Completing the Child Study Team Initial Referral for Evaluation Determination

Non-Public School Staff/Principal/Student Parent(s)

- *Support Structure: Non-Public Resources>Education Assistants>Supervisor>Director of Special Services*

Purpose: refer a student to CCESC for initial CST evaluation determination.

Prerequisites: Obtain all required student data and documentation prior to beginning the process.

1. The **Non-Public School Staff** must complete the CST Referral by clicking **"CST Referral Form."** This should be the staff member with or with access to all student information.

2. Enter the following information:

    a. Student's Name
    b. Student's Date of Birth
    c. Student's Gender
    d. Student's Ethnicity
    e. Student's Race
    f. Country of Birth (defaults to United States)
    g. Birth State (defaults to NJ)
    h. Birth City
    i. Immigrant (N/A or Immigrant)
    j. If Immigrant, Entry Date into US School System
    k. Non-Public School (Attending)
    l. Resident Public School District
    m. Parent/Guardian Email Address
    n. Reason for Referral (please describe in detail)

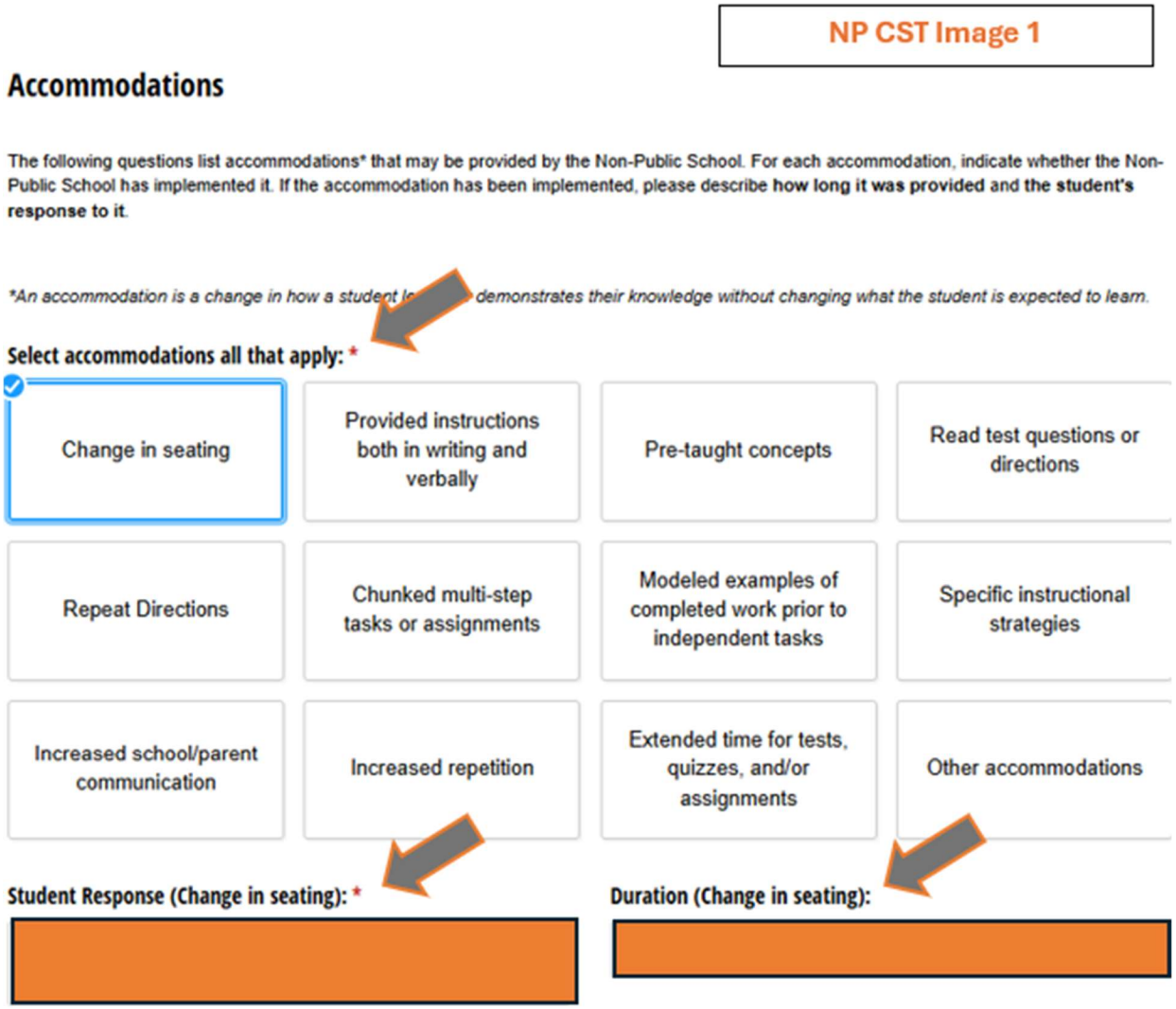
o. Does the child have difficulty with Speech/Language Skills? If so, please describe it in detail.
p. Required Documentation **(PDF only)**:
    - Current Report Card
    - Standardized Test Score/Benchmark Data
    - Medical Diagnosis (if available)
    - Former IEP (if available)
    - any other documentation related to the referral
q. Days Absent
r. Number of Retentions
s. Number of Suspensions
t. Date of Most Recent Vision Screening
u. Date of Most Recent Hearing Screening
v. Referral Requested By
w. If Non-Public School, then Name and Email of Non-Public School Employee
x. Non-Public School Principal's Name
y. Non-Public School Principal's Email
z. Click **Next.**

