



Stamford Public Schools

Private, Parochial, &

Charter Schools

Referral to Special

Education

Packet



STAMFORD PUBLIC SCHOOLS CONSENT FOR RELEASE/EXCHANGE OF INFORMATION

I, _____, give consent to Stamford Public Schools, to release information to and obtain information from _____, in regard to (child's name) _____, D.O.B. _____.

The above-named agency or individual provider's address is _____, and contact information is _____.

Type of Information

- Medical
- Psychiatric/Mental Health
- Academic
- Behavioral
- Other (specify): _____

THE PURPOSE FOR REQUESTING THIS INFORMATION IS:

Date of expiration for this consent: one year from the date of parent signature.

I understand that I may revoke this consent at any time by notifying Stamford Public Schools in writing. Any information gathered or released prior to the revocation of this consent is valid and cannot be voided. I also understand that, even if I do not revoke this consent, the consent will expire at the end of the year.

Signature of Guardian

Signature of School Personnel

Relationship to Child

Title

Date

Date

Stamford Public Schools Contact Name

Stamford Public Schools Contact Title and Date

**STAMFORD PUBLIC SCHOOLS
(ESCUELAS PÚBLICAS DE STAMFORD)
STAMFORD, CONNECTICUT**

PERMISO DE DIVULGACIÓN DE DOCUMENTOS
Y / O INFORMACIÓN DE DOCUMENTOS

Nombre del estudiante: _____ **FDN:** _____

Apellido, Nombre, Segundo nombre

Documentos a ser divulgados: (Favor de marcar el o los ítems pertinentes)

- | | | | |
|-----------------------------------------------------|------------------------------------------|-------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Académico | <input type="checkbox"/> Disciplina | <input type="checkbox"/> Sicológico | <input type="checkbox"/> Suspensión |
| <input type="checkbox"/> Asistencia | <input type="checkbox"/> Salud | <input type="checkbox"/> Trabajo Social | <input type="checkbox"/> Otro (Especifique) |
| <input type="checkbox"/> Informe Interdisciplinario | <input type="checkbox"/> Carpeta del PPT | <input type="checkbox"/> Habla y Lenguaje | |

El o los documentos arriba indicados serán divulgados a:

Escuela / Agencia: _____

Dirección: _____

Persona de Contacto: _____

El propósito de esta divulgación es:

La divulgación estará vigente hasta _____ (fecha).
Entiendo que el padre o madre / tutor legal / estudiante mayor de 18 años puede revisar y disputar los documentos antes de su divulgación
Por la presente autorizo la divulgación del o los arriba mencionados documento(s).

Firma del padre, madre o tutor(a)

Fecha

Dirección

Firma de funcionario(s)

Sitio

Nombre de la escuela que divulga el o los documentos

Firma del administrador de los documentos
de la institución

Original en la carpeta acumulativa
Copia para padre o madre
Copia que acompaña al documento

Fecha

STAMFORD PUBLIC SCHOOLS

REFERRAL TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION AND RELATED SERVICES

Student: _____ DOB: _____ Age: _____ Grade _____

Parent/Guardian: _____ Primary Lang: English Other: _____

Address: _____ Referred by: _____

_____ Referral Date: _____

Telephone: _____ Relationship to Child: _____

1. AREA(S) OF CONCERN:

Check major area(s) of concern, and briefly describe the child’s behavior, or performance in each area checked. If you have identified more than one area of concern, circle the area you consider to be the highest priority.

- Academic Social/Emotional Gross/Fine Motor Activities of Daily Living
- Health Related Behavior Communication Other: (specify) _____

A. Describe Specific Concerns:

B. Describe Alternative Strategies Attempted and Outcome: (Use additional pages if necessary.)

Student: _____

DOB: _____

2. Special Services History:

Are you aware of any special services provided for this child now or in the past? Yes No

If Yes, describe the type, location, and provider of the service.

