

Enter District Name Here
 Enter School Name Here
Referral for Multi-Disciplinary Evaluation

Student's Full Name: self-explanatory		SSID: as appropriate for student	
Date of Birth: mm/dd/yy	Gender: M or F	Race/Ethnicity: Asian, American Indian, Black, Hispanic, White	
Student Represented by: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Surrogate Select who represents the student in accordance with district procedures and the Student Representative Form.			
Does Student Live with Parents? <input type="checkbox"/> YES <input type="checkbox"/> No Select Y or N			
If No, With Whom Does the Student Live?: Full Name		Relationship: Self-explanatory	
Note: If student lives with someone other than the parent, the <i>Determination of Parent Representative for Educational Decision Making</i> form must be completed and attached			
Parent/Guardian: Full Name(s)			
Home Address: Self-explanatory			
Home Phone: Self-explanatory		Work Phone: Self-explanatory	
Primary Mode of Communication of the Student: English, Specify language if other than English, Signed Exact English, American Sign Language, gestures, augmentative/alternative communication device, etc.			
Primary Mode of Communication in the Home: Same examples as above			
General Education Teacher: Self-explanatory.		Grade: Current grade level of the student	
Referring Person/Title: Full Name and Title. May be a person from within school or outside school district.			

Major Areas(s) of Concern: Check each reason for referring this student: Mark all major areas and specific concerns within the area. Specify when "Other" is selected. For Children 0-5 who have been identified and served through early intervention, include current concerns.

Cognitive Functioning

- | | |
|---|--|
| <input type="checkbox"/> Understanding New Concepts | <input type="checkbox"/> Predicting Events/Results |
| <input type="checkbox"/> Interpreting Data to Make Decisions | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Comparing/Contrasting Ideas of Objects | <input type="checkbox"/> Applying Knowledge |
| <input type="checkbox"/> Perceptual Discrimination | <input type="checkbox"/> Memory |
| <input type="checkbox"/> Other Specify: | <input type="checkbox"/> Other Specify: |

Academic Performance

- | | |
|--|--|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Listening Comprehension |
| <input type="checkbox"/> Written Expression | <input type="checkbox"/> Basic Reading Skills |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Reading Fluency |
| <input type="checkbox"/> Mathematics Calculation | <input type="checkbox"/> Mathematics Reasoning and Application |
| <input type="checkbox"/> Other Specify: | <input type="checkbox"/> Other Specify: |

Social Competence

- | | |
|---|--|
| <input type="checkbox"/> Interaction with Peers | <input type="checkbox"/> Mood Swings |
| <input type="checkbox"/> Interaction with Adults | <input type="checkbox"/> Repetitive Behaviors |
| <input type="checkbox"/> Acceptance of Rules | <input type="checkbox"/> Self Concept |
| <input type="checkbox"/> Acceptance of Correction | <input type="checkbox"/> Inactivity or Withdrawal |
| <input type="checkbox"/> Acceptance to Disappointment | <input type="checkbox"/> Cooperation |
| <input type="checkbox"/> Self Help Skills/Play Skills | <input type="checkbox"/> Self Control |
| <input type="checkbox"/> Team/Membership | <input type="checkbox"/> Expression of Feelings/Affect |
| <input type="checkbox"/> Other Specify: | <input type="checkbox"/> Other Specify: |

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Student Name: _____

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Communication

- | | |
|---|--|
| <input type="checkbox"/> Communicates Basic Needs and Wants
<input type="checkbox"/> Articulation
<input type="checkbox"/> Knowledge of Sound/Letter Association
<input type="checkbox"/> Other Specify: | <input type="checkbox"/> Expressive Language
<input type="checkbox"/> Voice Quality
<input type="checkbox"/> Receptive Language
<input type="checkbox"/> Other Specify: |
|---|--|

Work Skills/Technical/Vocational Functioning

- | | |
|--|--|
| <input type="checkbox"/> Attending to Task
<input type="checkbox"/> Following Directions
<input type="checkbox"/> Independent Work Habits
<input type="checkbox"/> Seeking Assistance When Needed
<input type="checkbox"/> Using Research Tools Effectively
<input type="checkbox"/> Maintaining Physical Stamina
<input type="checkbox"/> Having Realist Vocational Goals
<input type="checkbox"/> Other Specify | <input type="checkbox"/> Punctuality
<input type="checkbox"/> Completing Work
<input type="checkbox"/> Organizing Materials/Belongings
<input type="checkbox"/> Using Technology to Gather/Organize Info
<input type="checkbox"/> Identifying Preferences/Interests
<input type="checkbox"/> Recognizing Personal Limitations
<input type="checkbox"/> Other Specify |
|--|--|

Physical

- | | |
|--|---|
| <input type="checkbox"/> Gross Motor Skills
<input type="checkbox"/> Body Control
<input type="checkbox"/> Locomotion
<input type="checkbox"/> Vision
<input type="checkbox"/> Developmental History
<input type="checkbox"/> Other Specify | <input type="checkbox"/> Fine Motor Skills
<input type="checkbox"/> Perceptual Motor
<input type="checkbox"/> Sensory
<input type="checkbox"/> Hearing
<input type="checkbox"/> Other Specify |
|--|---|

Specialized Equipment Used by Student: <small>Indicate any specialized equipment currently being used by the student, such as glasses, hearing aids, wheelchair, leg braces, etc.</small>	
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School Information: Attach relevant attendance reports, as necessary.

