

**Five Town CSD/MSAD #28
SPECIAL SERVICES**
7 Lions Lane, Camden, ME 04843
(207)236-7812 ~ (207)236-7810 FAX
REFERRAL FOR SPECIAL EDUCATION

<p align="center">FOR OFFICE USE ONLY</p> <p>Referral Accepted by:</p> <hr/> <p>(signed)</p> <p>Date: _____</p>

Date: _____ Student: _____ Date of Birth: _____ Grade: _____

School: _____ Teacher: _____

Referral Initiated by: _____ Position: _____

Parent(s): _____ Tel. _____

Address: _____

Other contact info (email, cell phone): _____

I. Reason for referral: Please indicate specific concerns, behaviors and/or situations you have about this student's performance: What is his/her problem; how do you know it is a problem; how is the problem demonstrated in the school environment?

II. PRE-REFERRAL INTERVENTIONS(this section must be completed with relevant documentation attached; use reverse side if more space needed). List specific scientifically designed instruction provided, duration, intensity, and student response (with supporting data and sample work) – or attach Response to Intervention timeline/report:

Specific Instruction Provided	Duration (Dates provided):	Intensity: (How often and in what setting)	Student response to intervention (with data):
1.			
2.			
3.			
4.			
5.			

III. Referral Question: What is the area of suspected disability (such as Learning Disability, S/L, Emotional Disturbance, Other Health Impairment, Autism etc.) and what are the questions you want answered through the referral process? _____

IV. Describe student's strengths: (academic, developmental, functional, social): _____

V. Describe areas of weakness or concern using the checklist and space below:

ACADEMIC	
<u>Reading</u> <input type="checkbox"/> Decoding (accuracy) <input type="checkbox"/> Reading fluency <input type="checkbox"/> Sight word reading <input type="checkbox"/> Reading comprehension (language, vocab.) <input type="checkbox"/> Other:	<u>Arithmetic</u> <input type="checkbox"/> Computation (basic math facts and procedures) <input type="checkbox"/> Conceptual (ideas, language of instruction) <input type="checkbox"/> Problem solving and math reasoning <input type="checkbox"/> Other:
<u>Written Language</u> <input type="checkbox"/> Penmanship(letter formation, placement) <input type="checkbox"/> Fluency/speed of production <input type="checkbox"/> Encoding/spelling <input type="checkbox"/> Convention/mechanics <input type="checkbox"/> Developing an idea <input type="checkbox"/> Organization <input type="checkbox"/> Other:	<u>Oral Language</u> <input type="checkbox"/> Ability to comprehend language presented <input type="checkbox"/> Expressing Ideas <input type="checkbox"/> Articulation/Intelligibility <input type="checkbox"/> Receptive/Expressive Language <input type="checkbox"/> Vocabulary knowledge <input type="checkbox"/> Abstract Conceptualization <input type="checkbox"/> Other:
<u>General areas of concern</u> <input type="checkbox"/> Short-term Memory <input type="checkbox"/> Retrieval of information held in memory <input type="checkbox"/> Visual memory <input type="checkbox"/> Using visual information	<u>General areas of concern (Continued)</u> <input type="checkbox"/> Adaptive skills (independent functioning) <input type="checkbox"/> Gross/Motor Skills <input type="checkbox"/> Sensory sensitivities/defensiveness <input type="checkbox"/> Other

BEHAVIORAL or SOCIAL EMOTIONAL	
<input type="checkbox"/> Social Problem Solving <input type="checkbox"/> Attention/Concentration <input type="checkbox"/> Lack of flexibility/Rigidness <input type="checkbox"/> Aggression (Verbal or physical) <input type="checkbox"/> Tendency to worry/fearful/nervous <input type="checkbox"/> Unhappy <input type="checkbox"/> Withdrawn/Social Isolation/not accepted by peers	<input type="checkbox"/> Fatigue/Frequent Health Complaints <input type="checkbox"/> Limited self-control/Impulsivity <input type="checkbox"/> Persistence of Effort/Low Frustration Tolerance <input type="checkbox"/> Motivation <input type="checkbox"/> Planning/Organization <input type="checkbox"/> Self-esteem <input type="checkbox"/> Communication difficulties <input type="checkbox"/> Other:

VI. Student Attendance: Current year: Absent _____ Tardy _____ Previous Year: Absent _____ Tardy: _____

VII. Other factors involving the referral including relevant school, family and health history:

VIII. Recent Assessment Scores used as basis for referral such as district assessments (i.e. NWEA, NECAPS, math assessments), classroom assessments (i.e. AimsWeb, reading inventories) and/ or outside evaluations (i.e. medical or mental health evaluations).

Reading:

Writing:

Math:

Social/Emotional:

Check any services the student is already receiving, or has received in the past.

- Occupational Therapy/Physical Therapy
- Speech Therapy
- Title I Reading or Math
- School-based counseling
- Community-based mental health services (counseling)
- Prior referral to special education
- 504 Plan (disability and dates of service: _____)
- Other: _____

Evaluation components to be considered: (Copy of **this referral** to be sent to appropriate evaluation staff):

- Academic
- Psychological
- Speech/Language
- Occupational Therapy
- Other: _____

List people who should attend the IEP meeting:

**UPON COMPLETION OF THIS FORM, PLEASE FORWARD ORIGINAL TO PRINCIPAL;
PRINCIPAL FORWARDS ORIGINAL TO DIRECTOR OF SPECIAL SERVICES.**

Building Principal (signature required): _____

Director of Student Services: _____ Date Accepted: _____
(Referral Process initiated on date that referral is accepted by Special Education Director)

Parent notice of referral: Date: _____ Initial I.E.P. by: (no later than 45 days) _____

As a parent of a student being referred for special education services because of a suspected educational handicapping condition or who has been found to have an educational handicapping condition you have protections under the procedural safeguards of these regulations. Sources for parents to contact to obtain assistance in understanding these regulations include: Five Town CSD/MSAD #28 Director of Student Services, Judy Gove at (207)236-7812; State Department of Education Special Education Bureau (624-6650), Special-needs Parent Information Network (SPIN 1-800-870-7746).