3. Other Relevant Information:

4. Parent Notification:

Has the parent/guardian been notified about your concerns regarding this student? Yes No

If Yes, method of notification: _____

Date(s) parent/guardian was notified: _____

Signed: _____ Date: _____
(Signature of individual completing this form)

***Please note:** The special education referral date immediately affords the student and parent(s) all special education procedural safeguards. This referral also "starts the clock" with respect to the timelines specified in RCSA 10-76d-13(a)(1) and (2) which provide that "(1) The individualized education program shall be implemented within forty-five days of referral or notice, exclusive of the time required to obtain parental consent. (2) In the case of a child whose individualized education program calls for out-of-district or private placement, the individualized education program shall be implemented within sixty days of referral or notice, exclusive of the time required to obtain parental consent." If a parent communicates in writing directly with a staff member that they wish to refer their child for an evaluation to determine her/his eligibility for special education services, the date the staff member receives this written communication constitutes the date of referral. If a parent communicates verbally with a staff member that they wish to refer their child for an evaluation to determine her/his eligibility for special education services, the staff member should provide the parent with a copy of this referral form and, when necessary, assist the parent in completing this form. It should be understood that, in all instances, this is a referral for an evaluation to determine eligibility for special education services. Actual eligibility for special education services is determined by the PPT only after an evaluation has been completed.

Escuela _____

Firma de Administrador de la Escuela _____

Fecha recibida _____

ESCUELAS PÚBLICAS DE STAMFORD

REFERIDO PARA DETERMINAR ELEGIBILIDAD PARA EDUCACIÓN ESPECIAL Y SERVICIOS RELACIONADOS

Estudiante : _____ FDN: _____ Edad: _____ Grado _____
 Padre/Tutor: _____ Idioma Principal: Inglés Otro: _____
 Dirección: _____ Referido por: _____
 _____ Fecha referido: _____
 Teléfono: _____ Relación con niño(a): _____

1. ÁREA(S) DE INTERÉS:

Indique el(las) área(s) de interés, y describa brevemente la conducta del niño, o su rendimiento en cada área marcada. Si usted ha marcado más de un área de interés, indique con un círculo el área que considera la más alta prioridad.

- Académica Social/Emocional Motor Grueso/Fino Actividades del Diario Vivir
 De la Salud Conducta Comunicación Otro: (especifique) _____

B. Describa sus preocupaciones particulares:

C. Describa estrategias alternativas intentadas y los resultados: (Use hojas adicionales si es necesario.)

Estudiante: _____

FDN: _____

2. Historial de Servicios Especiales:

¿Está usted consciente de algunos servicios especiales proporcionados para este niño(a), ahora o en el pasado? Sí No

En caso afirmativo, describa el tipo, el lugar, y el proveedor del servicio.

3. Otra información relevante:

4. Notificación a los padres:

¿Se le ha notificado al Padre/Tutor respecto a sus preocupaciones por este niño(a)? Sí No

En caso afirmativo, el método de notificación: _____

Fecha(s) cuando se notificó al Padre/Tutor: _____

Firma: _____ Fecha: _____

(Firma del individuo que llenó este formulario)

***Por favor note:** La fecha del referido a educación especial otorga al estudiante y al(a los) padre(s) todas las salvaguardas de procedimiento. Este referido también "empieza a contar el tiempo" respecto a los plazos especificados en RCSCA 10-76d-13(a)(1) y (2) los cuales disponen que "(1) El programa educativo individualizado deberá implementarse dentro de cuarenta y cinco días a partir del referido o la notificación, sin contar el tiempo requerido para obtener el consentimiento de los padres. (2) En el caso de un niño cuyo programa educativo individualizado estipula una ubicación privada o fuera del distrito, el programa educativo individualizado deberá implementarse dentro de sesenta días a partir del referido o la notificación, sin contar el tiempo requerido para obtener el consentimiento de los padres." Si un padre se comunica por escrito directamente con un miembro del personal indicándole que desea referir a su niño para una evaluación para determinar su elegibilidad para servicios de educación especial, la fecha del recibo de dicha comunicación escrita por el miembro del personal constituirá la fecha de referido. Si un padre se comunica verbalmente con un miembro del personal indicándole que desea referir a su niño para una evaluación para determinar su elegibilidad para servicios de educación especial, el miembro del personal deberá entregar al padre una copia de este formulario de referido y, cuando sea necesario, ayudarle al padre a llenar este formulario. Hay que tener en cuenta que, en todo caso, este es un referido para una evaluación para determinar la elegibilidad para servicios de educación especial. La elegibilidad eventual para servicios de educación especial es determinada por el PPT solamente después de terminada la evaluación.

