

**K-12 REFERRAL FOR
COMPREHENSIVE EDUCATIONAL EVALUATION**

Referral Date:	Referring Teacher:
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Student's Name	Birth Date Age	Gender Grade
Parent/Guardian Name	Address	Phone Home: Cell: Work:
Primary Language of Student's Home ___ English Other: _____	School District	School

CURRENT EDUCATION PROGRAM

___ General Education ___ Private/Home School ___ School Counseling ___ Alternative School

___ Title 1 Classes: _____

___ Limited English Proficiency ___ Other: _____

REASON FOR REFERRAL

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

Areas of concern that may need further evaluation:

___ Academic ___ Psychological ___ Communication ___ Developmental ___ Behavioral ___ Physical/Motor skills
___ Social/Emotional ___ Assistive Technology ___ Limited English Proficiency ___ Other: _____

Has the student previously received special education services?

___ Yes

Name of School: _____

Year: _____

___ No

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 _____

Date of most recent vision exam: _____ (For students referred due to vision impairment, please attach vision exam results noting visual acuity.)

Date of most recent audiology exam: _____ (For students referred due to hearing impairment, please attach results of audiology exam.)

State standardized Achievement Test Results (Ex: Smarter Balanced; Include percentile rank)

Year	Math	Reading	Writing

Progress Monitoring Test Results (Ex: MAP, STAR, CBM; Include percentile rank)

End of Previous School Year	Math	Reading/Language
Current School Year	Math	Reading/Language
Fall		
Winter		
Spring		

List any behaviors that may have impacted results of standardized testing (Ex: Focus, task engagement, ill, etc.)

CURRENT PERFORMANCE LEVELS

READING

Please provide a short description of strengths and weaknesses within the areas below and an estimate of the student's instructional level in reading.

Overall Reading:

Reading Decoding and Sight Word Mastery:

Reading Fluency:

Reading Comprehension:

Mark with an "X" the areas in which the student has unusual difficulty compared to peers:

- Reading readiness activities (letter identification, letter sounds)
- Phonics (associating a sound with a symbol)
- Memorizing/recalling sight words
- Segmentation (breaking words into parts/syllables)
- Rhyming
- Guesses at words based on the first few letters
- Reading small words (ex. the, an), or reading prefixes or suffixes.
- Comprehension of fiction
- Comprehension of expository/informational text

WRITTEN LANGUAGE

Please provide a short description of strengths and weaknesses within the areas below and an estimate of the student's instructional level in writing.

Overall Written Language:

Penmanship:

Grammar/Punctuation:

Generating Ideas:

Spelling:

Mark with an "X" the areas in which the student has unusual difficulty compared to peers:

- Pencil grasp
- Hand fatigue
- Writes single letters or numbers backward
- Mirror writing (writes words or multi-digit numbers backward)
- Correctly writing and spelling high frequency words
- Writing independently
- Writing simple sentences
- Writing compound sentences
- Forgets thoughts before getting them written down
- Other: _____

MATHEMATICS

Please provide a short description of strengths and weaknesses within the areas below and an estimate of the student's instructional level in math.

Overall Math:

Math Computation:

Math Reasoning:

Mark with an "X" the areas in which the student has unusual difficulty compared to peers:

- Math readiness skills (counting, measuring, time, etc.)
- Number sense (concepts like "more" or "less"; what numbers mean and how they work together)
- Areas of computation: Addition Subtraction Multiplication Division Fractions
 Decimals
- Word problems: Reading word problems Solving word problems
- Regrouping, borrowing, carrying
- Writing/copying math problems (tracking from book to paper, alignment of numbers, neatness)

EXECUTIVE SKILLS* / LISTENING COMPREHENSION

Mark with an "X" the areas in which the student has unusual difficulty compared to peers:

- Starting tasks
- Staying on task to completion
- Easily distracted
- Organization of materials
- Mental flexibility/problem solving
- Impulsivity (behavioral self-control)
- Self-monitoring/Self-Correcting
- Excessive motor movement (fidgeting, getting out of seat)
- Daydreaming
- Emotional regulation
- Remembering multi-step directions
- Remembering material presented verbally

- Listening to others and responding, even when wants to
- Following oral directions
- Demonstrating critical thinking skills: Answering simple recall questions Identifying main ideas
 Sequencing events Drawing conclusions
- Identifying words or sentences with similar meanings
- Demonstrating auditory processing difficulty:
 - Localizing sound
 - Understanding spoken language when two people are talking or ambient noise level is high
 - Frequently asks for oral directions to be repeated
 - Says "what?" or "huh?" a lot
 - Understanding rapid speech or complex commands
 - Takes longer to respond in oral communication situations
 - Difficulty detecting the innuendos of speech (sarcasm, humor) based on voice tone

(*For students who have been diagnosed with ADHD, please attach verification of diagnosis from physician.)

