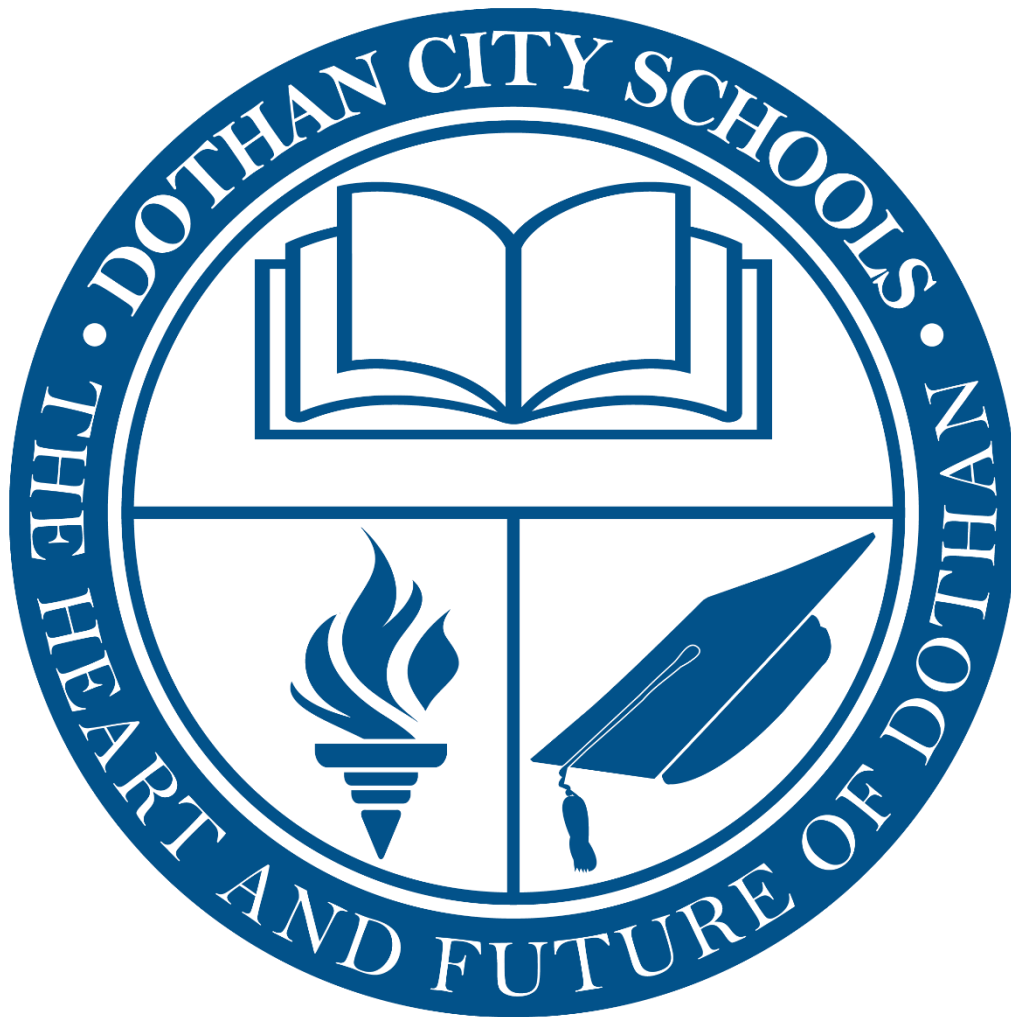


PST/Parent Referral for Special Education Evaluation



Last Revision July 2021

PSYCHOMETRIST CHECKLIST FOR REFERRAL

Documentation needed from PST for a Referral for Special Education

*These items should have been gathered during the General Education PST process and should only need to be delivered to the Special Education Teacher to enter into SETS.