3. **Accommodation(s) & Intervention(s)**
    a. Select all accommodations and interventions that have been applied.
        i. *Please note: *accommodation is a change in how a student learns or demonstrates their knowledge without changing what the student is expected to learn*.

        ii. *Also note: *An Intervention is a targeted strategy or additional instruction used to help improve a specific area where the student is experiencing difficulty*.

b. Complete all required responses related to the selected accommodations (see NP CST Image 1) and interventions (see NP CST Image 2).

NP CST Image 1



NP CST Image 2

Interventions

The following questions list interventions* that may be provided by the Non-Public School. For each intervention, indicate whether the Non-Public School has implemented it. If the intervention has been implemented, please describe **frequency, duration, data,** and **student's response.**

**An Intervention is a targeted strategy or additional instruction used to help improve a specific area where the student is experiencing difficulty.*

Select all interventions that apply: *

Tutoring	Modified Instruction	Other Interventions
Supplemental Academic Program	Small Group Instruction	No Interventions Were Implemented
Targeted Mini-Lessons		

Result - Tutoring

Information 1

Frequency

Duration

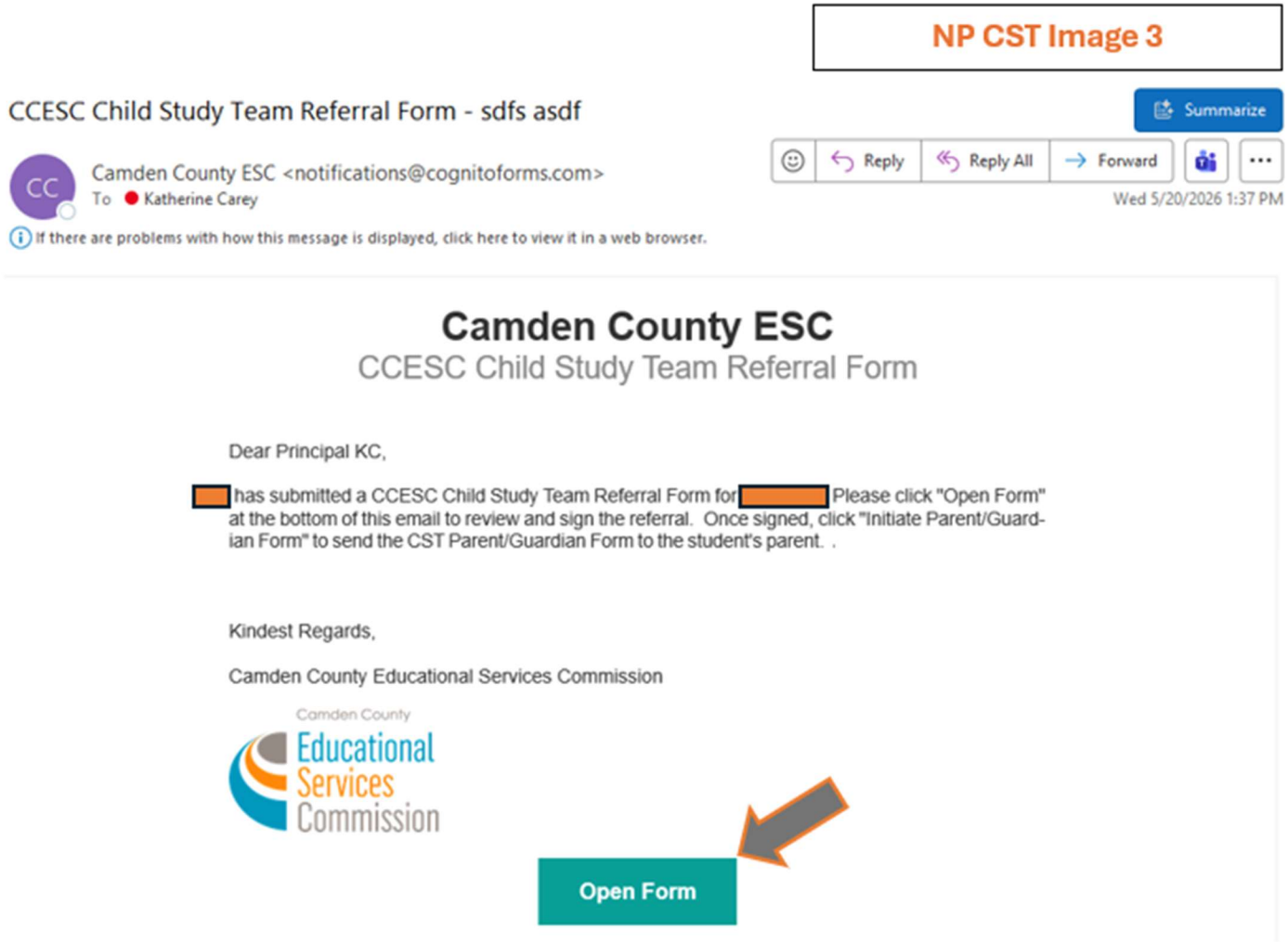
Data

Student's Response *

c. Click **Next.**

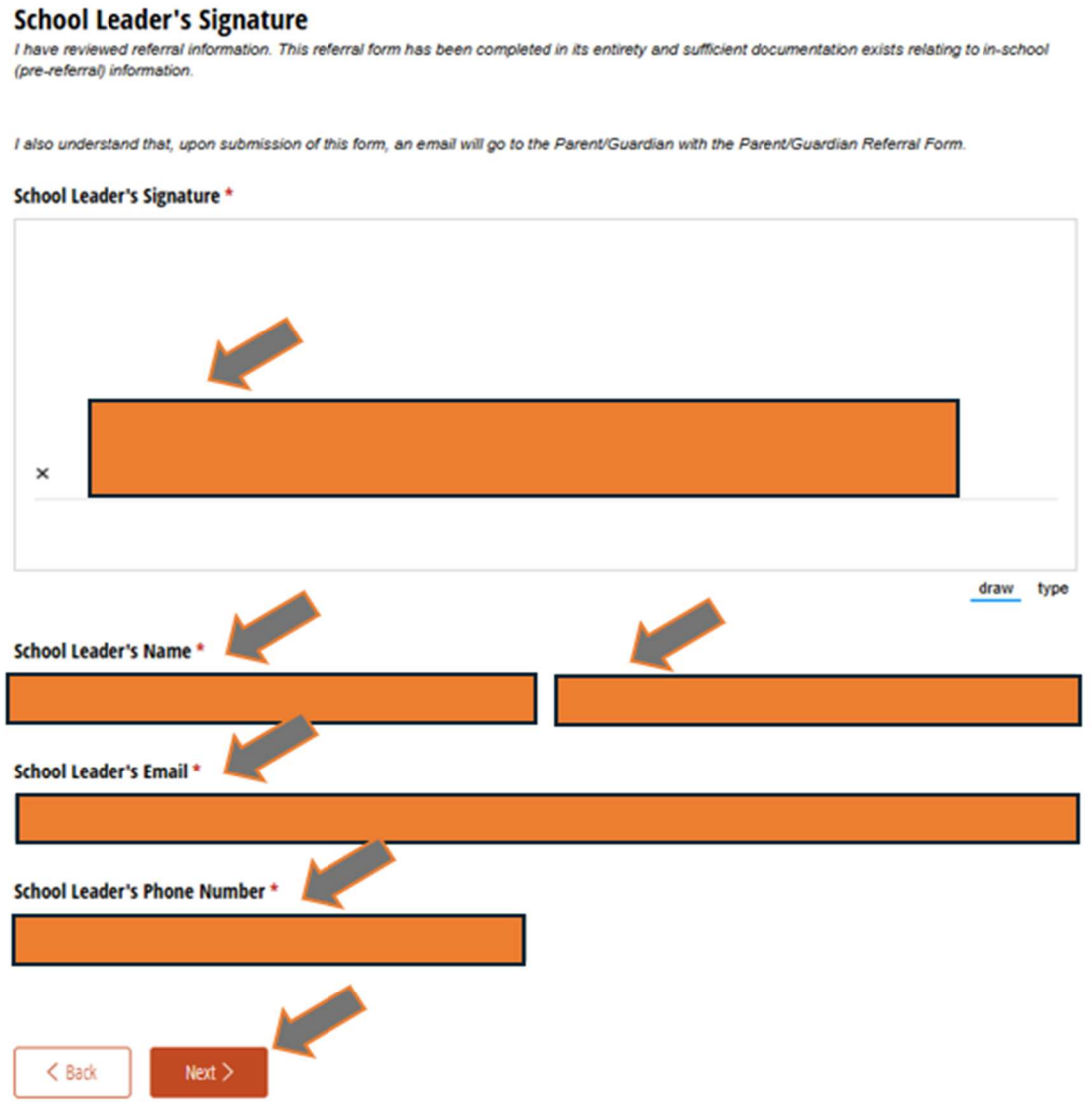
4. Click **“Submit to Principal for Approval.”** The CST Referral Form has now been sent to the Principal.
5. **Principal** Approves and Signs
    a. The Principal will receive the e-signature request via email from Camden County ESC <notifications@cognitoforms.com>.
    b. The Principal clicks **“Open Form”** in the email (see NP CST Image 3).

NP CST Image 3



c. The Principal reviews all content previously entered then completes the following information:
    i. School Leader's Signature
    ii. School Leader's First and Last Name
    iii. School Leader's Email
    iv. School Leader's Phone Number
d. Click **"Next"** (see NP CST Image 4).