SPEECH / COMMUNICATION

Mark with an "X" the areas in which the student has unusual difficulty compared to peers:

___ Voice Quality

- ___ Unusually loud or soft speaking voice
- ___ Unusual quality to voice (hoarseness, strained, breathy, "stuffy nose" sound)

___ Articulation and Phonology

- ___ Speech is difficult for classmates or teachers to understand
- ___ Mispronounces or leaves off sounds in words

___ Receptive Language

- ___ Takes a long time to process verbal information
- ___ When spoken to does not understand meaning/vocabulary at grade level
- ___ Has a difficult time following spoken directions

___ Expressive Language

- ___ Often has difficulty expressing ideas, asking for help, or making wants or frustrations known
- ___ Speaks in very short sentences
- ___ When speaking in sentences, leaves off small words (the, is, to) or word endings (plurals, -ed)
- ___ Has difficulty finding words (word retrieval), even familiar words
- ___ Uses jumbled or unusual word order when speaking

___ Fluency and Rate

- ___ Frequently stutters
- ___ Excessive use of "um," "uh," "you know," or other interjections when speaking
- ___ Experiences "blocks" while speaking, unable to get a word or sound out
- ___ Signs of tension while speaking (eye blinks, hand clenching)
- ___ Speaks in a very fast, slow, or uneven rate

___ Pragmatic Language

- ___ Does not show age-appropriate conversational skills (conversation turn-taking, asking/answering questions, staying on topic, initiating conversation)
- ___ Does not interact in an age-appropriate manner with peers

MOTOR SKILLS

Mark with an "X" the areas in which the student has unusual difficulty compared to peers:

___ Gross Motor Skills

- ___ Motor control for physical activities (walking, running, climbing, propelling a wheelchair)
- ___ Motor coordination using objects (throwing/catching/bouncing a ball, riding a bicycle)
- ___ Balance (riding equipment, using play structures, balance beam, standing/hopping on one foot)
- ___ Body awareness (awareness of own body and other people's space during interactions)
- ___ Lacks core strength (may slouch at desk, W-sitting position, hold head up with hand)
- ___ Needs 1:1 assistance to participate in gym class due to low skill or behavior
- ___ Needs adaptive equipment to participate in gym class

___ Fine Motor Skills

___ Manipulating and using tools (scissors, hammer, eating utensils)

___ Eye-hand coordination

___ Using writing tools and materials (pencils, markers, digital tools)

___ Self-help skills (buttoning, zipping, lacing)

___ School routines (toileting, washing, getting cold weather clothing on and off)

Explain: _____

EMOTIONS AND BEHAVIOR

Has the student had the following:

___ In-school detention How many? _____

___ In-school suspension How many? _____

___ Out-of-school suspension How many? _____

Mark with an "X" the areas in which the student has unusual difficulty compared to peers:

___ Relationships with peers

___ Truant / tardy

___ Relationships with adults

___ Not prepared for class

___ Verbal aggression

___ Poor assignment quality

___ Physical aggression

___ Gives up easily/ low persistence

___ Destructive to property

___ Cyclical behavior (good days, bad days)

___ Defiant/problems with authority

___ Does not complete assignments in class

___ Appears to lack remorse

___ Does not complete/hand in homework

___ Passive aggressive

___ Over-reacts to criticism/failure

___ Lies/manipulates

___ Over-reacts to behavior of others

___ Withdrawn

___ Struggles when routine is disrupted

___ Appears sad, tearful

___ Difficulty stopping repetitive behavior
(ex: tapping foot, spinning a toy)

___ Appears tired, lethargic

___ Staying quiet when expected to

___ Irritable/angry

___ Unusual eye contact

___ Anxious/nervous/agitated

___ Transitions

___ Test anxiety

___ Sensory sensitivity

___ Seeks constant reassurance

(ex: noise, lighting, clothing, touch)

___ Frequent physical complaints

___ Self-harm (cutting, scratching, head banging)

___ Overly excited/keyed up

___ Has threatened to harm self or others

___ Bizarre behavior/ hallucinations

Additional behavioral observations or information important in understanding student's emotions/behavior:

***Please attach evidence of behavior plans, emotional supports, and discipline referrals.**

GENERAL EDUCATION / OTHER INTERVENTIONS

***Appropriate interventions (minimum of 2 for 6-8 weeks) with progress monitoring must occur before referral for a comprehensive educational evaluation.**

INTERVENTION #1

- Tier 1 (Whole class—applied to all students to create optimal learning outcomes)
- Tier 2 (Completed in addition to Tier 1 core instruction, typically small group, 20-30 min, 3-4 times/week)
- Tier 3 (Individualized to student, may include trial of core replacement program, typically 30+ min, 5 days/week)

Intervention: _____

Implemented by: _____

Start Date: _____ End Date: _____

Outcome (Include summary of progress monitoring data): _____

INTERVENTION #2

- Tier 1 (Whole class—applied to all students to create optimal learning outcomes)
- Tier 2 (Completed in addition to Tier 1 core instruction, typically small group, 20-30 min, 3-4 times/week)
- Tier 3 (Individualized to student, may include trial of core replacement program, typically 30+ min, 5 days/week)

Intervention: _____

Implemented by: _____

Start Date: _____ End Date: _____

Outcome (Include summary of progress monitoring data): _____

INTERVENTION #3

Tier 1 (Whole class—applied to all students to create optimal learning outcomes)
 Tier 2 (Completed in addition to Tier 1 core instruction, typically small group, 20-30 min, 3-4 times/week)
 Tier 3 (Individualized to student, may include trial of core replacement program, typically 30+ min, 5 days/week)

Intervention: _____

Implemented by: _____

Start Date: _____ End Date: _____

Outcome (Include summary of progress monitoring data): _____

INTERVENTION #4

Tier 1 (Whole class—applied to all students to create optimal learning outcomes)
 Tier 2 (Completed in addition to Tier 1 core instruction, typically small group, 20-30 min, 3-4 times/week)
 Tier 3 (Individualized to student, may include trial of core replacement program, typically 30+ min, 5 days/week)

Intervention: _____

Implemented by: _____

Start Date: _____ End Date: _____

Outcome (Include summary of progress monitoring data): _____

Student Strengths (ex: academic, personality trait, special skill, family or community support, interests):

Printed name of person making referral: _____ **Date:** _____

Signature of person making referral: _____ **Parent** **District**

The public agency shall give the parent/guardian a copy of the Referral for Comprehensive Evaluation document at no cost to the parent/guardian.