Student Strengths:			
Reading	Written Expression	Mathematics	Observable Behaviors
<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Decoding: Phonics Level <input type="checkbox"/> Decoding: Multi-syllabic <input type="checkbox"/> Fluency: Rate <input type="checkbox"/> Fluency: Accuracy <input type="checkbox"/> Fluency: Prosody <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Literal Reading Comprehension <input type="checkbox"/> Inferential Reading Comprehension <input type="checkbox"/> Vocabulary: Word Knowledge <input type="checkbox"/> Vocabulary: Content <input type="checkbox"/> Other:	<input type="checkbox"/> Letter/Word Formation & Spacing <input type="checkbox"/> Planning/Organization <input type="checkbox"/> Spelling/Conventions <input type="checkbox"/> Sentence Structure/ Grammar <input type="checkbox"/> Paragraph Composition/ Sequencing <input type="checkbox"/> Elaboration/Language Usage <input type="checkbox"/> Constructed Response Editing/Revising <input type="checkbox"/> Oral Language <input type="checkbox"/> Other:	<input type="checkbox"/> Fact Fluency <input type="checkbox"/> Operations/ Computation <input type="checkbox"/> Problem-solving Strategies <input type="checkbox"/> Conceptual Understanding <input type="checkbox"/> Application/Reasoning <input type="checkbox"/> Other:	<input type="checkbox"/> Organization/Preparedness <input type="checkbox"/> Time Management <input type="checkbox"/> Task Initiation <input type="checkbox"/> Sustained Attention <input type="checkbox"/> Planning/Prioritization <input type="checkbox"/> Peer Relations/Working with others <input type="checkbox"/> Following Directions <input type="checkbox"/> Persistence with Complex Tasks <input type="checkbox"/> Flexibility/Transitions <input type="checkbox"/> Other:

Student Areas of Concern and Data Illustrating Concerns:			
<i>*Check areas of concern and provide data only for those areas</i> <i>*Include Universal Assessment and Classroom Data Sources/Scores</i> <i>*Attach documentation and work samples</i>			
Reading	Data Sources and Student Scores Related to Areas of Concern	Written Expression	Data Sources and Student Scores Related to Areas of Concern
<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Decoding: Phonics Level <input type="checkbox"/> Decoding: Multi-syllabic		<input type="checkbox"/> Letter/Word Formation & Spacing <input type="checkbox"/> Planning/Organization <input type="checkbox"/> Spelling/Conventions	

<input type="checkbox"/> Fluency: Rate <input type="checkbox"/> Fluency: Accuracy <input type="checkbox"/> Fluency: Prosody <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Literal Reading Comprehension <input type="checkbox"/> Inferential Reading Comprehension <input type="checkbox"/> Vocabulary: Word Knowledge <input type="checkbox"/> Vocabulary: Content <input type="checkbox"/> Other:		<input type="checkbox"/> Sentence Structure/ Grammar <input type="checkbox"/> Paragraph Composition/ Sequencing <input type="checkbox"/> Elaboration/Language Usage <input type="checkbox"/> Constructed Response Editing/Revising <input type="checkbox"/> Oral Language <input type="checkbox"/> Other:	
Mathematics	Data Sources and Student Scores Related to Areas of Concern	Observable Behaviors	Data Sources and Specific Data Points Related to Areas of Concern
<input type="checkbox"/> Fact Fluency <input type="checkbox"/> Operations/ Computation <input type="checkbox"/> Problem-solving Strategies <input type="checkbox"/> Conceptual Understanding <input type="checkbox"/> Application/Reasoning <input type="checkbox"/> Other:		<input type="checkbox"/> Organization/Preparedness <input type="checkbox"/> Time Management <input type="checkbox"/> Task Initiation <input type="checkbox"/> Sustained Attention <input type="checkbox"/> Planning/Prioritization <input type="checkbox"/> Peer Relations/Working with others <input type="checkbox"/> Following Directions <input type="checkbox"/> Persistence with Complex Tasks <input type="checkbox"/> Flexibility/Transitions <input type="checkbox"/> Other:	

Describe Priority Area of Concern:

Blank area for describing the priority area of concern.

Tiered Targeted Instructional Practices Implemented by Classroom Teacher or Intervention staff:

**Aligned with areas of concern, particularly priority area*

Description of Differentiation to Core Instruction	Specific concern targeted	Frequency of support	Student Response/Result (refer to progress monitoring data)
		Student is met with in a small group ___ times per week for ___ minutes for weeks.	
		Student is met with in a small group ___ times per week for ___ minutes for weeks.	

Tiered Targeted Instructional Practices Implemented by Classroom Teacher or Intervention staff :
**Aligned with areas of concern, particularly priority area*

		Student is met with in a small group ___ times per week for ___ minutes for weeks.	
		Student is met with in a small group ___ times per week for ___ minutes for weeks.	
		Student is met with in a small group ___ times per week for ___ minutes for weeks.	
		Student is met with in a small group ___ times per week for ___ minutes for weeks.	