**The Psychometrist should receive all of the items below no later than one week prior to the referral date.

| Initials | ITEMS REQUESTED |
|----------|--|
| | Copy of Vision/Hearing Consent to Screen |
| | Copy of Vision Screening Results |
| | Copy of Hearing Screening Results |
| | BASC SOS Observation in area of weakness |
| | ECEC Checklist |
| | Documentation of Appropriate Instruction |
| | Work Sample Analysis and work samples attached |
| | Statement of Adverse Effect of suspected disability |
| | Documentation of Accommodations and Interventions |
| | Teacher Input Form for Strengths and Weaknesses |
| | Documentation of at least one conference with parent(s) prior to this referral, explaining MTSS(RtI)/PST process or documentation of attempts to contact parent(s) |
| | Completion of MTSS(RtI) and PST forms: <ul style="list-style-type: none"> ● Parent Letter explaining implementation of initiation ● MTSS Progress Report(s) ● Intervention Plan |
| | All MTSS(RtI) tracking data for Tiers 2 and 3 (RAILS) |
| | Dyslexic profile if applicable to this student |
| | Copies of: <ul style="list-style-type: none"> ● Cumulative folder with all educational history ● Last 3 years state test scores ● Last 3 screeners/monitoring for curriculum-based measures ● All progress monitoring data for Tiers 2 and 3 ● All behavior tracking data and behavior intervention plans |
| | Any relevant medical information or history, attendance problems, or discipline problems; signed information release |
| | If a Parent Referral, Parent Letter and DCS Parent Request |
| | Attendance - Parent Notification Form(s), Parent Involvement Contacts, if necessary |
| | COMPLETED REFERRAL given to Special Education Teacher to input into SETS |

VISION SCREENING FORM

STUDENT'S NAME _____ SCHOOL YEAR _____

SCHOOL _____ GRADE _____

INITIAL EXAMINER: _____ DATE: _____

KEY: P = PASS F = FAIL

| | | | |
|-------------------------|------------|---------------------|------------------|
| SCREENING DATE: _____ | | RECHECK DATE: _____ | |
| | FAR | NEAR | |
| BOTH EYES | | | |
| RIGHT EYE | | | |
| LEFT EYE | | | |
| Examiner: | | | Examiner: |
| Instrument used: | | | Instrument used: |

REMARKS:

- Within Normal Limits
- Needs Recheck
- With Glasses
- Needs Referral

REMARKS:

- Within Normal Limits
- Needs Recheck
- With Glasses
- Needs Referral

Resolution of Problem: _____

If the child cannot be conditioned to traditional vision screening, a functional vision screener may be used.

Date: _____

Pass Fail

Examiner: _____

HEARING SCREENING FORM

STUDENT'S NAME _____ SCHOOL YEAR _____

SCHOOL _____ GRADE _____

HEARING CRITERIA: Puretone Audiometry-Tympanometry. A student fails the screening test if he/she does not respond to any one tone (frequency) at 20db hearing level in either ear.

KEY: P = PASS F = FAIL

| Screening Date: _____ | | | | | Recheck Date: _____ | | | | |
|------------------------------|----|--------------|------|------|------------------------------|----|--------------|------|------|
| EAR | HL | FREQUENCY HZ | | | EAR | HL | FREQUENCY HZ | | |
| | | 1000 | 2000 | 4000 | | | 1000 | 2000 | 4000 |
| RE | 20 | | | | RE | 20 | | | |
| LE | 20 | | | | LE | 20 | | | |
| Examiner: _____ | | | | | Examiner: _____ | | | | |
| Audiometer: _____ | | | | | Audiometer: _____ | | | | |
| Last Calibration Date: _____ | | | | | Last Calibration Date: _____ | | | | |

Tympanometry: RE _____
LE _____

Tympanometry: RE _____
LE _____

REMARKS:

REMARKS:

_____ Within Normal Limits
_____ Needs Rescreen (within two weeks)

_____ Within Normal Limits
_____ Needs Rescreen (within two weeks)

Resolution of Problem: _____

If the child cannot be conditioned to pure-tone audiometry, an auditory response screener may be used.

Date: _____

Pass: _____ Fail: _____

Examiner: _____

**BEHAVIOR ASSESSMENT SYSTEM FOR CHILDREN, SECOND OR THIRD
EDITION STUDENT OBSERVATION SYSTEM (BASC-SOS)**

Observation must be completed in the area(s) of weakness. This is done during RTI as a determination of why the problem is happening and if interventions are working.