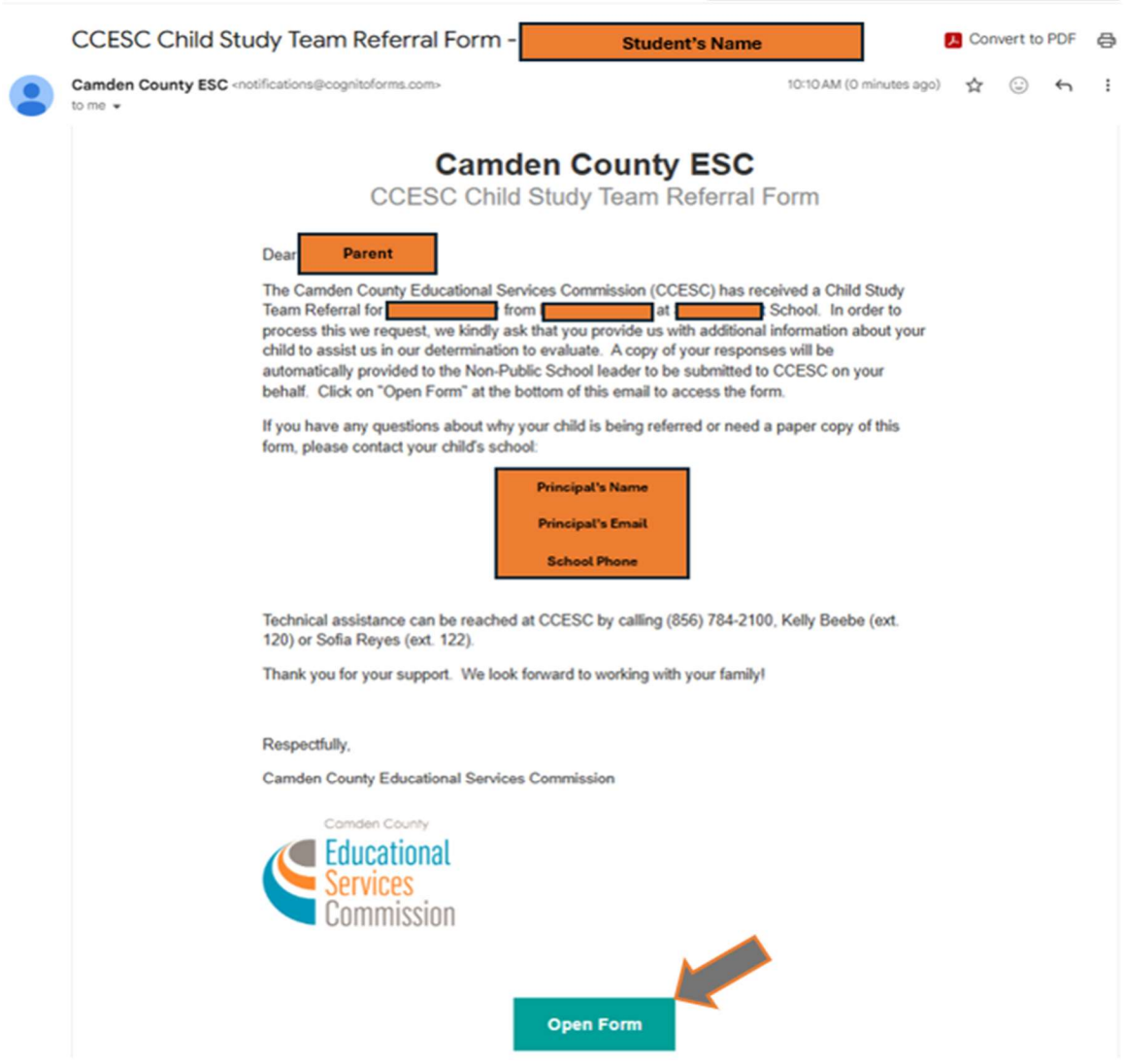
NP CST Image 4



e. Click **“Initiate/Parent Guardian Form.”** The Parent/Guardian Form has now been sent to the Parent/Guardian.