Stamford Public Schools
Written Expression Worksheet

(To document that a student has received appropriate instruction and intervention in written expression)

This checklist must be completed for all elementary, middle, and high school students who have been referred to special education due to a suspected learning disability that affects written expression. This information should generally be gathered prior to a referral to special education as part of early intervention (i.e., alternative procedures required to be implemented in regular education under CT Special Education Regulations §10-76d-7). (All boxes must be checked with appropriate documentation provided.)

1. Core General Education Written Expression Instruction (Tier I)

- Student has participated in daily general education written expression instruction using scientific research-based practices provided to the entire class by the general education teacher.

Description of Instruction Provided: General education instruction should involve a comprehensive, district-wide writing curriculum that addresses state standards and all important areas of writing (e.g., through explicit teaching of basic writing skills, planning and organizational strategies, and writing knowledge; use of a writing process, with strategies for editing and revision; opportunities for practice; appropriate use of technology in writing; reading-writing connections):

2. Small Group/Differentiated Instruction by General Education Teacher (Tier I)

- Student has participated in small group, differentiated written expression instruction by the classroom teacher as part of Tier I general education instruction (i.e., for all students). Materials appropriate to the student’s instructional level have been used for a minimum of four days per week.

Description –How Core Curriculum was Differentiated to Meet Individual Student Needs in Small Group Setting:

3. Progress Monitoring Assessments (Tier I)

- Continuous progress monitoring has been provided to establish a basis for instructional decisions and to document a student’s response to instruction.

Description/Source of Evidence of Progress Monitoring: **Results attached**

Assessment (e.g., curriculum based measurement, curriculum-based assessments, diagnostic assessments)	Skills/Competencies Targeted (e.g., basic writing skills, planning, text generation/content development, revision)	Dates

4. Supplemental scientific research-based interventions (Tier II – targeted interventions; Tier III - more targeted and intensive interventions)

- Interventions have been implemented based on specific student needs in important areas of writing, such as basic writing skills, text generation, or revision/editing processes.
- Appropriately qualified and trained staff have provided the interventions, which have been implemented with fidelity (i.e., delivered in the manner in which they were designed and intended to be used). Documentation indicating frequency, duration and type of intervention is either listed on this form or attached.

a. If basic writing skills have been identified as an area of weakness:

- Student’s basic writing skills (e.g., handwriting/keyboarding, spelling, capitalization, punctuation, sentence structure) have been evaluated and targeted interventions have been provided in specific areas of need.
- Student has been provided with appropriate access to and teaching about the use of technology in writing to improve basic writing skills (e.g., use of spell-checkers).
- Student has been taught strategies for reviewing and editing written work to improve basic writing skills.
- Student has been provided with regular opportunities to practice basic writing skills.
 - Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student’s response to the interventions provided.

b. If text generation (i.e., content aspects of writing that involve translating ideas into language) has been identified as an area of weakness, beyond what can be accounted for by identified weaknesses in basic writing skills:

- Student’s vocabulary and other oral language skills have been evaluated and if warranted, targeted interventions have been provided, with application to writing.
- Student’s ability to plan and organize writing have been evaluated and if warranted, targeted interventions have been provided (e.g., additional, more explicit teaching of strategies for brainstorming or researching ideas).
- Student’s knowledge about writing (e.g., writing for an intended audience, use of formal vs. informal language in writing, schemas for different writing tasks such as reports vs. narratives) has been evaluated and if warranted, targeted interventions have been provided.
- Student has been provided with appropriate access to and teaching about the use of technology in writing to improve text generation (e.g., use of online thesaurus to improve word choice/avoid repetition of the same word).
- Student has been taught strategies for reviewing and revising written work to improve content/text generation.
- Student has been provided with regular opportunities to practice text generation.
 - Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student’s response to the interventions provided.

5. Lack of sufficient progress to meet age or State-approved grade-level standards (Tiers II/III)

- The student has not made sufficient progress in the supplemental intervention(s) implemented above despite attempts to improve, individualize, and intensify the intervention.

Source of Evidence: Attach teacher support and/or intervention team information (including data in numeric and graphic formats) **AND** complete chart below

Scientific research-based interventions used as supplemental and/or intensive interventions. These interventions are in addition to what is provided for all students (i.e., Tier I)	Student’s response to interventions Baseline plus at least four additional progress monitoring measurements for each intervention (CBM or other appropriate measure)	Dates of intervention implementation

NOTE: Please see 2010 *Guidelines for Identifying Children with Learning Disabilities* for more information regarding instructions on completing the worksheet.