Ordering information: Pearson Company, 5601 Green Valley Drive, Bloomington, MN 55437, 800- 627-7271, Product Number 30060

ENVIRONMENTAL, CULTURAL, AND/OR ECONOMIC CONCERNS CHECKLIST

Name _____ Grade _____

Date _____ School Name _____

Name of Person Completing Form _____ Position _____

Use this checklist:

- (1) To determine factors impacting a student's learning and therefore excluding him/her from being identified as a student with a disability.
- (2) To determine whether or not a student needs to be administered a non-traditional intelligence test if there are environmental, language, cultural, and/or economic concerns checked.
- (3) To consider if there has been a lack of appropriate instruction in reading and/or math

CHECK EACH THAT APPLIES TO THE STUDENT:

- Limited experiential background
- Irregular attendance (for reasons other than verified personal illness)
- Transiency in school years
- Home responsibilities interfering with learning activities
- Lack of proficiency in any language (a discrepancy of two or more grade levels or years between the student's grade level or age in language and ability).
- Nonstandard English constituting a barrier to learning (only a foreign language or nonstandard English spoken at home, the language of the home exhibits strong dialectal differences)
- Limited opportunity to acquire depth in English (English not spoken in the home, transience due to migrant employment of family, dialectal differences acting as a barrier to learning).
- Limited cultural experiences (student does not participate in community activities).
- The student receives other services such as Title I, Migrant, 504, ESL, etc.
- Limited participation in supplemental organized learning opportunities, e.g., preschool, Head Start, after school programs

NONE OF THE ABOVE APPLY.

**DOCUMENTATION OF APPROPRIATE INSTRUCTION:
Preschool (Pre-K)**

STUDENT'S NAME: _____ **DATE:** _____

CHECK ALL ITEMS THAT APPLY TO THE STUDENT:

DELIVERY OF INSTRUCTION (Prong I)

_____ The student has not been provided appropriate instruction in regular class settings delivered by qualified personnel. This student is a preschool child who has not had the opportunity for appropriate instruction by qualified personnel.

_____ The student is currently attending a preschool program for nondisabled _____ year old children for ____ months/years.

_____ The student is currently attending a preschool program and has access to a research based curriculum by a highly qualified teacher and has attended this preschool program for ____ months/years.

_____ The student attends a certified daycare program and has attended for ____ months/years.

_____ The student attends a home daycare program and has attended for ____ months/years.

_____ Parent reports the student has had access to age appropriate activities for a preschooler such as: play dates with peers, Sunday school class, story time at the public library.

_____ The student has received instruction and/or therapy through Early Intervention.

_____ The student has received private speech therapy services.

_____ The student has the opportunity to participate in age-appropriate activities through interactions with peers and siblings.

_____ The parent reports that he/she reads to the student daily.

RESPONSE TO INSTRUCTION/INTERVENTION AND PARENTAL NOTIFICATION OF THAT PROGRESS (Prong II)

_____ The student is not of age for repeated assessments of achievement. In Kindergarten, _____ will be given repeated assessments of achievement and the results will be shared with his parents.

OR

_____ The parent reports that the child has progressed according to research based developmental normative charts.

Name of person completing this form:

**DOCUMENTATION OF APPROPRIATE INSTRUCTION:
Primary Grades (K-6)**

STUDENT'S NAME: _____ **DATE:** _____

CHECK ALL ITEMS THAT APPLY TO THE STUDENT:

- _____ The student has participated in a reading intervention program.
- _____ The student has participated in a math intervention program.
- _____ The student has participated in a drop-out intervention program.
- _____ The student has received standards based instruction by a highly qualified teacher.
- _____ The student's data has been reviewed and appropriate instructional strategies have been implemented in the classroom based on the student's needs.
- _____ Other

Prong I: Data is available to support the documentation that the child was provided appropriate instruction in regular education settings and that instruction was delivered by qualified personnel.

For students K-6

DELIVERY OF INSTRUCTION: The following instructional strategies and programs have been provided in the general education setting to ensure that appropriate instruction was provided prior to the student being evaluated. The student was provided appropriate instruction in regular class settings delivered by qualified personnel. The student has participated in scientifically research based resources such as: reading (Heggerty Phonemic Awareness, Reading Horizons, Scott Foresman - Reading Street, A+ College Ready (6th), Holt-Elements of Literature (6th), EL Education (Expeditionary Learning)) and math (Savvas-Envision, National Geographic Learning (6th)) programs which may also include small group and tutorial instruction. Student data was reviewed and appropriate instructional strategies have been implemented in the classroom based on student needs.

Prong II: Data supports that data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction were given and results were provided to the parents.

