# Protocol and Forms Guiding the Referral Process for General Ed Teachers and Student Support Teams considering referral for Special Education Evaluation or 504 or other Actions

* Referral Checklist/Sources of Data for Review
* Protocol for Overall Student Referral Information and SST Committee Questions considering Referral for Special Education Evaluation or 504 or other Actions

## REFERRAL CHECKLIST/SOURCES OF DATA

(gather all applicable and make 1 copy of all documents for inclusion in referral packet)

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 504 ACCOMMODATIONS-PLAN
* ACCOMMODATIONS
* ATTENDANCE FOR ALL YEARS AVAILABLE
* BENCHMARK RESULTS
* DISCIPLINE RECORDS
* DYSLEXIA IDENTIFICATION
* DYSLEXIA SCREENING RESULTS FOR K AND 1ST
* ELL/BILINGUAL INFORMATION/TELPAS RESULTS
* HOSPITALIZATIONS OF ANY KIND
* INTERVENTIONS (RTI TIER 2 OR 3)
* INFORMATION FROM LAW ENFORCEMENT
* NURSE INFORMATION/HEALTH/V&H
* OUTSIDE EVALUATION OR DIAGNOSIS
* PARENT EXPRESSES CONCERN
* PARENT INFORMATION FORM
* REPORT CARD GRADES FOR ALL YEARS AVAILABLE
* REMEDIATION OR SUMMER SCHOOL
* STATE TESTING RESULTS
* TEACHER INFORMATION
* OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Overall Student Referral Information Summary Sheet (Fill this in after all 10 sections have been completed)**

**For [LEA Name Here]**

Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of SST: \_\_\_ / \_\_\_\_ / \_\_\_\_

Student Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male or Female Date of Birth: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_

\*For each of the following questions, please circle one answer.

Does the student have and wear glasses? Yes or No

Does the student have and wear a hearing aid? Yes or No

Is the student an English Learner? Yes or No If yes, First Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is making the referral? Teacher / Administrator/ Counselor/ Parent/ Other: \_\_\_\_\_\_\_\_\_\_\_\_

Areas of Concern:

I. ATTENDANCE/SCHOOL HISTORY **Y N NA** II. ENGLISH LANGUAGE LEARNER **Y N NA**

III. GRADES/PROGRESS/RETENTION/REMEDIATION **Y N NA** IV. STATE ASSESSMENT **Y N NA**

V. ACCOMMODATIONS/INTERVENTIONS **Y N NA** VI. DISCIPLINARY RECORDS/BEHAVIORAL CONCERNS **Y N NA**

VII. PREVIOUS and EXISTING EVALUATION REPORTS or OUTSIDE EVALUTION REPORTS **Y N NA**

VIII. HOSPITALIZATION/HEALTH/PHYSICAL/VISION/HEARING **Y N NA**

IX. REFERRING and/or CURRENT TEACHER INFORMATION **Y N NA**

X. PARENT INFORMATION and CONCERNS **Y N NA**

**Summary of Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Determination of SST to refer for Special Education Evaluation: Yes or No**

**Date all information was given to special education evaluation staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of receiving special education evaluation staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Committee Member(s): Title:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Questions for Student Support Team Committee considering Referral for Special Education Evaluation, 504, or Other Actions

### (complete before or during SST Mtg)

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_Grade:\_\_\_\_ Date of SST: \_\_\_\_\_\_\_

#### I. ATTENDANCE/SCHOOL HISTORY

1. Does the student have excessive absences or tardies in any given year? \_\_\_

2. If yes, in what grade(s) did the student have these absences or tardies? \_\_\_

3. What are the circumstances that account for the absences or tardies?

4. Is there a pattern regarding the absences or tardies in regards to the content missed?



5. How many campuses has the student been enrolled in grades:

 K -5? \_\_\_\_ 6-8? \_\_\_\_ 9-12? \_\_\_\_

6. How many times has the student changed campuses/districts during a school year? \_\_\_\_\_\_ Current school year? \_\_\_\_\_ Previous school year(s)? \_\_\_\_\_

7. Has the student transferred from out of state? \_\_\_\_

If yes, what state? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ And when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Has the student transferred from another country? \_\_\_\_\_

If yes, which country? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_And when? \_\_\_\_\_\_\_\_\_\_\_\_\_

9. Has the student previously been homeschooled? \_\_\_\_\_

If yes, what grade levels? \_\_\_\_\_

10. Has the student previously attended a private school? \_\_\_\_\_

If yes, what grade levels? \_\_\_\_\_\_\_

11. Has there been a significant break in enrollment (a period of time the student was not enrolled in any school)? \_\_\_\_\_\_\_

**Area of concern? Yes No N/A**

#### II. ENGLISH LEARNER

1. Is English the student’s first language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, what is student’s first language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, what is the student’s current level of English language proficiency?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Is the student currently enrolled in an ESL or Bilingual program? \_\_\_\_\_\_\_

If yes, which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What is the student’s history of language instruction?



