

## **CSE Referral Process from the Response to Intervention Committee**

- What happens when the RtI Committee decides to refer a child for assessment to determine if they qualify for special education services?
  - Referrals must be made in writing
    - The following information must be included per NYS Part 200 regulations:
      - **Reason for referral** – including previous test results, records, or reports upon which the referral is based
      - **What was used to remediate the student’s performance prior to the referral** – this includes: intervention services, programs, or instructional methodologies as well as supplementary aids or support services provided for this services or state why these attempts were not made
      - **The extent of parent contact and involvement** prior to the referral
    - The following additional information is requested on the “Referral to the Committee on Special Education from the RtI Committee” form completed by the RtI Committee:
      - **Student strengths**
      - **SMART goals** (i.e., what the person referring the student wants to see this student achieve;
      - Specifically –
        - **Specific** (simple, sensible, significant)
        - **Measurable** (meaningful, motivating)
        - **Achievable** (agreed, attainable)
        - **Relevant** (reasonable, realistic and resourced, results-based)
        - **Time bound** (time-based, time limited, time/cost limited, timely, time-sensitive)
        - Example: “The goal for John is to improve his reading comprehension. Specifically, the goal is to have John answer at least 6 of 10 comprehension questions correctly before the end of the second marking period with specialized reading instruction via the Reading A-Z Program.”
        - NON-example: “Henry will be on grade level by the end of the year” or “Henry will improve decoding skills by November 1<sup>st</sup>” or “Henry will score a 365 on iready reading by the winter benchmark.”
        - These SMART goals need to be specific, data-driven, and able to be tracked.

- **Detailed interventions at the Tier 1 level** (*What program/intervention was used, frequency, ratio of student to teacher, dates of intervention, intervention provider*)
  - **Detailed interventions at the Tier 2 level** (*What program/intervention was used, frequency, ratio of student to teacher, dates of intervention, intervention provider*)
  - **Detailed interventions at the Tier 3 level** (*What program/intervention was used, frequency, ratio of student to teacher, dates of intervention, intervention provider*)
  - **Recent Progress Monitoring Data** – this is not benchmark data; this would be specific skills that are being measured/worked on during intervention sessions
  - **Meeting minutes** - from past RTI meetings
  - **Family/Student Support Form** - initially filled out to the RTI Chairperson
  - **Work samples** provided in the past that are relevant
  - **Benchmark data** - iReady, aimsweb, CORE etc. (can be easily printed from the websites)
  - **Current classroom grades**
  
- How is it determined if a student qualifies for special education services?
  - Two classifications are most looked at when referred to the CSE through RtI. Listed below the definitions are what is measured in the evaluation to determine if they qualify for special education services as a student with a disability.
  - **Learning Disability** definition per part 200 regulations: “a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which manifests itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, as determined in accordance with section 200.4(j) of this Part. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing or motor disabilities, of an intellectual disability, of emotional disturbance, or of environmental, cultural or economic disadvantage.”
    - **Measure basic psychological processes/cognition** – look at patterns of strengths and weaknesses in thinking and overall intelligence
    - **Measure academic skills/areas defined in reason for referral** – look at academic skills deficits and how they

present in the academic setting (assessment and observations)

- **Review documentation** – look at academic history, medical history, social history, and developmental history
  - **Obtain parent and teacher input**
  - **Look at environmental, cultural, and economic factors** (such as attendance, home environment, etc.)
- **Other Health Impairment** definition per part 200 regulations: “having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems, including but not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, attention deficit disorder or attention deficit hyperactivity disorder or Tourette syndrome, which adversely affects a student's educational performance”
- **Measure basic psychological processes/cognition** – look at patterns of strengths and weaknesses in thinking and overall intelligence
  - **Measure academic skills/areas defined in reason for referral** – look at academic skills deficits and how they present in the academic setting (assessment and observations)
  - **Review documentation** – look at academic history, medical history, social history, and developmental history
  - **Obtain parent and teacher input**
  - **Look at environmental, cultural, and economic factors** (such as attendance, home environment, etc.)
  - **Focus of these evaluations include looking at attention and classroom factors as well as medical diagnoses and information as well as behavior**