For students K-6

RESPONSE TO INSTRUCTION/INTERVENTION AND PARENTAL NOTIFICATION OF THAT PROGRESS: The following baseline data and benchmark evaluations are provided in the general education curriculum to ensure that the Appropriate Instruction is provided in the general curriculum prior to the student being evaluated for special education. Data based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction was provided to parent. This data was provided through periodic progress reports, graded work samples, standards checklists, and benchmark assessments such as NWEA MAP Assessment (K-8), Scott Foresman – Reading Street, Reading Horizons, Heggerty Phonemic Awareness, Savvas-Envision, Holt-Elements of Literature, A+ College Ready, National Geographic Learning, SCANTRON Performance Series.

Data Summary:

SCANTRON: Date given: _____ Score: _____ Date given: _____ Score: _____ Date given: _____ Score: _____

NWEA MAP: Date Given: _____ Score: _____ Date given: _____ Score: _____ Date given: _____ Score: _____

ACAP: Date given: _____ Score: _____

Classroom Assessments Math: Date given: _____ Score: _____ Date given: _____ Score: _____

Classroom Assessments Reading: Date given: _____ Score: _____ Date given: _____ Score: _____

Name of person completing this form:

**DOCUMENTATION OF APPROPRIATE INSTRUCTION:
Secondary Grades (7-8)**

STUDENT'S NAME: _____ **DATE:** _____

CHECK ALL ITEMS THAT APPLY TO THE STUDENT:

- _____ The student has participated in a reading intervention program.
- _____ The student has participated in a math intervention program.
- _____ The student has participated in a drop-out intervention program.
- _____ The student has received standards based instruction by a highly qualified teacher.
- _____ The student's data has been reviewed and appropriate instructional strategies have been implemented in the classroom based on the student's needs.
- _____ Other

Prong I: Data is available to support the documentation that the child was provided appropriate instruction in regular education settings and that instruction was delivered by qualified personnel.

For students 7-8

DELIVERY OF INSTRUCTION: The following instructional strategies and programs have been provided in the general education setting to ensure that appropriate instruction was provided prior to the student being evaluated. The student was provided appropriate instruction in regular class settings delivered by qualified personnel. Based on Robert Marzano's Elements of Effective Instruction, the student has participated in scientifically research based A+ College Ready strategies using resources such as: reading (A+ College Ready) and math (National Geographic Learning) programs which may also include small group and tutorial instruction. Student data was reviewed and appropriate instructional strategies have been implemented in the classroom based on student needs.

Prong II: Data supports that data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction were given and results were provided to the parents.

For students 7-8

RESPONSE TO INSTRUCTION/INTERVENTION AND PARENTAL NOTIFICATION OF THAT PROGRESS: The following baseline data and benchmark evaluations are provided in the general education curriculum to ensure that the Appropriate Instruction is provided in the general curriculum prior to the student being evaluated for special education. Data based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction was provided to parent. This data was provided through periodic progress reports, graded work samples, standards checklists, and benchmark assessments such as: NWEA MAP Assessment (K-8), A+ College Ready, National Geographic Learning, SCANTRON Performance Series.

Data Summary:

SCANTRON: Date given: _____ Score: _____ Date given: _____ Score: _____ Date given: _____ Score: _____

PRE-ACT: Date Given: _____ Score: _____ Date given: _____ Score: _____ Date given: _____ Score: _____

ACAP: Date given: _____ Score: _____

Classroom Assessments Math: Date given: _____ Score: _____ Date given: _____ Score: _____

Classroom Assessments Reading: Date given: _____ Score: _____ Date given: _____ Score: _____

Name of person completing this form:

**DOCUMENTATION OF APPROPRIATE INSTRUCTION:
Secondary Grades (9-12)**

STUDENT'S NAME: _____ **DATE:** _____

CHECK ALL ITEMS THAT APPLY TO THE STUDENT:

- _____ The student has participated in a reading intervention program.
- _____ The student has participated in a math intervention program.
- _____ The student has participated in a drop-out intervention program.
- _____ The student has received standards based instruction by a highly qualified teacher.
- _____ The student's data has been reviewed and appropriate instructional strategies have been implemented in the classroom based on the student's needs.
- _____ Other

Prong I: Data is available to support the documentation that the child was provided appropriate instruction in regular education settings and that instruction was delivered by qualified personnel.

