

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

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

___ Early Intervention Services ___ Head Start ___ Daycare/Preschool: _____
 ___ Limited English Proficiency ___ On-site Counseling ___ Private/Home School ___ None
 ___ Other: _____

IDEA PART C EARLY INTRVENTION (IF STUDENT RECEIVES OR HAS RECEIVED PART C SERVICES)

Transition Meeting Date: _____
 School Staff Attending: _____
 Agency: _____ Family Support Specialist: _____
 Plan: _____

CURRENT COMMUNITY-BASED SERVICES (ex: speech, occupational therapy, case management): _____

PRESCHOOL SCREENING INFORMATION (FOR STUDENTS AGES 3-6 YEARS ONLY)

Screening Date: _____ Location: _____

Procedures/Tests Administered: _____

Results: _____

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 _____

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.)

Standardized Test Results (Ex: Brigance; include test dates, results/scores):

CURRENT PERFORMANCE LEVELS

READING

Please provide a short description of strengths and weaknesses in the area of pre-reading skills:

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

- Shows interest in shared reading and looking at books independently
- Concepts of print (holds book correctly, turns pages, understands printed words convey a message)
- Answers simple questions about a story
- Letter knowledge (understands letters have different names and sounds)
- Names letters of the alphabet
- Names letter sounds
- Recognizes lower case and capital letters
- Recognizes letters of name
- Names letters of name
- Recognize and produce rhyming words

MATH

Please provide a short description of strengths and weaknesses in pre-math skills:

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

- Count in sequence to 10
- Recognizes numerals
- 1:1 correspondence to 10 (ex: counts objects, counts out 1 cup per child, etc.)
- Identifies more or less of a quantity
- Names common shapes
- Identifies sets (ex: sorts by color, shape)
- Understands simple patterns
- Understands concept of whole and parts
- Writes some numerals

WRITING

Please provide a short description of strengths and weaknesses in the area of pre-writing skills:

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

- Disinterest/refuses writing and coloring activities
- Controlling a pencil/crayon for writing, coloring, drawing
- Tendency to use whole hand to manipulate objects rather than just a few fingers
- Low endurance for pencil-based activities
- Applies inappropriate pressure to paper
- Consistent use of one hand for task performance
- Difficulty staying in the lines when coloring (for age)
- Using one hand to write and the other hand to hold the paper
- Does not meet the pre-writing expectations outlined below:

Age	Pre-Writing Expectation
1-2 years	<ul style="list-style-type: none">• Randomly scribbles• Imitates a horizontal/vertical/circular direction
2-3 years	<ul style="list-style-type: none">• Imitates horizontal line, vertical line, circle
3-4 years	<ul style="list-style-type: none">• Copies horizontal line, vertical line, circle• Imitates +, / and \, square
4-5 years	<ul style="list-style-type: none">• Copies +, / and \, square• Traces a line• Imitates X, triangle• Grasps pencil in writing position

MOTOR SKILLS

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

- Gross Motor Skills
 - Motor control for physical activities (walking, running, propelling a wheelchair)
 - Motor coordination using objects (throwing/catching/bouncing a ball, riding a tricycle)
 - Balance (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 and opposing hand movements (building with blocks, stringing beads, putting puzzles together)

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

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

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

Explain: _____

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

APPROACH TO LEARNING

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

- | | |
|---|---|
| <input type="checkbox"/> Attentive to activity (non-academic) | <input type="checkbox"/> Appropriate risk taking |
| <input type="checkbox"/> Attentive to pre-academic tasks | <input type="checkbox"/> Purposeful play |
| <input type="checkbox"/> Persists with challenging tasks/activities | <input type="checkbox"/> Distracted easily |
| <input type="checkbox"/> Impulse control | <input type="checkbox"/> Independence |
| <input type="checkbox"/> Excessive physical movement | <input type="checkbox"/> Disengaged / Not mentally "with" the group |
| <input type="checkbox"/> Solitary work and play | <input type="checkbox"/> Working and playing with others |
| <input type="checkbox"/> Confidence | |

EMOTIONS AND BEHAVIOR

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

- | | |
|--|--|
| <input type="checkbox"/> Relationships with peers | <input type="checkbox"/> Easily frustrated |
| <input type="checkbox"/> Relationships with adults | <input type="checkbox"/> Difficulty with transitions |
| <input type="checkbox"/> Verbal aggression | <input type="checkbox"/> Cyclical behavior (good days, bad days) |
| <input type="checkbox"/> Physical aggression | <input type="checkbox"/> Over-reacts to behavior of others |
| <input type="checkbox"/> Destructive to property | <input type="checkbox"/> Struggles when routine is interrupted |
| <input type="checkbox"/> Defiant/problems with authority | <input type="checkbox"/> Frequent physical complaints |
| <input type="checkbox"/> Appears to lack remorse | <input type="checkbox"/> Overly excited/keyed up |
| <input type="checkbox"/> Lies/manipulates | <input type="checkbox"/> Sensory sensitivity |
| <input type="checkbox"/> Withdrawn | (ex: noise, lighting, clothing, touch) |
| <input type="checkbox"/> Appears sad, tearful | <input type="checkbox"/> Difficulty stopping repetitive behavior |
| <input type="checkbox"/> Appears tired, lethargic | (ex: tapping foot, spinning a toy) |
| <input type="checkbox"/> Irritable/angry | <input type="checkbox"/> Has frequent "meltdowns" |
| <input type="checkbox"/> Anxious/nervous/agitated | <input type="checkbox"/> Self-harm (hitting self, banging head) |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Bizarre behavior / hallucinations |
| <input type="checkbox"/> Seeks constant reassurance | <input type="checkbox"/> Has threatened to harm self or others |
| <input type="checkbox"/> Unusual eye contact | |

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)
- Outside Agency (Medical, Mentoring, ABA, Speech, Occupational Therapy, etc.)

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)
- Outside Agency (Counseling, Medical, Mentoring, Inpatient, ABA, Speech, Occupational Therapy, etc.)

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)
 Outside Agency (Counseling, Medical, Mentoring, Inpatient, ABA, Speech, Occupational Therapy, etc.)

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)
 Outside Agency (Counseling, Medical, Mentoring, Inpatient, ABA, Speech, Occupational Therapy, etc.)

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.