



Thief River Falls Public Schools
230 LaBree Avenue South
Thief River Falls, MN 56701

Special Education Teacher Referral Form

Teacher/Referring Person:		Date:
Student's Name:	School:	DOB:
Grade:	Parent/Guardian:	
Address:		Phone:

Race: If Native American, Indian Education Notified: ☐ Yes ☐ No

Student History Review – Check if “yes” and attach additional information or describe as needed.

- History of absenteeism? ☐ Yes ☐ No Describe:
- History of retention? ☐ Yes ☐ No Describe:
- History of behavioral concerns? ☐ Yes ☐ No Describe:
- Physical, health, or medical problems or concerns? ☐ Yes ☐ No Describe:
 - Vision Screening conducted in last 6 months? ☐ Yes ☐ No Describe date and results:
 - Hearing Screening conducted in last 6 months? ☐ Yes ☐ No Describe date and results:
- Environmental, diversity, or family factors affecting education? ☐ Yes ☐ No Describe:
- Outside agency evaluation? ☐ Yes ☐ No Describe: _____
- Previous special education assessments? ☐ Yes ☐ No Describe:
- Previous special education services? ☐ Yes ☐ No Describe:
- Previous Title I/Assurance of Mastery or other services? ☐ Yes ☐ No Describe as specifically as possible, listing previous interventions and/or accommodations if known (Reading Recovery, LLI, etc.):

Initial Parent/Guardian Contact

Date Parent/Guardian Contacted:	Person Making Contact:
Type of Contact: <input type="checkbox"/> Phone Call <input type="checkbox"/> Conference/Face-to-Face Visit	
Cultural Interview (ask the parent/guardian the following and record responses): All Languages Spoken in the Home: _____ Child's First Language of Exposure: _____ Please ask parent/guardian the following question: <i>“As you think about your family's cultural or racial background, what would you like school staff to know about your child?”</i> Parent/Guardian Response: _____ If vision and hearing screenings have not been conducted within 6 months, inform parent/guardian that the screenings will be conducted. Parent was informed of vision/hearing screenings: <input type="checkbox"/> Yes <input type="checkbox"/> Not necessary; screening has been done within past 6 months (If necessary, inform school health professional that screenings need to be completed.)	

Attach any previous progress monitoring graphs or intervention records less than a year old, if available.

Academic Data Attach multi-year Viewpoint and Assessment data to SAT referral

Complete review and attach information to SAT referral

Assessment	Reading Proficiency	Math Proficiency	
NWEA			<input type="checkbox"/> Cumulative Record Review
MCA			<input type="checkbox"/> Class Work Samples
			<input type="checkbox"/> Anecdotal Teacher Records
Other			<input type="checkbox"/> Current Grades
			<input type="checkbox"/> Other Instructional Support Program Information:

Describe the student's strengths and positive qualities.

Describe area(s) of concern or problem behavior.

Note: *Pre-referral Intervention Requirements: Two interventions must be completed. For behavioral interventions, a behavioral skill or strategy should be taught, and the interventionist should have daily contact with the student. Documentation of parental notification must be provided.*

Intervention 1.

Choose and describe an intervention that addresses area/behavior of concern.

Dates: ____ to: ____

Baseline **Data** of the skill/problem behavior (including relevant assessment scores):

Which intervention are you using?

Intervention Plan (frequency, setting, progress monitoring procedures/tool):

Person Responsible:

Intervention 2.

Choose and describe an intervention that addresses area/behavior of concern.

Dates: ____ to: ____

Baseline **Data** of the skill/problem behavior (including relevant assessment scores):

Which intervention are you using?

Intervention Plan (frequency, setting, progress monitoring procedures/tool):

Person Responsible:

Parental Notification of Intervention – Complete after intervention(s) is/are planned.

Date Parent Contacted:

Type of Contact: ☐ Phone Call ☐ Letter/Note/Email ☐ Home Visit ☐ Conference/Face-to-Face Visit

Person Making Contact: Information/Comments from Parent:

Intervention Results - include measurable outcome data (assessments, etc.)