4. Was the student’s state assessment provided in Spanish? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Is the student making academic progress comparable to peers with similar language exposure? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. How long has the student been learning English? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. What are the results of the TELPAS for current and previous years?



8. What are the results of the oral language proficiency testing (e.g., IPT, LAS Links, etc.) for current and previous years?



9. What accommodations is the student receiving through LPAC?



10. In what language is the student assessed on district benchmarks and state assessment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Has there been a recent change in language provision on district benchmarks and state assessment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Area of concern? Yes No N/A**

#### III. GRADES/PROGRESS/RETENTION/REMEDIATION

1. Are the student’s current grades reflective of the student’s knowledge of the grade level content?



2. Were the grades obtained without excessive reliance on accommodations such as redo and/or retake? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do the grades show stability or improvement over time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Are failing grades because of not making up work when absent or not turning in assignments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Is the student at the level consistent with grade expectations at the time benchmark is taken? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. If not at grade level, has the student’s benchmark improved consistently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Has the student been retained? \_\_\_\_\_

If yes, what grade(s)? \_\_\_\_\_\_\_\_\_\_\_

8. Has the student attended any summer program and for what purpose? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. What was the outcome of the program?



**Area of concern? Yes No N/A**

#### IV. STATE ASSESSMENT

1. Did the student meet the passing standard on STAAR in Reading? \_\_\_\_\_\_

2. Did the student meet the passing standard on STAAR in Math? \_\_\_\_\_\_\_\_

3. Did the student meet the passing standard on STAAR in Writing? \_\_\_\_\_\_\_\_

4. Does the student have a history of meeting the passing standard on STAAR in Reading? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Does the student have a history of meeting the passing standard on STAAR in Math? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Does the student have a history of meeting the passing standard on STAAR in Writing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. What types of accelerated instruction programs have been implemented?



8. Did the student have any accommodations on the STAAR? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. How did the student perform on STAAR in comparison with other students in the same class? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. How did the student perform on STAAR in comparison with other students on the same campus? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. How did the student perform on STAAR in comparison with other students in the same LEA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Area of concern? Yes No N/A**

#### V. ACCOMMODATIONS/INTERVENTIONS

1. What type of accommodations is the student receiving?



2. When did the student begin receiving accommodations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What is the frequency of the accommodations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What is the duration of the accommodations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. What do the data show regarding the student’s progress with the accommodations?



6. Is the student receiving so many accommodations that the nature of the task or targeted skill is affected? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Do any of the accommodations reduce the depth or breadth of the content the student is expected to master? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Does the student have a Section 504 Plan for accommodations? \_\_\_\_\_\_\_\_\_\_\_\_

9. Is the student currently identified as Dyslexic? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Has the student currently or previously participated in the LEA’s Dyslexia Program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Has the student received intervention for any of the following areas?

Academics \_\_\_\_\_\_\_ Social \_\_\_\_\_\_\_ Emotional behavioral \_\_\_\_\_

If so, what type of interventions is the student receiving to address these areas?



12. When did the student begin receiving interventions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. What is the frequency of the interventions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. What is the duration of the interventions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. What do the data show regarding the student’s progress with the interventions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Area of concern? Yes No N/A**

#### VI. DISCIPLINARY RECORDS/BEHAVIORAL CONCERNS

1. Does the student have a history of disciplinary referrals? \_\_\_\_\_\_

2. How many disciplinary referrals does the student have in the current school year? \_\_\_\_\_\_\_\_\_

3. How many in-school suspension days in the current school year? \_\_\_\_\_\_\_

4. How many out-of-school suspension days in the current school year? \_\_\_\_\_

5. How many days in DAEP in the current school year? \_\_\_\_\_\_

6. How many days in JJAEP in the current school year? \_\_\_\_\_\_

7. Do the data show repeat infractions that are of the same type or that are similar in nature?



8. In previous school year(s), has the student experienced similar disciplinary removals (infractions and days of removal)? \_\_\_\_\_

9. Has the nature of the infractions increased in seriousness and severity in the current school year?



10. Have school personnel been informed or aware of any student involvement with law enforcement? \_\_\_\_\_\_

**Area of concern? Yes No N/A**

#### VII. PREVIOUS/EXISTING EVALUATION REPORTS or OUTSIDE EVALUTION REPORTS

1. Has the school (or previous schools) conducted any evaluation on the student such as: Dyslexia? \_\_\_\_\_ Dyslexia Screening? \_\_\_\_\_ FIE? \_\_\_\_\_\_

504? \_\_\_\_\_ Gifted and Talented? \_\_\_\_\_\_Other evaluation/screening? \_\_\_\_\_\_\_\_

If yes, what were the concerns that prompted the assessment/evaluation of the student?



