

**Grade Level Student Study Team**

**Referral for**

**Special Education Testing**

(Completed by Referring Teacher)

**Name of Student:**

**Date of Referral:**

**Date of Birth:**

**Age:**

**Gender:**

**Grade Level:**

**Parent/Guardian Name:**

**Mailing Address:**

**Phone Numbers: Cell**

**Home**

**Work**

**SPECIFIC REASONS FOR REFERRAL FOR EVALUATION**

Why is the student being referred for a comprehensive educational evaluation?

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The student may have a disability which adversely affects the student's educational performance to the degree which requires special education and related services. The areas of concern that may need further evaluation are:

Academic       Assistive Technology/Services       Behavioral  
 Communication       Developmental       Limited English Proficiency       Physical  
 Psychological       Social/Emotional       Other

**Previous school(s) attended and years of attendance:**

**Has the student under concern previously received special education services?**

Yes

Name of School:

Year:

No

**Results of hearing screening:** P \_\_\_ F \_\_\_ Date \_\_\_

**Results of vision screening:** P \_\_\_ F \_\_\_ Date \_\_\_

**Attendance:** Current year- - days absent \_\_\_\_\_ days tardy \_\_\_\_\_  
 Previous year- - days absent \_\_\_\_\_ days tardy \_\_\_\_\_

**Has the student been retained in grade?**

Yes \_\_\_\_\_ Grade and Year \_\_\_\_\_

No \_\_\_\_\_

**Most Recent State Standardized Achievement Testing:**

Year	Math	Reading	Writing

**Most Recent Star Reading and Math Assessments:**

End of the Previous School Year	Math	Reading

Current School Year	Math	Reading
August		
December		
March		
May		

**Current Academic Performance Levels**

(Please provide a short written description of strengths and weaknesses within the areas below and an estimate of the student's instructional level for each academic area).

**Reading:**

**Overall Reading:**

**Reading Comprehension:**

**Reading Fluency:**

**Site Word Mastery:**

**Written Language:**

**Overall Written Language:**

**Spelling:**

**Mathematics:**

**Overall Math:**

**Math Calculation:**

**Math Reasoning:**

Using a scale of 1 to 5, with 5 being the highest degree of difficulty and 1 the lowest or least amount of difficulty, rate the following areas regarding the student's behavior:

**Reading:** ( Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty ):

- \_\_\_ Difficulty with readiness activities
- \_\_\_ Difficulty with decoding
- \_\_\_ Difficulty with comprehension
- \_\_\_ Difficulty with study skills

In the area of reading, indicate with an "X" in the provided box if the student has difficulty with any of the following:

- \_\_\_ Looking at pictures and thinking about the story.
- \_\_\_ Saying beginning sounds accurately.
- \_\_\_ Saying ending sounds accurately.
- \_\_\_ Saying medial sounds accurately.
- \_\_\_ Breaking words into parts.
- \_\_\_ Trying different sounds.

\_\_\_ Reading to the end of the sentence to collect cues.

\_\_\_ Going back and reading again.

\_\_\_ Making sure it makes sense.

\_\_\_ Making sure it looks right.

**Writing:** ( Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

\_\_\_ Difficulty with spelling

\_\_\_ Difficulty in formulating written sentences

\_\_\_ Poor grammar/punctuation on written work

\_\_\_ Poor handwriting

In the area of writing, indicate with an "X" in the provided box if the student has difficulty with any of the following:

\_\_\_ Composing a complete sentence.

\_\_\_ Writing extended sentences.

\_\_\_ Writing independently.

\_\_\_ Using appropriate beginning capitalization and ending punctuation.

\_\_\_ Correctly writing and spelling high frequency words.

**Math:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

\_\_\_ Difficulty with readiness/concepts (counting, measuring, time, etc.)

