# Developmental Delay to Categorical

Special Education Referral
Phone: (218)-741-9201 ext.0
Address: 8580 Enterprise Drive S. Mt. Iron, MN 55786
https://www.northlandsped.org/

**Directions:** When a student needs a **DD to CATEGORICAL evaluation, complete cover page A and section B at least 90 days before the child's 7th birthday, or for summer birthdays, 90 prior to the end of the school year.** When the form is completed, e-mail it to the NLC School Psychologist for your school. This is a **FILLABLE** form (as a Word document). Boxes are clickable. Text cues or the arrow symbol **(→)** indicate a field where text can be entered.

## A. Demographics (Required Information)

| | | | |
|---|---|---|---|
| **Date Referral Sent:** choose date | | **MARSS #:** →Click or tap here to enter text. | |
| **Student's Name**: → | | **Date of Birth**: → | **Age**: → |
| **Grade**: Choose | **Gender**: | **Race/Ethnicity**: Choose | |
| **Parent (or Caregiver) Name**: → | | **Address**: → | |
| **Phone #**: → | | **E-Mail**: → | |
| **2nd Parent Contact (if needed)**: → | | | |
| **Name of ECSE Case Manager**: → | | **Email and Phone # with Ext**: → | |
| **Name of Elementary Case Manager**: → | | **E-Mail and Phone # with Ext**: → | |
| **Name of Classroom Teacher**: → | | **E-Mail and Phone # with Ext**: → | |
| **Name/email of two additional teachers/staff who know student well** (may be needed for electronic rating forms)**:** | | | |
| Name: → | Email: → | Position: → | |
| Name: → | Email: → | Position: → | |
| **Resident District**: → | **Providing District**: → | **Providing School**: → | |
| **IEP Dates:** Year 1: → (mo/day/yr) | Year 2: → | Year 3: → | |
| **Date of Active/Current Eval Report**: → (mo/day/yr) | | | |

**Developmental Areas Student Qualified for DD Services**

☐Cognitive ☐Physical ☐Communication ☐Social or Emotional ☐Adaptive

**This child attended** (check all that apply)**:**

☐Daycare ☐Preschool ☐Head Start ☐Other: describe

### Services Currently Receiving (check all that apply):

☐ADAPT/In-School Counseling ☐ Outside Counseling ☐ Occupational Therapy ☐Physical Therapy
☐Physical Impairment ☐Adaptive PhyEd (DAPE) ☐Vision Impairment ☐Speech/Language
☐Targeted Services/Tutoring (if yes, describe): →
☐County Case Management (e.g. Social Services) ☐Other:→

## B. Student's Performance and Relevant History

**Please have the nurse complete vision/hearing screening prior to sending in referral. Report results:**

**Vision:** ☐ Passed ☐ Failed Corrective lenses? ☐Yes ☐No

**Hearing:** ☐ Passed ☐ Failed Hearing Device? ☐Yes ☐No

If student has a hearing device, does the student have an amplification system? ☐Yes ☐No

If failed vision or hearing screening, report actions steps being taken by nurse (e.g., rescreening date, parent follow-up):

→

**Current School Year Attendance:** # Days absent: → # Days tardy: →

**Has this child been assessed in this district, another district, or another state?** ☐Yes ☐No

**If yes, brief description**: →

**Does this student have a diagnosis?** ☐Yes ☐No If yes, list in Medical Concerns below

**Specialized health procedures?** ☐Yes ☐No If yes, describe: →

**Please check with student's parent/caregiver re: medical or psychological evaluations completed outside of school:**

☐No additional evaluation has been done

☐Additional evaluation has been done (psychologist may need a copy to review testing)

☐Medical or psychological evaluation attached, **or**

☐Will follow up with psychologist to determine whether a copy of the evaluation is needed

### Medical Concerns-Health History

(Medical diagnoses, medications, side effects, illnesses, etc.)

→

**Describe communication skills**: ☐Nonverbal ☐A few words ☐Phrase speech ☐Halting speech ☐Articulation errors ☐Poor grammar ☐Difficulty conveying thoughts/ideas ☐Slow verbal response time ☐Difficulty repeating back info. ☐Fluent speech (average to above average speech and language skills) ☐Other (describe): Click or tap here to enter text.