For students 9-12

DELIVERY OF INSTRUCTION: The following instructional strategies and programs have been provided in the general education setting to ensure that appropriate instruction was provided prior to the student being evaluated. The student was provided appropriate instruction in regular class settings delivered by qualified personnel. Based on Robert Marzano's Elements of Effective Instruction, the student has participated in scientifically research based A+ College Ready strategies using resources such as: reading (A+ College Ready, McDougal Littell,) and math programs (Savvas – Precalculus, Bedford, Freeman, & Worth) which may also include small group and tutorial instruction. Student data was reviewed and appropriate instructional strategies have been implemented in the classroom based on student needs.

Prong II: Data supports that data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction were given and results were provided to the parents.

For students 9-12

RESPONSE TO INSTRUCTION/INTERVENTION AND PARENTAL NOTIFICATION OF THAT PROGRESS: The following baseline data and benchmark evaluations are provided in the general education curriculum to ensure that the Appropriate Instruction is provided in the general curriculum prior to the student being evaluated for special education. Data based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction was provided to parent. This data was provided through periodic progress reports, graded work samples, ACT assessments, and curriculum based assessments such as: SCANTRON Performance and Achievement Series, A+ College Ready, McDougal Littell, Savvas – Precalculus, Bedford, Freeman, & Worth.

Data Summary:

SCANTRON: Date given: _____ Score: _____ Date given: _____ Score: _____ Date given: _____ Score: _____

NWEA MAP: Date Given: _____ Score: _____ Date given: _____ Score: _____ Date given: _____ Score: _____

ACAP Date given: _____ Score: _____

Classroom Assessments Math: Date given: _____ Score: _____ Date given: _____ Score: _____

Classroom Assessments Reading: Date given: _____ Score: _____ Date given: _____ Score: _____

AT REEVALUATION: Data supports the documentation that instruction was delivered by qualified personnel.

Name of person completing this form:

WORK SAMPLE ANALYSIS AND WORK SAMPLES

Name _____ Grade _____ Date _____

School _____ Teacher _____

You must provide TWO READING samples, TWO MATH samples, and ONE WRITING sample.

Completeness of work:

- Work is always complete Work is less than 50% complete Other _____
 Work is 50% complete Work is never complete

Effort displayed:

- Student tries very hard Student tries on work he/she likes Other _____
 Little or no effort Student tries but gives up easily

For each work sample provided, provide analysis using the guide below:

READING:

1st Sample: This sample demonstrates (check the following that apply)
_____ lack of understanding of phonics _____ lack of reading comprehension
_____ lack of skills pertaining to any of the following:
_____ context clues _____ use of prior knowledge or _____ inference
_____ lack of vocabulary knowledge _____ lack of fluency and automaticity
_____ lack of attention and focus

2nd Sample: This sample demonstrates (check the following that apply)
_____ lack of understanding of phonics _____ lack of reading comprehension
_____ lack of skills pertaining to any of the following:
_____ context clues _____ use of prior knowledge or _____ inference
_____ lack of vocabulary knowledge _____ lack of fluency and automaticity
_____ lack of attention and focus

MATH:

1st Sample: This sample demonstrates (check the following that apply)
_____ lack of understanding of concepts as evidenced by _____ choice of incorrect processes
_____ lack of skills pertaining to any of the following:
_____ reading comprehension (of word problems) _____ calculation or _____ math fluency
_____ lack of math vocabulary knowledge
_____ lack of attention and focus

2nd Sample: This sample demonstrates (check the following that apply)
_____ lack of understanding of concepts as evidenced by _____ choice of incorrect processes
_____ lack of skills pertaining to any of the following:
_____ reading comprehension (of word problems) _____ calculation or _____ math fluency
_____ lack of math vocabulary knowledge
_____ lack of attention and focus

WRITING:

Sample: This sample demonstrates (check the following that apply)
_____ lack of skills pertaining to any of the following:
_____ grammar _____ mechanics or _____ syntax _____ reading skills
_____ lack of vocabulary knowledge
_____ lack of attention and focus