Difficulty with computation:

\_\_\_ Addition

\_\_\_ Subtraction

\_\_\_ Multiplication

\_\_\_ Division

\_\_\_ Fractions

\_\_\_ Decimals

\_\_\_ Difficulty with Reason/word problems

\_\_\_ Difficulty with regrouping, borrowing, carrying

**Attention Skills/Listening Comprehension:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

- \_\_\_\_\_ Difficulty staying on task
- \_\_\_\_\_ Difficulty completing a task
- \_\_\_\_\_ Impulsive
- \_\_\_\_\_ Excessive motor movement
- \_\_\_\_\_ Daydreaming
- \_\_\_\_\_ Poor Listening Skills
- \_\_\_\_\_ Difficulty understanding direction, discussions
- \_\_\_\_\_ Difficulty remembering material presented verbally

In the area of listening Comprehension, indicate with an "X" in the provided box if the student has difficulty with any of the following

- \_\_\_\_\_ Listening to others and responding.
- \_\_\_\_\_ Following oral directions.
- \_\_\_\_\_ Demonstrating critical thinking skills.
  - \_\_\_\_\_ Answering simple recall questions.
  - \_\_\_\_\_ Identifying main ideas.
  - \_\_\_\_\_ Sequencing events.
  - \_\_\_\_\_ Drawing conclusions.
- \_\_\_\_\_ Understanding basic verbal concepts.
  - \_\_\_\_\_ Quantitative.
  - \_\_\_\_\_ Time.
  - \_\_\_\_\_ Spatial.
- \_\_\_\_\_ Pointing to picture or word called
  - \_\_\_\_\_ Comprehending/completing verbal analogies.
  - \_\_\_\_\_ Identifying sentences/words with similar meanings.
- \_\_\_\_\_ Demonstrating auditory processing.
  - \_\_\_\_\_ Closure.
  - \_\_\_\_\_ Sound blending.
  - \_\_\_\_\_ Discrimination.

**Speech/Language:**

**Language Disorder:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

- \_\_\_\_\_ Difficulty following verbally elicited directions.
- \_\_\_\_\_ Difficulty using language correctly.
- \_\_\_\_\_ Difficulty with correct structured sentences.
- \_\_\_\_\_ Difficulty with pluralizing words.

\_\_\_\_\_ Difficulty communicating socially.

**Semantics:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

\_\_\_\_\_ Difficulty comprehending the spoken word.

\_\_\_\_\_ Difficulty understanding written word.

\_\_\_\_\_ Difficulty with word retrieval.

\_\_\_\_\_ Difficulty speaking fluently.

\_\_\_\_\_ Difficulty getting point across when speaking,

**Morphology:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

\_\_\_\_\_ Difficulty with plurals, possessives, comparatives.

\_\_\_\_\_ Difficulty with subject/verb agreement.

\_\_\_\_\_ Difficulty using pronouns correctly.

**Pragmatic Disorder:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

\_\_\_\_\_ Difficulty greeting people.

\_\_\_\_\_ Difficulty looking at a person in the eye when talking.

\_\_\_\_\_ Difficulty starting a conversation.

\_\_\_\_\_ Difficulty sustaining a conversation.

\_\_\_\_\_ Difficulty socializing and playing at recess.

\_\_\_\_\_ Difficulty using emotions appropriately (smiles).

\_\_\_\_\_ Difficulty staying quiet when expected to.

\_\_\_\_\_ Difficulty asking for help.

\_\_\_\_\_ Difficulty stopping something he/she is asked to stop.

\_\_\_\_\_ Doing (i.e. tapping a foot or spinning a toy).

\_\_\_\_\_ Difficulty when things do not follow a routine.

\_\_\_\_ Difficulty using toys/materials in a variety of ways.

**Syntax/Morphology:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty ):

- \_\_\_\_ Difficulty using possessives, comparatives.
- \_\_\_\_ Difficulty with subject/verb agreement.
- \_\_\_\_ Difficulty using pronouns correctly.
- \_\_\_\_ Difficulty using articles in speech.
- \_\_\_\_ Difficulty using negatives.
- \_\_\_\_ Difficulty with regular and irregular plural forms.

**Articulation/Phonology Disorder** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty ):

\_\_\_\_ Difficulty with omission of speech sounds.

(Please specify which sounds: \_\_\_\_\_ At the beginning of words \_\_\_\_\_ At the end of the words \_\_\_\_\_)

\_\_\_\_ Difficulty with letter substitution.

(Please specify which letters: \_\_\_\_\_)

\_\_\_\_ Difficulty with intelligible speech.

**Fluency Disorder** :( Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

- \_\_\_\_ Difficulty with stuttering.
- \_\_\_\_ Difficulty with proper articulation of words.
- \_\_\_\_ Difficulty with smooth flow of speech.
- \_\_\_\_ Difficulty with multiple repetition of words.
- \_\_\_\_ Tremor in a student's speech.
- \_\_\_\_ Student avoids speaking due to stuttering or other dysfluency.