Number of Schools Attended to date: _____ Self-explanatory. Indicate N/A if the child is less than school age.

Year and Grade: <small>Begin with current year</small>					
Days Enrolled: <small>Begin with current year</small>					
Number of Absences <small>Begin with current year</small>	Excused				
	Unexcused				
Number of Tardies <small>Begin with current year</small>	Excused				
	Unexcused				
Years in School Including Current Year:	Years in Primary Program Including Current Year:		Repeated Grades:		

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Summary of Most Recent Grades (Provide Current or Most Recent Grades the Student Received by Content):

NA if student is less than school age.

Reading		English		Other	
Spelling		Science		Other	
Math		Social Studies		Other	

Summary of Standardized Group Test Data (Attach copies): *Indicate current or most recent results from tests such as MAP, GRADE, CTBS, G-MADE, etc.*

Achievement:	Test Name:	Date:
Reading	Math	Language
		Spelling

Physical Functioning:

These screenings must have been completed within the past year. Attach documentation for results of each screening. *Also attach documentation of follow-up to failed screenings.* (* required screenings)

VISION*	HEARING*	SPEECH*	MOTOR
Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed			

Describe any Existing Medical Health Conditions Below:

Self-explanatory

Is Student Currently on Medication?: Yes No Specify Type and Dosage Below:

List prescription and non-prescription medications the child is currently taking on a regular basis.

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Student Name: _____

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Summary of Past and Present Support:

Has this student been evaluated for special education previously? Yes No
Yes if student was previously evaluated and determined ineligible. Yes if student previously received special education and was released.

If yes,

- When was the student evaluated? *mm/dd/yy of previous written report or eligibility meeting to discuss evaluation. Refer to district procedures.*
- What was the suspected area of disability? *Indicate the previous suspected disability area(s)*

What services is this student receiving or what services has this student received in the past? For the services below, Enter **[C]** if currently receiving or **[P]** if the service was provided in the past
Self-explanatory. Attach documentation of services, including progress data, for each service selected.

Limited English Proficient	Migrant	Title 1	Speech Language	504	Extended School Services	Gifted and Talented

Involvement with Outside Agency(ies): Yes No Agency: *List the agency(ies).*
Examples include Pathways, Inc., IMPACT, Comprehend, Commission for Children with Special Health Care Needs, First Steps, VIPs, etc.

Describe services that are being provided to this student by agency(ies) listed above:

Attach documentation of services, including progress data, from each agency listed.

The signatures section is completed upon receipt of the referral. Page 5 must be completed prior to submission to the ARC Chairperson.

 Signature of District Representative
 ARC Chairperson

 Date received by District Representative
 Date received in compliance with district procedures
 Date must be prior to Notice of ARC Meeting date

 Referring Person's Signature
 Self-explanatory

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INTERVENTION STRATEGIES Page 5 may be copied as needed. Data must include intervention strategies, documentation of student progress, and interventions implemented that targeted the Area(s) of Concern on pages 1-2 of this form.

Name: Name of Student	DOB: mm/dd/yy	School Year: School Year in which strategies were implemented.
Grade Level: Grade level of student when interventions occurred	Teacher: Name of teacher providing intervention(s)	
School: Name of school where interventions occurred		

Documentation of Student Progress (Scores from District Universal Screenings):

Complete this section in accordance with district procedures to document patterns of progress and Rate of Improvement. Example: Enter the last 2 (most current) universal screening data scores. Or enter the initial and most recent universal screening data. Unless there is documentation to analyze patterns over time, the universal screening data will not give the ARC the progress information needed. Since the form only allows for 2 universal screening probes per area, you may attach Universal Screening results to the referral form.

Test Name: Name of Universal Screener or Curriculum Based Assessment			
Reading:	Math:	Language:	Behavior:
Date:	Date:	Date:	Date:
Test Name: Name of Universal Screener or Curriculum Based Assessment			
Reading:	Math:	Language:	Behavior:
Date:	Date:	Date:	Date:

Interventions Implemented: (Documentation of Progress Data Must be Attached) For children 0-5 years who have been identified and served through early intervention, include a description of interventions. For children who have not been enrolled in an early intervention program, include the parent's description of any intervention. Parent(s) are not required to document specific strategies.

Targeted Area	Strategies/Interventions	Start Date	End Date	Impact on Targeted Area
				<u>Based on progress monitoring data</u>

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Admissions and Release Committee (ARC) Use Only – Decision of the ARC:

These decisions below will be made at the ARC Meeting to discuss the referral and documented on the conference summary form.

Complete at ARC meeting to discuss referral:	
<input type="checkbox"/> This referral, as reviewed by the ARC, indicates a suspected disability and there is a need for an individual evaluation.	
<input type="checkbox"/> This referral, as reviewed by the ARC, does not indicate a suspected disability and there is not a need for an Individual evaluation.	
<input type="checkbox"/> This referral, as reviewed by the ARC, does not include sufficient information to determine a suspected disability and the need to initiate a full and individual evaluation. The ARC has determined the information needed to be collected, and will reconvene on	
Date of ARC Decision:	
Signature of LEA Representative:	

If a parent insists on the district conducting the evaluation without sufficient KSI/RtI data, the district has two options:

1. *To maintain the process of requiring that the student complete the KSI/RtI process prior to evaluation procedures being implemented.*

OR

2. *To complete an evaluation planning form with the clear understanding that the KSI/RtI process will be conducted during the course of the evaluation and the results of these procedures will be part of the determination of a child's eligibility.*