**If student is nonverbal or physically impaired, how do they functionally communicate their responses?**

☐Signing ☐Picture board ☐Technology: describe

☐Other: describe

**Please Share Parental Concerns**: →

**(Space is also provided at the end of the form for any additional concerns not addressed on the following pages)**

**B. cont….** **Areas Of Concern (Check ALL That Apply):**

**Academic Skills**

☐Basic Reading Skills (i.e., phonics)
☐Reading Fluency/ Low Words Correct Per Minute
☐Reading Comprehension
☐Difficulty Recalling Vocabulary/Concepts
☐Basic Math Skill
☐Math Facts
☐Math Calculations
☐Math Concepts/ Problem Solving
☐Spelling
☐Written Expression (ideas; grammar; mechanics)
☐Handwriting skills (legibility; fine motor control)
☐Listening Skills (e.g. recall; multi-step directions; comprehension of verbal information)
☐Oral Language (if checked, please also check appropriate boxes in communication skills area – previous page)
☐Other: →

**Performance/Work Production**

☐Attention
☐Organizational Skills
☐Study Skills
☐Limited Endurance
☐Task Initiation
☐Task Completion
☐Limited Physical Strength
☐Attendance
☐Fatigue
☐Difficulty Concentrating
☐Planning and/or Sequencing Information
☐Other: →

**Behavior**

☐Verbally Aggressive
☐Physically Aggressive
☐Disruptive
☐Non-Compliant
☐Frequent blurting out
☐Hyperactive/ Impulsive
☐Withdrawn
☐Anxious
☐Disordered Thoughts (e.g., irrational, incoherent)
☐Atypical Behavior (e.g., delusional, extremely odd actions, self-injury) Describe: →
☐Other: →

**Other**

☐Fine Motor Skills (e.g. buttons, tying, using scissors, handwriting, typing, etc.)
☐Gross Motor Skills
☐Low Cognitive Ability
☐Communication Skills
☐Daily & Independent Living Skills
☐Social & Interpersonal Skills
☐Difficulty with Changes in Routine
☐Difficulty with Transitions
☐Difficulty Making Friends
☐Social Naiveté or Vulnerability
☐Other: →

**Local Benchmark Scores such as STARS, FAST, AIMSweb ,ORF, etc.**
****Describe what these scores mean: e.g. grade level benchmark expectation or percentile ranking**

**Reading** enter name of test

School Year: enter, e.g. 19-20 Fall: score/describe Winter: score/describe Spring: score/describe

**Math** enter name of test

School Year: enter, e.g. 19-20 Fall: score/describe Winter: score/describe Spring: score/describe

Add any additional test information here: →

| B. cont. | NLC Socio-Cultural Checklist (Must be completed; check all that apply) | |
|---|---|---|
| **1. Race/Cultural Factors** | | |
| a. The student is racially different from the majority of peers and staff in this school. | | ☐ |
| b. The student's family participates regularly in events within their race/cultural group and/or the family is an enrolled member of a recognized American Indian tribe. | | ☐ |
| c. The student seldom interacts with peers or staff of other racial/cultural backgrounds or has poor relations with peers and staff of other racial/cultural backgrounds. | | ☐ |
| d. The student's cultural values support family or group over individual effort. | | ☐ |
| e. The student recently moved from another town, city, district or state. | | ☐ |
| f. These issues do not apply to this student. | | ☐ |
| **2. Communication/Language Factors** | | |
| a. There is a language, dialect, or communication style other than Standard English spoken by the family members in the student's home. | | ☐ |
| b. The student has a language, dialect, or communication style other than Standard English. | | ☐ |
| c. These issues do not apply to this student. | | ☐ |
| **3. Other Factors** | | |
| a. The student's family has moved more than once during the current school year or has a pattern of moving at least once a year over several years. | | ☐ |
| b. The student's previous education has been sporadic, limited, or very different from the current school. | | ☐ |
| c. The student's primary caregiver has changed within the last year. | | ☐ |
| d. The student has recently experienced a crisis or trauma. | | ☐ |
| e. The student expresses or displays a sense of stress, anxiety, or isolation. | | ☐ |
| f. These issues do not apply to this student. | | ☐ |

**Please add any additional school concerns or relevant information here**:
→

(You may also cut and paste information or free type on the following blank page)