(Teacher signature)

(Date)

(Signature of person(s) responsible for item #5)

(Date)

**Stamford Public Schools
Mathematics Worksheet**

(To document that a student has received appropriate instruction and intervention in mathematics)

This checklist must be completed for all elementary, middle, and high school students who have been referred to special education due to a suspected learning disability that affects mathematics. This information should generally be gathered prior to a referral to special education as part of early intervention (i.e., alternative procedures required to be implemented in regular education under CT Special Education Regulations §10-76d-7). *(All boxes must be checked with appropriate documentation provided.)*

1. Core General Education Mathematics Instruction (Tier I)

- Student has participated in daily general education mathematics instruction using scientific research-based practices provided to the entire class by the general education teacher.

Description of Instruction Provided: General education instruction should involve a comprehensive, district-wide math curriculum that addresses state standards and all important areas of math, (e.g., through the explicit teaching of strategies that promote conceptual understanding, problem-solving, calculation skills, and procedural accuracy and fluency):

2. Small Group/Differentiated Instruction by General Education Teacher (Tier I)

- Student has participated in small group, differentiated math instruction by the classroom teacher as part of Tier I general education instruction (i.e., for all students). Materials at the student’s instructional level have been used for a minimum of four days per week.

Description –How Core Curriculum was Differentiated to Meet Individual Student Needs in Small Group Setting:

3. Progress Monitoring Assessments (Tier I)

- Continuous progress monitoring has been provided to establish a basis for instructional decisions and to document a student’s response to instruction.

Description/Source of Evidence of Progress Monitoring: **Results attached**

Assessment <small>(e.g., curriculum based measurement, curriculum-based assessments, diagnostic assessments)</small>	Skills/Competencies Targeted <small>(e.g., math concepts, problem solving, calculation skills, procedural accuracy and fluency)</small>	Dates

4. Supplemental scientific research-based interventions (Tier II – targeted interventions; Tier III - more targeted and intensive interventions)

- Interventions have been implemented** based on specific student needs in important areas of math such as math concepts, problem solving, calculation skills or procedural accuracy and fluency.
- Appropriately qualified and trained staff have provided the interventions, which have been implemented with fidelity (i.e., delivered in the manner in which they were designed and intended to be used). Documentation indicating frequency, duration and type of intervention is either listed on this form or attached.

a. If calculation skills have been identified as an area of weakness:

- Student’s conceptual understanding of numbers has been evaluated and if warranted, targeted interventions have been provided (e.g., additional, more explicit instruction with use of visual representations such as pictures or manipulatives).
- Student’s automatic recall of facts has been evaluated and if warranted, targeted interventions have been provided.
- Student has been provided with explicit teaching of algorithms for calculation linking procedures to a conceptual understanding (e.g., written procedures for 2-digit subtraction with regrouping, long division).
- Student has been provided with regular opportunities to practice learned calculation skills in appropriate contexts, including cumulative review of previously learned skills.
- Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student’s response to the interventions provided.

b. If problem-solving skills have been identified as an area of weakness beyond what can be accounted for by identified calculation deficits and/or poor reading:

- Student’s math-related vocabulary and other oral language skills have been evaluated and if warranted, targeted interventions have been provided, with application to math problem solving.
- Student’s specific problem-solving skills (e.g., ability to determine which operation to use to solve a problem, identifying relevant vs. irrelevant information) have been evaluated and if warranted, targeted interventions have been provided.
- Student has been provided with regular opportunities to practice learned problem-solving skills, including cumulative review of previously learned skills.
- Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student’s response to the interventions provided.

5. Lack of sufficient progress to meet age or State-approved grade-level standards (Tiers II/III)

- The student has not made sufficient progress in the supplemental intervention(s) implemented above despite attempts to improve, individualize and intensify the intervention.

Source of Evidence: Attach teacher support and/or intervention team information (including data in numeric and graphic formats) **AND** complete chart below

Scientific research-based interventions used as supplemental and/or intensive interventions. These interventions are in addition to what is provided for all students (i.e., Tier I)	Student’s response to interventions Baseline plus at least four additional progress monitoring measurements for each intervention (Curriculum Based Measurement -CBM or other appropriate measure)	Dates of intervention implementation

NOTE: Please see 2010 *Guidelines for Identifying Children with Learning Disabilities* for more information regarding instructions on completing the worksheet.