3. What was the outcome of the assessment/evaluation?



4. Were additional supports put in place for the student? \_\_\_\_\_\_\_

5. If so, what type(s) of supports were provided? What was the outcome of the supports?



6. Is the district aware of the student having previously been evaluated by external agency or professional? \_\_\_\_\_\_\_\_

7. If yes, what type of evaluation was conducted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Does the LEA have a copy of the evaluation? \_\_\_\_\_\_\_

9. What were the concerns that prompted the evaluation of the student?



10. What was the outcome/diagnoses of the evaluation?



11. Does the LEA have a consent for release of information to speak with the outside professional? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Area of concern? Yes No N/A**

#### VIII. HOSPITALIZATION/HEALTH/PHYSICAL/VISION/HEARING

1. Has the student passed the vision screening? \_\_\_\_\_\_\_

If no, does the student have glasses? \_\_\_\_\_\_\_

If yes, do they wear their glasses consistently? \_\_\_\_\_\_\_\_

1. Has the student passed the hearing screening? \_\_\_\_\_\_\_\_

In no, what has been the follow up?



1. Is failing a vision or hearing screening negatively impacting the student in the areas of academics, social, or behavioral? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is the district aware of the student having been previously hospitalized for any reason? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emotional/Behavioral/Mental health? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency and duration of hospitalization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what was the diagnosis or prognosis upon release of the student?



1. Does the student have a medical diagnosis of ADHD? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does the student have any physical health impairments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, does the impairment contribute to academic, social or behavioral difficulties? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Does the student have any motor impairments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Is the student taking medication(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, for what purpose? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what effect does the medication have on educational functioning?



9. Does the district have a consent for release of information to speak with the medical provider or professional? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Area of concern? Yes No N/A**

#### IX. REFERRING and/or CURRENT TEACHER INFORMATION

1. Is the student making sufficient progress in the general curriculum? \_\_\_\_\_\_

2. Is the student exhibiting appropriate social communication? \_\_\_\_\_\_\_\_\_\_\_\_

3. Is the student’s overall functioning typical for age and grade? \_\_\_\_\_\_\_\_\_\_\_

4. Are there concerns about the student’s articulation or language development? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Are there behaviors that interfere with progress in the school setting? \_\_\_\_

6. Does the student have difficulty forming and keeping relationships with classmates and/or adults in the school setting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Area of concern? Yes No N/A**

#### X. PARENT INFORMATION and CONCERNS

1. Has the parent reported any concerns with health, vison hearing, motor skills or hospitalizations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Has the parent reported any concerns with social, emotional, or behavioral concerns in the home or community? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Has the parent reported any contacts with law enforcement? \_\_\_\_\_\_\_\_\_\_\_\_

4. Has the parent reported any concerns with learning/academic progress? \_\_\_

5. Has the parent reported a family history of disabilities or school difficulties?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Is the student currently receiving or has the student previously received outside specialized services or tutoring? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. What type of services are/were provided? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. How often are/were the services provided? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. What level of support is required at home to complete school requirements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Has the parent reported any concerns with language and/or communication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Area of concern? Yes No N/A**

### Conclusions

Based on the review, does the Student Support Team determine that there is reason to suspect the student has a disability condition?

**Circle one: YES or NO**

If the answer to the previous question is yes, does the team determine there is reason to suspect that the student needs specially designed instruction?

**Circle one: YES or NO**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the answer to both questions is **Yes**, the student should be referred for an initial special education evaluation. **Be certain to complete the Overall Student Referral Information Summary Sheet (page 4 of this packet).**

The data gathered should go to special education evaluation staff to be maintained within the student’s special education eligibility records.

Evaluation staff should seek parental consent and give notice of the evaluation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the answer to the first question is **YES** but the second question is **NO**, a 504 committee should meet to review this information, decide if additional data is needed, and determine if the student should be identified under 504. The LEA should maintain a record to show a review was completed as well as the decision not to propose an FIE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the answer to both questions is **No**, the LEA should document the next steps to be taken.\* Documentation gathered and recorded during these proceedings should be maintained. The LEA should maintain a record to show a review was completed as well as the decision not to propose an FIE.

**Committee Notes**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\**If the referral was made by a parent, the LEA is obligated to give the parent prior written notice explaining why it refuses to evaluate. A notice of procedural safeguards should accompany the refusal.***