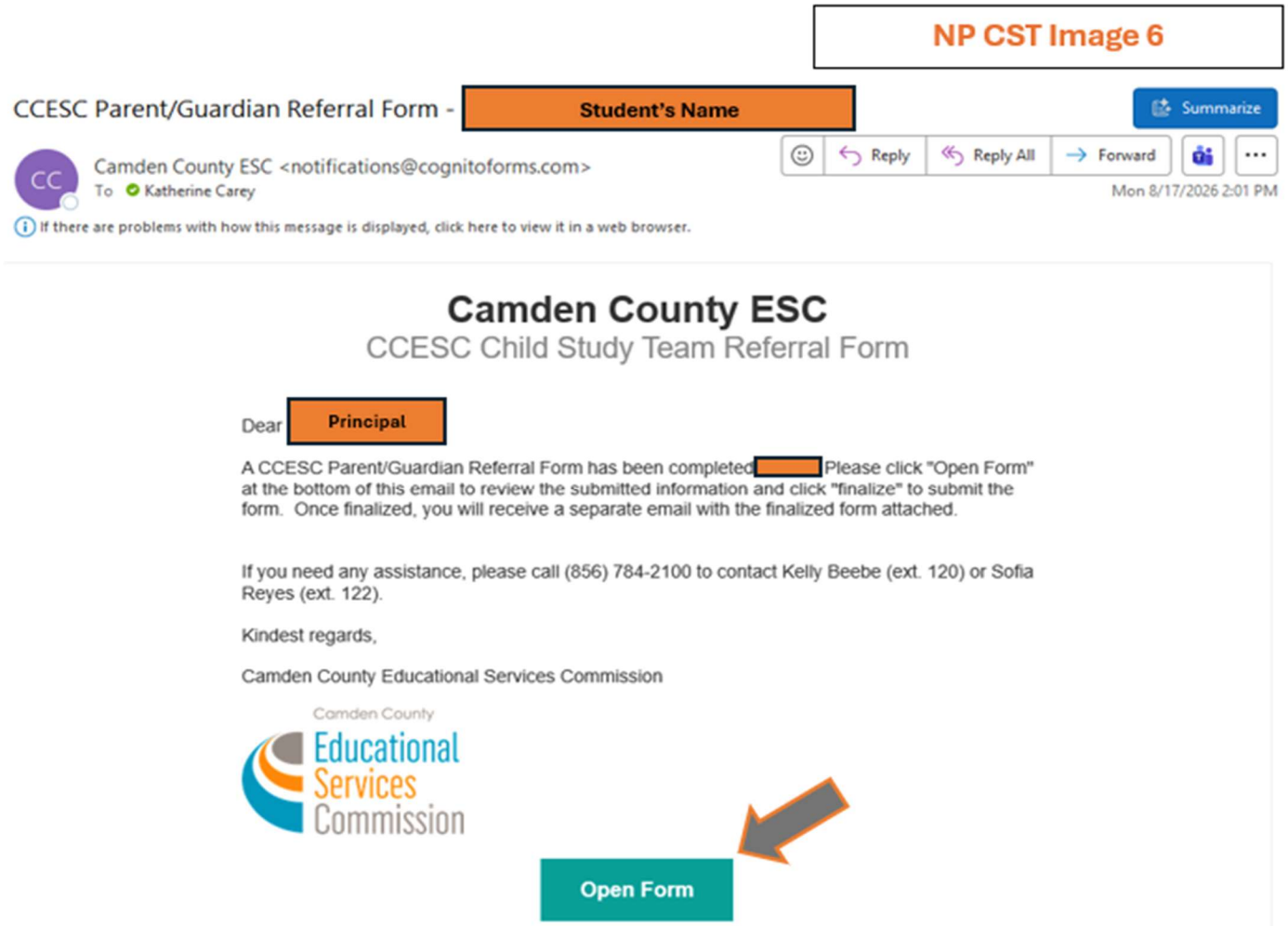
6. **Parent/Guardian** Completes the Parent/Guardian Form
   a. The Parent/Guardian receives the email **“CCESC Child Study Team Referral Form”** from Camden County ESC notifications@cognitoforms.com.
      i. *Please note: if the Parent/Guardian does not receive the email, kindly direct them to their Junk/Spam/Clutter mail.*
   b. The Parent/Guardian will click on “**Open Form**.”

NP CST Image 5



c. The Parent/Guardian will see the student's demographic information and school leader's contact information.
d. The Parent/Guardian will click **"Next"** on pages 1, 2, and 3.
e. The Parent/Guardian will enter the following information:
    i. Reason for Referral (Please list the areas for which your child is experiencing difficulty in school)
    ii. Please list specific attempts made to resolve your child's educational difficulties
    iii. Please list any current health conditions, medical issues, or diagnosis.
    iv. Please include any additional information that you feel would be beneficial to be considered
    v. Does your child wear corrective lenses (glasses/contacts)?
    vi. Does your child have a hearing device?
    vii. Additional Information (may be uploaded)
    viii. Parent/Guardian Signature
f. Parent/Guardian clicks **"Submit to Principal."**

7. The **Principal** Finalizes the Referral and Submits to CCESC
    a. The Principal receives an email that the completed CST referral with the parent signature is ready for review and submission.
    b. The Principal clicks "**Open Form"** at the bottom of the email.



c. The Principal will be taken to the completed form to review. Once all information is complete and accurate, the Principal will click **"Finalize."**
d. The Principal will then receive an email with the completed form. CCESC will receive the form and all documentation and initiate the process with the CCESC Child Study Team. Please save the documents for your records.