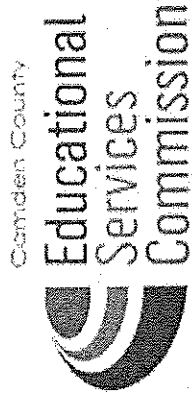


Referral Checklist - Kindly use the checklist below to ensure that the referral packet is completed and submitted in its entirety.

Required Items:	Included: (nonpublic school use)	Received: (ccESC use)
Completed Referral Packet		
Intervention Data		
Current Report Card		
Current Standardized Test Results and/or Benchmark Data		
Parent/Guardian Perspective Form		
Medical Information (if applicable)		
Speech Language Checklists		
Recent Evaluations (if applicable)		
Most Recent IEP or ISP (if applicable)		
Additional Supporting Documents (if applicable)		
Behavioral Data/Documents (if applicable)		
Completed 407-1		



CAMDEN COUNTY EDUCATIONAL SERVICES COMMISSION

225 White Horse Avenue

Clementon, NJ 08021

856-784-2100 ext 152

www.camdenesc.org

- Please note that 504 Plans are not eligible to be transferred to an Individual Service Plan (ISP).
- A referral should not be completed regarding behaviors, unless there is an appropriate diagnosis and an educational impact. Behavior data, behavior plan or Functional Behavior Assessment (FBA) should be included with the referral, if completed.
- Please be sure to reference the checklist and submit the referral once all items are gathered.
- Upon review of the Child Study Team Referral forms and Nonpublic School 407-1 Pupil Application, an Identification/Evaluation Plan Meeting will be scheduled to review the child's current progress and referral information.

Camden County Educational Services Commission

Child Study Team Referral Data

(Initial, Reevaluation, Speech/Language)

Kindergarten - Grade 12

***Please be sure to complete ALL information or packet will be returned until completed.**

Student Information:

Name _____ DOB _____ Age _____ Sex _____ Race _____

Nonpublic School: _____ Teacher: _____

Grade: _____ Resident Public School District: _____

Resident Public School Name: _____

Parent(s)/Guardian(s): _____

Home Address: _____

Primary Phone Number : _____ Please circle (home/work/cell)

Primary email address: _____

Native Language: _____ City of Birth: _____

State of Birth: _____ Country of Birth: _____

Days Present: _____ Days Absent: _____ Days Tardy: _____

Number of Retentions & Grade: _____ Number of Suspensions & Grade: _____

Was this referral discussed with parents/guardians? _____

Who had the conversation? _____

Has the child previously been evaluated? If yes, when? _____

If not completed by CCEC, please include all evaluations.

School Nurse:

Date of vision screening: _____ Results of vision screening: _____

Date of hearing screening: _____ Results of hearing screening: _____

School Performance Information:

Please include the following information with this referral:

Current Report Card Any Standardized Test Results or Benchmark Data

Is the student currently receiving intervention services? If yes, please include it on a separate page.

Is the student currently receiving any of the following services?

Compensatory Education: Math and/or Reading (please circle)

Speech Services English as a Second Language

Reason for Referral? Please describe in detail:

If the student experiences difficulties specifically related to language skills, please explain in detail.

Please supply data regarding interventions that have been implemented by the nonpublic school.

(Document is included)

Administration:

I have reviewed the above referral information. This referral form has been completed in its entirety and sufficient documentation exists relating to in-school (pre-referral) information.

School Leader Signature

Date

Parent Notification:

My/our signature(s) attests that I/we received a copy of the Child Study Team Referral Packet. Intervention data results were included.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Student Signature (18 years old or older)

Date

Speech Language Screening Checklist: 5-7 years old

(Teacher Reporting Page)

Expressive Language

Does the student have difficulties expressing their thoughts and ideas?

If yes, please check all that apply:

- Has difficulty finding words
- Uses short sentences or phrases
- Grammar errors are observed in their speech
- Difficulty sequencing a story using first, next, last
- Troubles with asking or formulating questions
- Becomes frustrated if they are not understood
- Poor participation in simple conversations
- Does not use adjectives
- Lack of multiple verbs in a sentence

Receptive Language

Does the student have difficulties understanding language?

