Multi-tiered System of Supports Student Success Team (MTSS)
Part 4: Referral for Special Education Evaluation

Serving our Member Districts:
Chisholm, ISD 695 *Ely, ISD 696* *Mesabi East, ISD 2711* *Nett Lake, ISD 707* *St. Louis County, ISD 2142*
Cook County, ISD 166 *International Falls, ISD 361* *Mt. Iron-Buhl, ISD 712* *NLC, ISD 6076*

A. Student Demographics

Student Name:		MARSS #:	DOB:	Age:	Grade:
Gender:	Race/Ethnicity:	Resident District:	Providing District:	Providing School:	
Parent/Guardian Name:		Parent/Guardian Email:			

B. Staff Informa◆on

Name of Referring Staff Member:	Staff Email:
Additional Staff who know student well to assist in referral process. *(Please include classroom teacher if different from referring staff.)*	
Staff Name:	Staff Email:
Staff Name:	Staff Email:

C. Additional Information needed for Evaluation Planning

1. Medical History: (Discuss with school nurse & list any significant conditions and/or results including both physical & mental health) Notes:

2. Vision/Hearing Screening: *(NOTE: if student had a **recently identified** vision/hearing impairment, **a 30-day corrective period** was implemented before the intervention process began.)*

Vision Screening Date:	Vision Results: Left Right	Hearing Screening Date:	Hearing Results: Left Right
Does student wear glasses? ☐Yes ☐No		Does student have hearing aids or use assistive hearing technology? ☐Yes ☐No	

3. Educational History: *(Work with special education staff & check all that apply)*

☐Student has a 504 Plan
☐Student has received MTSS intervention.
☐Student has repeated a grade
☐Student has previously been referred to Special Education.
☐Student has had a special education evaluation in this district, another district, or another state.
☐ Student is currently receiving special education services

4. Services Currently or Previously Received *(check all that apply)*

☐ Tutoring ☐ ADAPT/Counseling ☐Occupational Therapy ☐ Physical Therapy ☐Speech/Language
☐ Title I ☐ Outside Counseling ☐Other (Describe)

5. Describe Communication Skills: *(check all that apply)*

☐Non-Verbal Articulation ☐A Few Words ☐Phrase Speech
☐Errors ☐Poor Grammar ☐Difficulty Conveying Thoughts/Ideas
☐Slow Verbal Response Time ☐Halting Speech ☐Difficulty Repeating Back Information
☐Fluent Speech ☐ASL ☐Other

6. If student is non-verbal or physically impaired, how do they functionally communicate their responses?

☐Signing/Gestures ☐Picture Board ☐Technology (describe):
☐Other(describe):

D. **NLC Socio-Cultural Checklist** *(Must be completed; check **All** that apply)*

Race/Culture (check **ALL** that apply)	
1. The student is racially different from the majority of peers and staff in this school.	☐
2. 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.	☐
3. 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.	☐
4. The student recently moved from another town, city, district, or state.	☐
5. None of the above apply to this student	☐
Communication/Language (check **ALL** that apply)	
1. There is a language, dialect, or communication style other than standard English spoken by the family members in the student's home.	☐
2. The student has a language, dialect, or communication style other than standard English.	☐
3. None of the above apply to this student	☐
Other Factors (check **ALL** that apply)	
1. 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.	☐
2. The student's previous education has been sporadic, limited, or very different from the current school.	☐
3. The student's primary caregiver has changed within the last year.	☐
4. The student has recently experienced a crisis or trauma	☐
5. The student expresses or displays a sense of stress, anxiety, or isolation.	☐
6. None of the above apply to this student.	☐

E. Areas of Concern *(This area is used to develop the evaluation plan, please check **ALL** that apply)*

Academic Skills	**Performance/Work Production**
☐ Basic Reading Skills (i.e., Phonics) ☐ Reading Fluency/Low Words Correct Per Minute ☐ Reading Comprehension ☐ Difficulty Recalling Vocabulary/Concepts ☐ Basic Math Skills ☐ 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 area in part C)* ☐ Other:	☐ Attention ☐ Organization ☐ Study Skills ☐ Limited Endurance ☐ Task Initiation ☐ Task Completion ☐ Limited Physical Strength ☐ Attendance ☐ Fatigue ☐ Difficulty Concentrating ☐ Planning and/or Sequencing Information ☐ Other:
Behavior	**Other**
☐ 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:	☐ Fine Motor Skills *(e.g., buttons, tying, using scissors, handwriting, keyboarding)* ☐ 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 Naivete or Vulnerability ☐ Other:

Please Share Additional Concerns and Important Information Here (e.g. other test data, teacher/student interactions, office discipline referrals, student's own concerns, needed accommodations)

F. Attach the following documentation from MTSS Student Support Process

Part 1: **Discuss Form** *(including **all** supplemental data from past 2 years, as applicable. Check **all** included below.)*

☐	Demographic Summary Page	☐	Grades
☐	Enrollment Information	☐	Benchmark Data
☐	Discipline/Behavior Referrals	☐	Other Academic assessment/data
☐	Attendance	☐	Other Pertinent Documentation

Part 2: **Intervention Data** (include All interventions conducted along with progress monitoring data & graph)

Part 3: **Team Data Review**

Any Community based Medical Evaluation(s) and/or Mental Health Diagnostic Assessments. Please List:

Any other documentation to assist in planning. Please List:

Date Referral Sent:	Date Referral Received at NLC:
Child Study Team Chairperson:	Name:
	Signature:
Building Administrator	Name:
	Signature:
Special Education Case Manager:	Name:
	Case Mgr. Email:

Note: if Student has an ADHD diagnosis, DSM-V form from Sped forms is required