***PLEASE ATTACH REPRESENTATIVE WORK SAMPLES**

**DOCUMENTATION OF ACCOMMODATIONS/INTERVENTIONS
IMPLEMENTED**

Name _____ Grade _____ Date _____

School _____ Teacher _____

1. ____ Tier II instruction provided in smaller group
2. ____ Tier III instruction provided in smaller group
3. ____ Instruction provided one-to-one
4. ____ Additional opportunities for practice and review
5. ____ Additional opportunities for correction and feedback
6. ____ Additional opportunities for time on task, engaged in instruction and practice.
7. ____ Additional opportunities for drill repetition and/or practice review.
8. ____ Opportunities for completing tasks in smaller steps
9. ____ Additional curriculum strategies that focus on accelerating learning
10. ____ Individually tailored instruction to meet the student's learning needs
11. ____ Behavior plan/modifications
12. ____ Reinforcement for target behaviors (i.e. verbal/visual cues, praise, proximity)
13. ____ Small group behavioral session with counselor (or other qualified personnel)
14. ____ Additional interventions: _____

STATEMENT OF ADVERSE EFFECT

Name _____ Grade _____ Date _____

School _____ Teacher _____

Evidence of How Impairment (Specific Learning Disability, Suspected/or Diagnosis of _____,etc.) Adversely Affects Educational Performance (Academically and/or Socially) in the General Curriculum.

TEACHER INPUT FORM FOR STRENGTHS/WEAKNESSES

Name _____ Grade _____ Teacher _____ School _____

S=Strength N=Neutral W=Weakness

When this student is compared to others in the general education class ...

| | S | N | W | S=Strength N=Neutral W=Weakness |
|------------------------------|-----|-----|-----|--|
| Basic Reading | ___ | ___ | ___ | Phonetic skills |
| | ___ | ___ | ___ | Word recognition |
| | ___ | ___ | ___ | Accurately sounds out unfamiliar words |
| | ___ | ___ | ___ | Has mastered frequently used sight words |
| Reading Fluency | ___ | ___ | ___ | Reads fluently without stopping frequently to sound out words |
| | ___ | ___ | ___ | Reads fluently without excessive word omissions and substitutions |
| | ___ | ___ | ___ | Accurately reads words in sentences/passages |
| Reading Comprehension | ___ | ___ | ___ | Comprehends the meaning of words in the reading vocabulary |
| | ___ | ___ | ___ | Recalls facts after reading orally |
| | ___ | ___ | ___ | Can find a main idea statement accurately; infers meaning beyond the text |
| | ___ | ___ | ___ | Can answer questions related to the text |
| Math Calculation | ___ | ___ | ___ | Demonstrates accuracy with basic math facts |
| | ___ | ___ | ___ | Appropriately work problems with multi-step operations |
| | ___ | ___ | ___ | Works math problems as quickly as classmates |
| Math Problem Solving | ___ | ___ | ___ | Solves math applications/word problems |
| | ___ | ___ | ___ | Can recognize and comprehend key words which identify the operation used in a word problem |
| | ___ | ___ | ___ | Can express the equivalent parts of fractions, percentages, and decimals |
| | ___ | ___ | ___ | Can solve problems involving basic measurement terms and basic geometry |
| Written Expression | ___ | ___ | ___ | Ability to copy materials from the board and desk |
| | ___ | ___ | ___ | Uses complete sentences in daily work |
| | ___ | ___ | ___ | Uses proper grammar and usage in daily work |
| | ___ | ___ | ___ | Proper use of writing mechanics (punctuation, capitalization, & spelling) |

Basic Reading: phonemic awareness, sight word recognition, phonics, and word analysis; **Reading Fluency:** the ability to read with speed, accuracy, and proper expression; **Reading Comprehension:** the ability to process text, understand its meaning, and to integrate with what the reader already knows

Math Calculation: basic arithmetic (addition, subtraction, multiplication and division), fraction concepts, multi-step operations; **Math Problem Solving:** the process of working through details of a problem to reach a solution; money, time, measurements, story problems