If yes, please check all that apply:

- Difficulty following 2-3 step directions
- Difficulty answering questions related to grade level books
- Demonstrates a delay in responding
- Inaccurately responds to yes/no questions
- Difficulty with letter sounds and rhyming
- Does not clarify or explain themselves
- Does not define common vocabulary
- Difficulty with basic concepts (ex. Big/little, more/less, today/yesterday)

Speech Screening

Does/Is the student:

- Have difficulty producing sounds in words?
- Hard to understand?
- Stutter when expressing themselves?
- Does their voice sound hoarse, strained, or nasal?

Speech Language Screening Checklist: 8-10 years old

(Teacher Reporting Page)

Expressive Language

Does the student have difficulties expressing their thoughts and ideas?

If yes, please check all that apply:

- Trouble formulating complex sentences
- Grammar errors are observed in their speech
- Difficulty sequencing a story
- Troubles with asking or formulating questions
- Becomes frustrated if they are not understood
- Difficulty staying on topic
- Does not start, maintain, and close a conversation
- Lack of descriptive language
- Misses key elements in a story
- Does not provide directions with multiple steps
- Does not clarify or explain words/ideas

Receptive Language

Does the student have difficulties understanding language?

If yes, please check all that apply:

- Difficulty following complex, multistep directions
- Difficulty answering questions related to grade level books
- Demonstrates a delay in responding
- Inaccurately responds complex yes/no questions
- Poor phonological awareness
- Does not define common vocabulary
- Trouble locating information to answer questions

Speech Screening

Does/Is the student:

- Have difficulty producing sounds in words?
- Hard to understand?
- Stutter when expressing themselves?
- Does their voice sound hoarse, strained, or nasal?

Speech Language Screening Checklist: Middle School/ High School

(Teacher Reporting Page)

Expressive Language

Does the student have difficulties expressing their thoughts and ideas?

If yes, please check all that apply:

- Trouble formulating complex sentences
- Does not pose questions that elicit elaboration
- Grammar errors are observed in their speech
- Becomes frustrated if they are not understood
- Difficulty staying on topic/task
- Does not engage effectively in a range of collaborative discussions
- Does not clarify or explain ideas precisely
- Does not adapt their speech to a variety of contexts, tasks, or settings
- Difficulty using and retaining grade level/curriculum related vocabulary
- Does not present claims/findings in a coherent manner with relevant evidence and details

Receptive Language

Does the student have difficulties understanding language?

If yes, please check all that apply:

- Difficulty answering questions related to grade level texts
- Demonstrates a delay in responding
- Does not respond to questions with relevant evidence, observations, or ideas
- Does not interpret figures of speech with context
- Trouble using word relationships to understand meaning

Speech Screening

Does/Is the student:

- Have difficulty producing sounds in words?
- Hard to understand?
- Stutter when expressing themselves?
- Does their voice sound hoarse, strained, or nasal?

Parent/Guardian Perspective Form

*Please complete in its entirety. Packet will be returned if information is missing.

Student Name: _____ Nonpublic School: _____

Dear Parent/Guardian:

Please provide the information requested below and return this form with the nonpublic school student application (407-1 form) to your school. The Camden County Educational Services Commission Child Study Team contractors will review this information along with the referral information received from the nonpublic school staff. Attach any other information you believe to be appropriate. If you have questions, please contact us at 856-784-2100 extension 152.

Reason for Referral: _____

List specific attempts made to help resolve your child's difficulties: _____

Please share any medical issues and/or diagnosis: _____

Does your child wear glasses? Yes or No (please circle)

Does your child use any type of hearing aid or device? Yes or No (please circle)

Please share any additional information: _____

_____ **Parent/Guardian Signature** _____ **Date**

Parent/Guardian and Classroom Teacher should complete the current grade level section regarding speech and language skills. This section must be completed and returned, in order for the appropriate type of referral to be considered.