Measurable Outcome **Data** for Intervention #1:

Measurable Outcome **Data** for Intervention #2:

Narrative of Results (both interventions):

Decisions/Action

Date: ____

☐ Intervention was effective. No referral needed. Place all documentation in cumulative file.

☐ Intervention appears effective. Continue and review progress on ____ (date).

☐ Modify current intervention. Indicate modifications above and on AIMSweb or in interventionist's record-keeping system. Review on ____ (date).

☐ Try a different intervention.

☐ Refer student to a special education staff member. Place a copy of this intervention information in the student's cumulative folder. This referral.

Notes:

Student Academic & Behavioral Concerns Checklist

ACADEMIC CONCERNS

- ☐ Currently NO academic concerns
☐ Concerns Exist (check all that apply)

PERFORMANCE

- ☐ Drop in grades
☐ Low achievement
☐ Always behind in class
☐ Attention/Memory concerns
☐ Lack of motivation

READING/LANGUAGE ARTS

- ☐ Comprehension
☐ Fluency
☐ Word Attack/Decoding
☐ Vocabulary
☐ Spelling
☐ Punctuation/Grammar
☐ Written Communication
 (Attach writing sample)

MATHEMATICS

- ☐ Computation
☐ Numeracy
☐ Problem Solving
☐ Measurement/Time
☐ Pattern Analysis
☐ Spatial Relations
☐ Algebra

SPEECH/LANGUAGE

- ☐ Articulation
☐ Processing
☐ Language
☐ Auditory
☐ Voice
☐ Fluency

MOTOR SKILLS

- ☐ Fine Motor
☐ Gross Motor
☐ Sensory Needs

SERVICES CURRENTLY RECEIVED

- ☐ Speech/Language
☐ PT/OT
☐ 504 Plan
☐ Title I
☐ Other: _____

BEHAVIOR CONCERNS

- ☐ Currently NO behavior concerns (Skip this section)
☐ Concerns Exist (rate behaviors)
 0-Unobserved 1-Rarely 2-Sometimes 3-Often

PHYSICAL SIGNS

- ☐ Avoids eye contact 0 1 2 3
☐ Poor hygiene/grooming 0 1 2 3
☐ Drowsy/Tired 0 1 2 3
☐ Physical complaints/injuries 0 1 2 3

DISRUPTIVE BEHAVIOR

- ☐ Blaming others, denying 0 1 2 3
☐ Verbally and/or physically aggressive 0 1 2 3
☐ Cheating, lying 0 1 2 3
☐ Nervousness 0 1 2 3
☐ Constantly in wrong area 0 1 2 3
☐ Dramatic attention getting 0 1 2 3
☐ Fidgets with objects 0 1 2 3
☐ Does not attend to work 0 1 2 3
☐ Work refusal 0 1 2 3

AFFECT

- ☐ Lethargic, stares, expressionless 0 1 2 3
☐ Whines, cries, complains 0 1 2 3
☐ Inappropriate responses 0 1 2 3
☐ Defensive, irritable 0 1 2 3
☐ Lack of social contacts 0 1 2 3
☐ Unwilling to communicate 0 1 2 3
☐ Loses temper easily/anger outbursts 0 1 2 3

BEHAVIOR CONSEQUENCES IMPLEMENTED

- ☐ Behavior ignored 0 1 2 3
☐ Reprimand/Warning/Time Out 0 1 2 3
☐ Loss of privileges 0 1 2 3
☐ Natural consequences 0 1 2 3
☐ Office referral 0 1 2 3
☐ Suspension (In/out of school) 0 1 2 3
☐ Reduced assignments 0 1 2 3
☐ Communication with parents 0 1 2 3
☐ Negotiation/Behavior contract 0 1 2 3
☐ Token Economy 0 1 2 3
☐ Positive Reinforcement 0 1 2 3
☐ Skills training (problem solving/relaxation) 0 1 2 3