| | | | | |
|--|-----|-----|-----|--|
| Oral Expression | ___ | ___ | ___ | Vocabulary development is comparable to peers Verbal statements communicate ideas adequately (not dependent on gestures) Grammar is comparable to peer group (considering cultural and family communication style) Responds frequently with at least 3-5 word phrases/sentences (considering age-appropriateness) Has little difficulty "finding" words to communicate efficiently |
| | ___ | ___ | ___ | |
| | ___ | ___ | ___ | |
| | ___ | ___ | ___ | |
| Listening Comprehension | ___ | ___ | ___ | Follows simple verbal directions (requiring a single response) Follows multiple verbal commands Can verbally paraphrase sentences or stories presented orally Understands directions and begins tasks without prompting Understands and makes sense of spoken language (does not require further explanation) |
| | ___ | ___ | ___ | |
| | ___ | ___ | ___ | |
| | ___ | ___ | ___ | |
| Functional Academics/ Work Habits | ___ | ___ | ___ | Consistently completes/turns in assignments Average performance on tests and quizzes Asks for help if needed Quality of work is consistent Motivated to achieve |
| | ___ | ___ | ___ | |
| | ___ | ___ | ___ | |
| | ___ | ___ | ___ | |
| Social/Behavioral | ___ | ___ | ___ | Appropriately follows school rules Works effectively with other students Participates in class discussions Disruptive in class Constantly seeks attention Impulsive/Hyperactive Anxious/Worried/Nervous Isolates self from others |
| | ___ | ___ | ___ | |
| | ___ | ___ | ___ | |
| | ___ | ___ | ___ | |

Written Expression: the ability to convey meaning through writing. It involves low level skills such as spelling, punctuation, capitalization, and grammar, but also high level composition skills such as planning, organization, determining content, and revision to express information effectively; **Oral Expression:** a person's ability to express wants, thoughts, and ideas meaningfully using appropriate syntactic, semantic, pragmatic, and phonological language structures; **Listening Comprehension:** understanding and making sense of spoken language, recognizing speech sounds, understanding the *meaning* of individual words, and/or understanding the syntax of sentences in which they are present.

REFERRAL FOR EVALUATION

STUDENT INFORMATION

Student's Complete Legal Name: _____

Sex: _____ Grade: _____ Race: _____ Date of Birth: _____

School/Service Provider: _____

Parent Name(s): _____

Address: _____ Primary Phone: _____

_____ Phone Contact Name: _____

_____ Other Phone (Opt.): _____

Primary Language in Home: _____ Phone Contact Name: _____

Type of Referral: (Select one that represents the type of referral for the student.)

From Early Intervention Parent School Based

Person Referring: _____ Position: _____

Reason for Referral (List specific concerns):

The referral is based on concerns checked below and/or continuing concerns following interventions:

| INSTRUCTIONAL CONCERNS | BEHAVIORAL CONCERNS |
|--|--|
| <input type="checkbox"/> Poor progress acquiring pre-literacy skills | <input type="checkbox"/> Poor attention and concentration |
| <input type="checkbox"/> Poor progress acquiring basic reading skills | <input type="checkbox"/> Noncompliance with teacher directives |
| <input type="checkbox"/> Poor progress acquiring pre-numeracy skills | <input type="checkbox"/> Excessively high/low activity level |
| <input type="checkbox"/> Poor progress acquiring basic math skills | <input type="checkbox"/> Difficulty following directions |
| <input type="checkbox"/> Difficulty producing written work | <input type="checkbox"/> Easily frustrated |
| <input type="checkbox"/> Few appropriate cognitive learning strategies | <input type="checkbox"/> Extreme mood swings |
| <input type="checkbox"/> Poor progress acquiring communication skills | <input type="checkbox"/> Difficulty working with peers |
| <input type="checkbox"/> Difficulty producing speech sounds | <input type="checkbox"/> Difficulty staying on task |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Limited adaptive behavioral skills |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Inappropriate social interaction skills |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> None | <input type="checkbox"/> None |

MEDICAL INFORMATION

1. Does the student exhibit any signs of health, orthopedic, or medical problems? If yes, what? Yes No

2. Does this student exhibit any behaviors in the classroom which might indicate vision or hearing problems? If yes, what? Yes No

3. Does student currently wear glasses? Yes No
4. Does student currently wear a hearing aid? Yes No
5. Is the student receiving any medication at school and/or at home? If yes, what? Yes No

6. Does this student currently use an assistive technology device? If yes, what? Yes No

HISTORICAL INFORMATION

Have the following been considered?