**Voice Disorder** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

- \_\_\_\_ Abnormal level of pitch.  
(Please specify \_\_\_\_\_ too high \_\_\_\_\_ too low).
- \_\_\_\_ Difficulty with volume  
(Please specify \_\_\_\_\_ too loud \_\_\_\_\_ too soft).

\_\_\_\_ Tremor in a student's speech.

\_\_\_\_ Difficulty with voice quality.

## **Motor:**

**Overall Motor Skills:** Indicate with an "X" in the provided box if the student has difficulty with any of the following:

\_\_\_\_ The student falls frequently or appears clumsy.

\_\_\_\_ The student is unable to keep up with peers at recess and P.E

**Gross Motor:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

\_\_\_\_ Difficulty with swinging.

\_\_\_\_ Difficulty with walking

\_\_\_\_ Difficulty with jumping.

\_\_\_\_ Difficulty with hopping.

\_\_\_\_ Difficulty with running.

\_\_\_\_ Needs 1:1 assistance to participate in P.E.  
due to low skill or behavior

\_\_\_\_ Skill level is significantly behind other students.

\_\_\_\_ Needs adaptive equipment to participate in P.E.

## **Behavior/Discipline:**

1. Has the student had in-school detentions? \_\_\_\_ No \_\_\_\_ Yes How many? \_\_\_\_

2. Has the student had in-school suspensions? \_\_\_\_ No \_\_\_\_ Yes How many? \_\_\_\_

3. Has the student had out-of-school suspensions? \_\_\_\_ No \_\_\_\_ Yes How many? \_\_\_\_

**Behaviors:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

\_\_\_\_ Difficulty with relationships with peers.

\_\_\_\_ Difficulty with relationships with adults.

\_\_\_\_ Truant/tardy.

- \_\_\_ Difficulty attending to tasks.
- \_\_\_ Difficulty completing assignments/homework.
- \_\_\_ Difficulty with assignment quality.
- \_\_\_ Defiant.
- \_\_\_ Destructive.
- \_\_\_ Withdrawn...
- \_\_\_ Cyclical behavior (good days, bad days).
- \_\_\_ Negative reaction to failure and/or criticism.
- \_\_\_ Difficulty completing assignments/homework.
- \_\_\_ Difficulty with attention/concentration.
- \_\_\_ Difficulty with sufficient effort.
- \_\_\_ Difficulty with organization.
- \_\_\_ Not prepared for class.
- \_\_\_ Difficulty with social behavior.
- \_\_\_ Lack of conscience.
- \_\_\_ Lack of self-confidence.
- \_\_\_ Seeks constant reassurance.
- \_\_\_ Overreacts to criticism/failure.
- \_\_\_ Passive aggressive.
- \_\_\_ Physical aggression

**Please attach evidence of behavioral interventions, plans, and discipline referrals.**

## Documented Tier I / II / III Interventions

### **Tier I Intervention:**

Starting Date:                      Ending Date                      (minimum of 6-8 weeks is required)

### **Observations/Outcomes:**

**Specific Data Results:** (Grades, percentages, etc...).

**Tier II Intervention:**

Starting Date:                      Ending Date                      (minimum of 6-8 weeks is required)

**Observations/Outcomes:**

**Specific Data Results:** (Grades, percentages, etc...).

**Tier // Intervention:**

Starting Date:                      Ending Date                      (minimum of 6-8 weeks is required)

**Observations/Outcomes:**

**Specific Data Results:** (Grades, percentages, etc...).

**Tier III Intervention:**

Starting Date:                      Ending Date                      (minimum of 6-8 weeks is required)

**Observations/Outcomes:**

**Specific Data Results:** (Grades, percentages, etc...).

**Tier III Intervention:**

Starting Date:                      Ending Date:                      (minimum of 6-8 weeks is required)

**Observations/Outcomes:**

**Specific Data Results:** (Grades, percentages, etc...)

**Additional Comments:**

**Printed Name of person making referral:** \_\_\_\_\_

**Signature of person making referral:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_ Parent \_\_\_ District

**The public agency shall give the parent a copy of the child's Referral the Special Education Testing document at no cost to the person.**