--------------------------|--|----------|
| Successful                | Unsuccessful             | Intervention   | Duration |
| <input type="checkbox"/>  | <input type="checkbox"/> | Break assignment into shorter segments                         |          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Use concrete examples of concepts before teaching the abstract |          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Relate information to child's experiential base                |          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Reduce number of concepts presented at one time                |          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Pre-teach concepts   |          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Monitor comprehension of language used for instruction         |          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Break assignment into shorter segments                         |          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Highlight important concepts in text                           |          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Use repetition, simpler explanation, more examples, modeling   |          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Require verbal response to indicate comprehension              |          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Assign tasks at appropriate reading level                      |          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Check for comprehension prior to task initiation               |          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Other:   |          |

| Modifying the Environment |                          |   |          |
|---------------------------|--------------------------|---|----------|
| Successful                | Unsuccessful             | Intervention  | Duration |
| <input type="checkbox"/>  | <input type="checkbox"/> | Seat in area with minimal distractions                  |          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Preferential seating                                    |          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Help maintain a work area free of unnecessary materials |          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Utilize checklist to promote organization               |          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Frequently check the organization of notebooks          |          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Other:  |          |

| Modifying Time Demands   |                          |  |          |
|--------------------------|--------------------------|--|----------|
| Successful               | Unsuccessful             | Intervention   | Duration |
| <input type="checkbox"/> | <input type="checkbox"/> | Increase time allowed for completion of tests or assignments |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Reduce amount of work or length of tests                     |          |

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|                          |                          |   |  |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Prioritize assignments and/or steps to completing assignments |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Space short work periods with breaks                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Consistently follow a routine                                 |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternate quiet and active tasks                              |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Set time limits for specific task completions                 |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other:  |  |

### Modifying Assignments and Tests

| <u>Successful</u>        | <u>Unsuccessful</u>      | <u>Intervention</u>   | <u>Duration</u> |
|--------------------------|--------------------------|---|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Read tests/assignment orally to child   |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Allow child to take test orally or dictate answers                              |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide short answer, multiple choice, matching, or true/false formats for test |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Allow the use of word processor   |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide copies of notes   |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Utilize visual aids (charts, graphs, etc.)                                      |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide due date on written assignment  |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide list of all steps necessary to complete tasks                           |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Give open book or notebook test   |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide opportunity for retakes   |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Allow spelling errors   |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Chunk assignments   |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Pair written and verbal directions  |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoid abstract language   |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Get child's attention before expressing key points                              |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Other:  |                 |

### Maintaining Focus and Appropriate Behaviors

| <u>Successful</u>        | <u>Unsuccessful</u>      | <u>Intervention</u>   | <u>Duration</u> |
|--------------------------|--------------------------|---|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Provide direct reinforcement (praise or immediate feedback)     |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Seat child close to teacher                                     |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Make positive, personal comment every time child shows interest |                 |

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|                          |                          |   |  |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Provide frequency check-ins   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Give advanced warning of transitions  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Use physical proximity to promote refocus                                     |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide clear, concise classroom expectations and consequences                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Consistently reinforce classroom rules  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Monitor tolerance and be mindful of signs of frustration                      |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide alternatives when appropriate   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Designate a "cool off" location   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoid power struggles   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Without attention from attention-seeking behaviors for a short time           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Communicate frequently with parents   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Speak privately to child about inappropriate behaviors                        |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Allow opportunities for controlled movement (trip to office, get drink, etc.) |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other:  |  |

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## Referral for Special Education Services

### K) Targeted Pre-Referral Interventions (Tier 2/3) – *Provided within the last year*

I. Initiation Date of Tier 2/3 Interventions: \_\_\_\_\_

| Area of Concern | Intervention Provided | Frequency and duration | Baseline data | Post-intervention data | Adequate Progress? |
|-----------------|-----------------------|------------------------|---------------|------------------------|--------------------|
|                 |                       |                        |               |                        |                    |
|                 |                       |                        |               |                        |                    |

L) Other Factors and Interventions:

Has the child been retained? ☐ Yes, grade(s): \_\_\_\_\_ ☐ No

Please list any other factors (including medical) relevant to this referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the child have an active 504 ☐ Yes, diagnosis(s): \_\_\_\_\_ ☐ No

| Other Regular Education Related Services |       |                        |
|--|-------|------------------------|
| Service                                  | Dates | Duration and Frequency |
|  |       |                        |
|  |       |                        |

| English Language Learners |         |
|---------------------------|---------|
| ACCESS scores:            |         |
| Year 1:                   | Year 2: |

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|                  |            |
|------------------|------------|
|                  |            |
| ELL Instruction: |            |
| Dates:           | Frequency: |

### M) Dates and Signature:

#### 1. Building Special Education Teacher

Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Accept
- Reject

#### 2. Building Administrator:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Accept
- Reject

#### 3. Special Education Director Signature/Receipt Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date received by SAU: \_\_\_\_\_

|   |
|---|
| <input type="checkbox"/> Approved                   |
| <input type="checkbox"/> Denied                     |
| <input type="checkbox"/> Insufficient Documentation |
| <input type="checkbox"/> Other: _____               |

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