

Student Support and Interventions Team Referral

For Comprehensive Evaluation

This referral form is completed by the school based team when the decision is made to refer a student for a comprehensive evaluation for Special Education consideration. Data and documentation gathered through the tiered intervention process should be reviewed prior to referral.

Parent Referral

School/Teacher Referral

Name: _____ Birth Date ____/____/____ Age ____
 Race/Ethnicity _____ Gender _____ Grade _____
 School _____ School System _____
 Teacher _____ Parent(s) _____
 Address _____
 Phone (home) _____ Work _____ Cell _____
 Email address _____ Primary Language spoken _____

Problem Identification (check all that apply)*:

- Phonological Awareness Phonics Reading Fluency Reading Comprehension
- Vocabulary Math Calculation Math Problem Solving Written Expression
- Speech/Language Other _____

***For Reading, Math, and Writing Concerns, the following RTI² documentation MUST be included:**

- _____ Student benchmark data
- _____ Student Progress monitoring data
- _____ Student Intervention Plan(s)
- _____ Fidelity Monitoring form(s)
- _____ Intervention Log(s)
- _____ Parent notification letter(s)
- _____ Gap Analysis

Cumulative Record Review:

Attendance: Current Year _____ Days present _____ Days absent _____ Days tardy _____
 Last year _____ Days present _____ Days absent _____ Days tardy _____
 Retentions _____ List previous schools attended _____

Discipline Record: Number of discipline reports _____ List Violations _____

Number of Out of School Suspensions _____ In-School suspensions _____ Detentions _____

Testing Information: TCAP or other _____

	Year:	Year:	Year:
Area	Results/Percentiles	Results/Percentiles	Results/Percentiles
Reading/ ELA			
Math			
Science			
Social Studies			

Academic Grades:

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

Exclusionary Factors

Please include relevant information as it applies to the following:

Limited English Proficiency:

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

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

Have English Learner services been provided? _____

Visual Impairment:

Does the student have a history of significant vision problems? _____

Hearing Impairment:

Does the student have a history of significant hearing problems? _____

Orthopedic Impairment:

Does the student have any physical or motor impairments: _____

Behavior Problems:

Does the student exhibit behavior(s) or emotional difficulties that interfere with learning?

Does the student have a current behavior plan or Functional Behavior Assessment (FBA)? _____

Environmental/Cultural/Economic Factors:

Are you aware of any environmental factors that may be impacting this student's ability to learn?

Motivational Factors:

Does the student want to succeed in school? Yes No

Does the student seek assistance from teachers, peers, or 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:

Has the student experienced recent trauma? (i.e. parent divorce, death or illness of family member, etc)

Are there other situations that could create stress or emotional upsets? _____

Has there been a significant change in the student's classroom performance within a short period of time (6-12 months)? _____

Medical:

Does the student have any known medical issues that interfere with learning? _____

Describe classroom interaction with peers and teacher: _____

Additional Comments: _____

Person completing form:

Name/Job Title

Signature

Date

For Office Use only

Date Received: _____ Received From: _____

Date Parents notified _____ Scheduled Meeting date: _____