- 1. Latest report card. Yes No NA
- 2. Cumulative records containing grades and attendance. Yes No NA
- 3. Current work samples. Yes No NA
- 4. Current interventions and supporting documentation. Yes No NA
- 5. Other relevant information (from parent/school/other agencies). Yes No NA

- 6. Relevant evaluations including state assessment results. Yes No NA
- 7. Student's grades have:
 - Improved each year
 - Stayed about the same each year
 - Declined each year
 - Dropped suddenly
 - Data not available
- 8. Student's grades in the indicated area(s) of concern are:
 - Above Average
 - Average
 - Below Average
 - Data not available

9. Compared to last year, this student has been absent: More Less About the same NA

10. Out of _____ school days for year to date, the student has been:
Absent _____ days
Tardy _____ times
Checked out _____ times
Failing to attend class(es) _____ times

11. Has this student ever repeated a grade(s)? If yes, which one(s)/how many times? Yes No NA

12. Has this student been suspended or expelled for disciplinary reasons during the current school year? If yes, explain. Yes No NA

13. Has this student been previously referred for special education services? If yes, note previous referral date. Yes No NA

14. Did this student qualify for special education services? Yes No NA

15. Has the student received other services such as, Title I, Migrant, 504, EL, etc.? If yes, which ones? Yes No NA

ENVIRONMENTAL, CULTURAL, AND/OR ECONOMIC CONCERNS

Use this checklist:

- (1) To determine factors impacting a student's learning and therefore excluding him/her from being identified as a student with a disability.
- (2) To determine whether or not a student needs to be administered a non-traditional intelligence test if there is environmental, language, cultural, and/or economic concerns checked.
- (3) To consider if there has been a lack of appropriate instruction in reading and/or math

Check each that applies to student.

- Limited experiential background
 - Irregular attendance (for reasons other than verified personal illness)
 - Transience in school years
 - Home responsibilities interfere with learning activities.
 - Lack of proficiency in any language (a discrepancy of two or more grade levels or years between the student's grade level or age in language and ability).
 - Nonstandard English constituting a barrier to learning (only a foreign language or nonstandard English spoken at home, the language of the home exhibits strong dialectal differences)
 - Limited opportunity to acquire depth in English (English not spoken in the home, transience due to migrant employment of family, dialectal differences acting as a barrier to learning).
 - Limited cultural experiences (student does not participate in community activities).
 - The student receives other services such as Title I, Migrant, 504, EL, etc.
 - Limited participation in supplemental organized learning opportunities, e.g., preschool, Head Start, after school programs
- NONE OF THE ABOVE APPLY**

FOR IEP TEAM USE ONLY

Details on the Eligibility Report to contain data-based documentation (RTI and PST interventions) for questions 1 – 3 (prong 1) and questions 4 – 7 (prong 2). (Questions 4 – 7 may be waived for a child who has severe problems that require immediate attention, a preschool child, a child with articulation, voice, or fluency problems only, a child with a medical diagnosis of traumatic brain injury, and a parent referral.) See AAC 290-8-9.03(10)(d)4.

- | | | | |
|------------------------------|-----------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | 1. Does data-based documentation support that the child was provided appropriate instruction in regular education settings by qualified personnel, or for a preschool child, participation in age-appropriate activities? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | 2. Does the reason(s) for the referral have a direct impact on the child's educational performance, or for a preschool child, participation in age-appropriate activities? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 3. Does the child make insufficient progress in meeting age or state approved grade level standards in areas of suspected disability? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 4. Does data-based documentation of progress monitoring demonstrate valid implementation of intervention(s)? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 5. Does data-based documentation demonstrate repeated assessment of achievement at reasonable intervals from multiple sources for the referral concern(s)? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 6. Does data-based documentation demonstrate the ineffectiveness of the intervention(s) for the referral concern(s)? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 7. Does documentation demonstrate that progress monitoring data was provided to the child's parent(s)? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | 8. Does the documented data overall support the referral concern(s)? |

IEP TEAM RECOMMENDATIONS

- ACCEPTED FOR EVALUATION.** Education agency must obtain a signed *Notice and Consent for Initial Evaluation* prior to conducting the evaluation.
- NOT ACCEPTED FOR EVALUATION.** Education agency must provide the parent with *Notice of Proposal or Refusal to Take Action*.

| POSITION OF IEP TEAM MEMBER'S | IEP TEAM MEMBER'S SIGNATURE | DATE |
|--|------------------------------------|-------------|
| Parent | _____ | _____ |
| Parent | _____ | _____ |
| General Education Teacher | _____ | _____ |
| Special Education Teacher | _____ | _____ |
| LEA Representative | _____ | _____ |
| Someone Who Can Interpret The Instructional Implications Of The Evaluation Results | _____ | _____ |
| Student | _____ | _____ |