(Teacher signature)

(Date)

(Signature of person(s) responsible for item #5)

(Date)

Reading Worksheet

(To document that a student has received appropriate instruction and intervention in reading)

This checklist must be completed for all elementary, middle, and high school students who have been referred to special education due to a suspected learning disability that affects reading. This information should generally be gathered prior to a referral to special education as part of early intervention (i.e., alternative procedures required to be implemented in regular education under CT Special Education Regulations §10-76d-7). *(All boxes must be checked with appropriate documentation provided.)*

1. Core General Education Language Arts Instruction (Tier I)

- Student has participated in daily general education reading/language arts instruction using scientific research-based practices provided to the entire class by the general education teacher.

Description of Instruction Provided: General education instruction should involve a comprehensive, district-wide reading curriculum that addresses state standards and the five areas of reading (e.g., through read-alouds; systematic phonics instruction; word study and structural analysis; fluency-building activities; explicit vocabulary instruction; literature think-alouds; comprehension strategy instruction):

2. Small Group/Differentiated Instruction by General Education Teacher (Tier I)

- Student has participated in small group, differentiated reading instruction by the classroom teacher as part of Tier I general education instruction (i.e., for all students). Materials at the student’s instructional level (90-95% word accuracy and at least 75-80% comprehension) have been used for a minimum of four days per week.

Description –How Core Curriculum was Differentiated to Meet Individual Student Needs in Small Group Setting:

3. Progress Monitoring Assessments (Tier I)

- Continuous progress monitoring has been provided to establish a basis for instructional decisions and to document a student’s response to instruction.

Description/Source of Evidence of Progress Monitoring: Results attached

Assessment <small>(e.g., curriculum based measurement, curriculum-based assessments, diagnostic assessments)</small>	Skills/Competencies Targeted <small>(e.g., phonemic awareness, phonics, fluency, vocabulary, comprehension)</small>	Dates

4. Supplemental scientific research-based interventions (Tier II – targeted interventions; Tier III - more targeted and intensive interventions)

- Interventions have been implemented based on specific student needs in one or more of the five areas of reading: phonemic awareness, phonics, fluency, vocabulary, and/or comprehension.
- Appropriately qualified and trained staff has provided the interventions, which have been implemented with fidelity (i.e., delivered in the manner in which they were designed and intended to be used). Documentation indicating frequency, duration and type of intervention is either listed on this form or attached.

a. If decoding skills have been identified as an area of weakness:

- Student's phonemic awareness has been evaluated and if warranted, targeted interventions have been provided.
- Student has been provided with systematic, explicit phonics instruction.
- Student has been provided with regular opportunities to practice learned decoding skills in texts.
- Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student's response to the interventions provided.

b. If a student's oral reading fluency has been identified as an area of weakness:

- Student's phonics skills have been evaluated and if warranted, targeted interventions have been provided.
- Student has been provided with regular opportunities to practice reading a variety of text at his/her independent level (at least 96% word accuracy and 90% comprehension).
- Student has been provided with teacher-directed fluency interventions focused specifically on improving oral reading fluency with connected text.
- Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student's response to the interventions provided.

c. If a student's reading comprehension skills have been identified as an area of weakness beyond what can be accounted for by identified decoding and/or reading fluency deficits:

- Student's vocabulary skills have been evaluated and if warranted, targeted interventions have been provided, with application to reading comprehension.
- Student's broad oral language skills (e.g., listening comprehension) have been evaluated and if warranted, targeted interventions have been provided, with application to reading comprehension.
- Student has been provided with explicit comprehension interventions (e.g., additional instruction in research-based comprehension strategies such as summarization and use of graphic organizers; additional building of background knowledge and/or knowledge of text structure) to address his/her specific comprehension needs.
- Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student's response to the interventions provided.

5. Lack of sufficient progress to meet age or State-approved grade-level standards (Tiers II/III)

- The student has not made sufficient progress in the supplemental intervention(s) implemented above despite attempts to improve, individualize and intensify the intervention.

Source of Evidence: Attach teacher support and/or intervention team information (including data in numeric and graphic formats) **AND** complete chart below

Scientific research-based interventions used as supplemental and/or intensive interventions. These interventions are in addition to what is provided for all students (i.e., Tier I)	Student's response to interventions Baseline plus at least four additional progress monitoring measurements for each intervention (CBM or other appropriate measure)	Dates of intervention implementation

NOTE: Please see 2010 *Guidelines for Identifying Children with Learning Disabilities* for more information regarding instructions on completing the worksheet.

(Teacher signature)

(Date)

(Signature of person(s) responsible for item #5)

(Date)