DISRUPTIVE BEHAVIOR

SETTING	TASK	TIME
<input type="checkbox"/> Classroom	<input type="checkbox"/> Large Group	<input type="checkbox"/> Arrival
<input type="checkbox"/> Hallways	<input type="checkbox"/> Small Group	<input type="checkbox"/> Dismissal
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Partner	<input type="checkbox"/> Morning
<input type="checkbox"/> Playground	<input type="checkbox"/> Difficult Task	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Gym/Music/Library	<input type="checkbox"/> Uninteresting Task	<input type="checkbox"/> Lunch
<input type="checkbox"/> Restroom	<input type="checkbox"/> Task Transition	<input type="checkbox"/> Recess
<input type="checkbox"/> Bus	<input type="checkbox"/> Unstructured Activity	
<input type="checkbox"/> Home	<input type="checkbox"/> Interruption in routine	
<input type="checkbox"/> Community	<input type="checkbox"/> Other: _____	

POSSIBLE REASONS FOR BEHAVIOR

- ☐ Don't know
☐ Attention seeking
☐ Avoid task
☐ Gain acceptance
☐ Gain power/control
☐ Stimulation
☐ Lack of skill
☐ Lack of motivation
☐ Revenge
☐ Communication
☐ Fears Failure
☐ Attention problems

Special Education Cum File Review Form

The purpose of a cumulative file review is so we can gather data and see if there is consistent information. We want to know if the concerns are present for more than one year.

Please fill in all the blank spaces and attach appropriate documents. Thank you for your time and effort!

Student: _____

DOB: _____

MAARS # _____

Reviewed By: _____

Date: _____

Parents names: _____

Address: _____

Phone number(s): _____

Email Address: _____

Challenger Elementary Referrals - Start Here

Preschool Screening Data

Preschool: Ages and Stages Score: _____ Rescreen Score: _____

Early Screening Inventory Score: _____ Rescreen Score: _____

Please list any notable concerns (learning or behavior) from screening forms:

Kindergarten Data

Attendance: _____

Assessment Scores:

- Please Attach scores from Viewpoint OR
- Add Scores to the Student Progress Documentation from SAT GREEN FOLDER

Grades: Please attach a copy of Student Report Card

1st Grade:

Attendance: _____

Assessment Scores:

- Please Attach scores from Viewpoint OR
- Add Scores to the Student Progress Documentation from SAT GREEN FOLDER

Grades: Please attach a copy of Student Report Card

2nd Grade:

Attendance: _____

Assessment Scores:

- Please attach scores from Viewpoint OR
- Add scores to the Student Progress Documentation from SAT GREEN FOLDER

Grades: Please attach a copy of Student Report Card

Franklin Middle School Referrals - Start Here

3rd Grade:

Attendance: _____

Assessment Scores: Attach scores from Viewpoint

- Please Attach scores from Viewpoint OR
- Add Scores to the Student Progress Documentation from SAT GREEN FOLDER

Grades: Please attach a copy of Student Report Card

4th Grade:

Attendance: _____

Assessment Scores:

- Please Attach scores from Viewpoint OR
- Add Scores to the Student Progress Documentation from SAT GREEN FOLDER

Grades: Please attach a copy of Student Report Card

5th Grade:

Attendance: _____

Assessment Scores:

- Please Attach scores from Viewpoint OR
- Add Scores to the Student Progress Documentation from SAT GREEN FOLDER

Grades: Please attach a copy of Student Report Card

Overall Information (For all Referrals) - Please complete this section or complete PAGE 3 of the Student Progress Documentation in GREEN FOLDER

Current or Previous Services: Reading Recovery – Dates:

Title I Reading Services – Dates enrolled in services and Grade Levels:

ADSIS Reading – Dates enrolled in services and Grade Levels:

ADSIS Behavior – Dates enrolled in services and Grade Levels:

Sped Ed Evaluation – Grade Levels:

ESL – Grade Levels:
