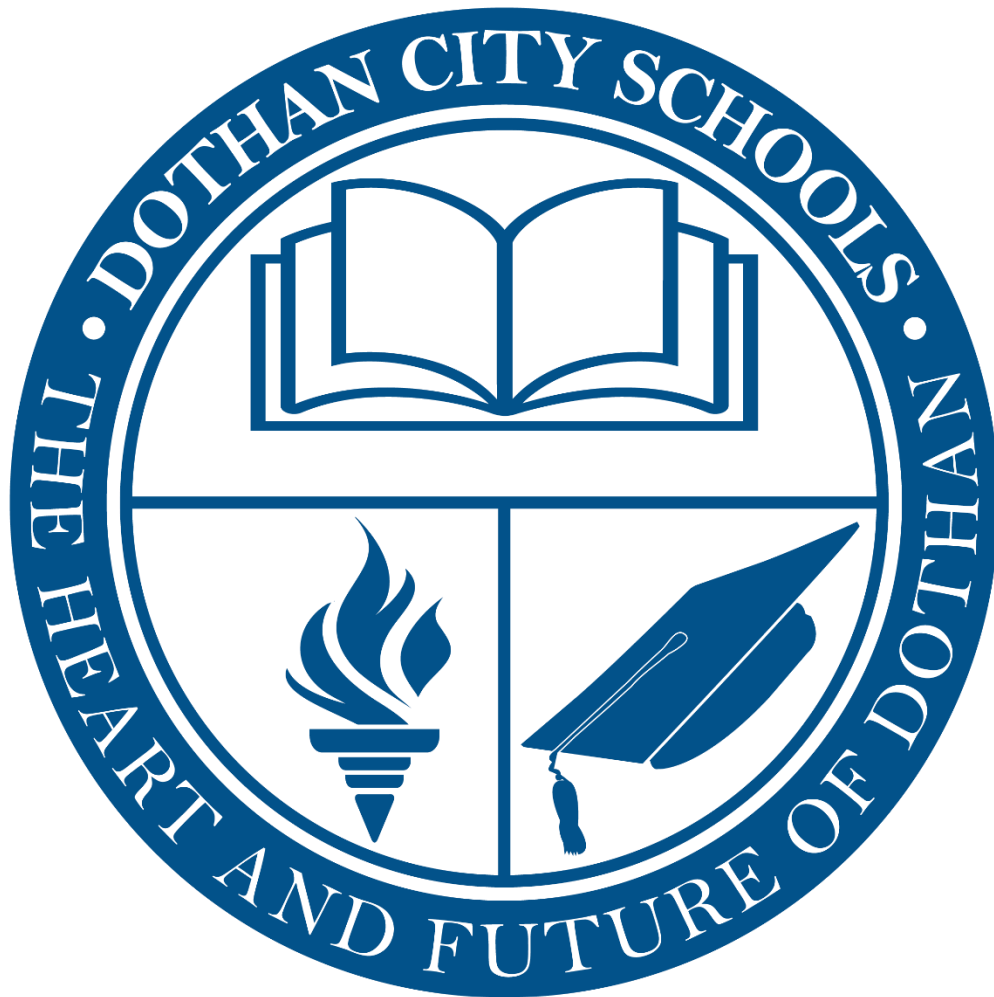


**PST/Parent Referral
for Special Education Evaluation**



PSYCHOMETRIST CHECKLIST FOR REFERRAL

Documentation needed from PST for a Referral for Special Education

These items should have been gathered during the General Education PST process and should only need to be delivered to the Special Education Teacher to enter into PSSP.

****The Psychometrist should receive all of the items below no later than one week prior to the referral meeting date.****

ITEMS REQUESTED			
Initials		Initials	
	Copy of Vision/Hearing Consent to Screen		Copy of Vision Screening Results
	Copy of Hearing Screening Results		ECEC Checklist
	BASC SOS Observation in area of weakness		Work Sample Analysis and work samples attached
	Documentation of Appropriate Instruction		Statement of Adverse Effect
	Teacher Input Form for Strengths and Weaknesses		Documentation of Accommodations and Interventions
	Documentation of at least one conference with parent(s) prior to this referral, explaining MTSS(RtI)/PST process or documentation of attempts to contact parent(s)		Completion of MTSS(RtI) and PST forms: <ul style="list-style-type: none"> ▪ Parent Letter explaining implementation of initiation ▪ MTSS Progress Report(s) ▪ Intervention Plan
	All MTSS(RtI) tracking data for Tiers 2 and 3 (RAILS)		Dyslexic profile if applicable to this student
	Cumulative folder or PSSP transcript with all educational history		Any relevant medical information or history, attendance problems, or discipline problems; signed information release; parent notification forms, etc.
	If a Parent Referral, Parent Letter and DCS Parent Request (IF NEEDED)		COMPLETED REFERRAL given to Special Education Teacher to input into PSSP

BEHAVIOR ASSESSMENT SYSTEM FOR CHILDREN, SECOND OR THIRD EDITION STUDENT OBSERVATION SYSTEM (BASC-SOS)

Observation must be completed in the area(s) of weakness. This is done during RTI as a determination of why the problem is happening and if interventions are working.

Ordering information: Pearson Company, 5601 Green Valley Drive, Bloomington, MN 55437, 800- 627-7271, Product Number 30060



INTERVENTION PARENT LETTER AND REQUEST FOR VISION AND HEARING SCREENING

Date:

Dear Parent,

Your child has been referred to our school's Problem Solving Team for academic and/or behavioral concerns. This team will work collaboratively with your child's teacher to address the specific needs of your child. The purpose of the Problem Solving Team is to identify effective, research-based strategies and interventions to help your child experience academic success. Your child will be monitored by the PST, and decisions will be made whether to continue interventions, dismiss them from PST, or recommend further evaluation by Special Education Services; depending on your child's progress. In the event that data is gathered to support a referral for evaluations, you will be invited to serve on the Team for this process.

This referral has been made due to deficiencies in one or more of the following areas:

Reading Math Behavior

We are required to rule out hearing and/or vision deficiencies as a contributing factor to school-related concerns. We would like your consent to conduct a vision/hearing screening. Please complete the section below and return it to your child's teacher tomorrow.

Child's name _____

Teacher _____

I GIVE permission for my child to be given a vision/hearing screening at school.

I DO NOT give permission for my child to be given a vision/hearing screening at school.

Parent Signature: _____ Date: _____

If you have any questions concerning this process; please feel free to contact your child's teacher, principal, or Program Specialist/Assistant Principal.

Sincerely,

PST chair



PARENT REQUEST FOR TESTING

Date of Request

Student's Name

Date of Birth

State ID #

Teacher's Name

Grade

Has student repeated a grade? ____ Yes

____ No

If so, which grade _____

Has student ever been referred for testing before? ____ Yes ____ No

If so, when? _____

Name of Parent that is requesting

Contact # for Parent

Please indicate how parent contacted you:

____ in person (_____) _____
Date Time

____ by phone (_____) _____
Date Time

____ by email (please forward the email to PST and DESS and keep a copy for your records)

____ by letter (please send the letter to PST and DESS and keep a copy for your records)

Reason for request: (Please be specific.)

**Please send this completed form to PST and DESS as soon as you get the request. Be sure to keep a copy for your records.



VISION AND HEARING SCREENING FORM

Student Name: _____	School Year: _____
School: _____	Grade: _____
	Date: _____

VISION CRITERIA: Key: P = PASS F = Fail

SCREENING DATE: _____		RECHECK DATE: _____	
	FAR	NEAR	
BOTH EYES			
RIGHT EYE			
LEFT EYE			
Examiner:		Examiner:	
Instrument used:		Instrument used:	

REMARKS: <input type="checkbox"/> Within Normal Limits <input type="checkbox"/> Needs Recheck <input type="checkbox"/> With Glasses <input type="checkbox"/> Needs Referral	REMARKS: <input type="checkbox"/> Within Normal Limits <input type="checkbox"/> Needs Recheck <input type="checkbox"/> With Glasses <input type="checkbox"/> Needs Referral
--	--

If the child cannot be conditioned to traditional vision screening, a functional vision screener may be used.
 Date: _____ Pass Fail

HEARING CRITERIA: A student fails the screening test if he/she does not respond to any one tone (frequency) at a 20db hearing level in either ear. Key: P = PASS F = Fail

Screening Date: _____					Recheck Date: _____				
EAR	HL	FREQUENCY HZ			EAR	HL	FREQUENCY HZ		
		1000	2000	4000			1000	2000	4000
RE	20				RE	20			
LE	20				LE	20			
Examiner: _____					Examiner: _____				
Instrument used: _____					Instrument used: _____				
Last Calibration Date: _____					Last Calibration Date: _____				

Tympanometry: RE _____ LE _____ REMARKS: _____ Within Normal Limits _____ Needs Rescreen (within two weeks)	Tympanometry: RE _____ LE _____ REMARKS: _____ Within Normal Limits _____ Needs Rescreen (within two weeks)
--	--

If the child cannot be conditioned to pure-tone audiometry, a functional auditory response screener may be used.
 Date: _____ Pass Fail



ENVIRONMENTAL, CULTURAL, AND/OR ECONOMIC CONCERNS CHECKLIST

Student Name:	School Year:
School:	Grade:
Person Completing Form:	Date:

Use this checklist:

- (1) To determine factors impacting a student's learning and therefore excluding him/her from being identified as a student with a disability.
- (2) To determine whether or not a student needs to be administered a non-traditional intelligence test if there are environmental, language, cultural, and/or economic concerns checked.
- (3) To consider if there has been a lack of appropriate instruction in reading and/or math

CHECK EACH THAT APPLIES TO THE STUDENT:

Limited experiential background

Irregular attendance (for reasons other than verified personal illness)

Transiency in school years

Home responsibilities interfering with learning activities

Lack of proficiency in any language (a discrepancy of two or more grade levels or years between the student's grade level or age in language and ability).

Nonstandard English constitutes a barrier to learning (only a foreign language or nonstandard English spoken at home, the language of the home exhibits strong dialectal differences)

Limited opportunity to acquire depth in English (English not spoken in the home, transience due to migrant employment of family, dialectal differences acting as a barrier to learning).

Limited cultural experiences (student does not participate in community activities).

The student receives other services such as Title I, Migrant, 504, ESL, etc.

Limited participation in supplemental organized learning opportunities, e.g., preschool, Head Start, after school programs

NONE OF THE ABOVE APPLY.

STATEMENT OF ADVERSE EFFECT

Evidence of how impairment (Specific Learning Disability, suspected/or diagnosis of _____,etc.) adversely affects educational performance (academically and/or socially) in the general curriculum.



DOCUMENTATION OF APPROPRIATE INSTRUCTION (Preschool)

Student Name:	School Year:
School:	Grade:
Person Completing the Form:	Date:

Check all items that apply to the student:

PRESCHOOL Delivery of Instruction (Prong 1) Data is available to support the documentation that the child was provided appropriate instruction in regular education settings and that instruction was delivered by qualified personnel.

The student has not been provided appropriate instruction in regular class settings delivered by qualified personnel. This student is a preschool child who has not had the opportunity for appropriate instruction by qualified personnel.

The student is currently attending a preschool program for nondisabled _____ year old children for _____ months/years.

The student is currently attending a preschool program and has access to a research based curriculum by a highly qualified teacher and has attended this preschool program for _____ months/years.

The student attends a certified daycare program and has attended for _____ months/years.

The student attends a home daycare program and has attended for _____ months/years.

Parent reports the student has had access to age-appropriate activities for a preschooler such as: play dates with peers, Sunday school class, and storytime at the public library.

The student has received instruction and/or therapy through Early Intervention.

The student has received private speech therapy services.

The student has the opportunity to participate in age-appropriate activities through interactions with peers and siblings.

The parent reports that he/she reads to the student daily.

PRESCHOOL RESPONSE TO INSTRUCTION/INTERVENTION AND PARENTAL NOTIFICATION OF THAT PROGRESS (Prong II)

Data supports that data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction were given and results were provided to the parents.

The student is not of age for repeated assessments of achievement. In Kindergarten, _____ will be given repeated assessments of achievement and the results will be shared with his parents.

OR

The parent reports that the child has progressed according to research-based developmental normative charts.



DOCUMENTATION OF APPROPRIATE INSTRUCTION (K-12)

Student Name:	School Year:
School:	Grade:
Person Completing the Form:	Date:

Check all items that apply to the student:

Delivery of Instruction (Prong 1) Data is available to support the documentation that the child was provided appropriate instruction in regular education settings and that instruction was delivered by qualified personnel.

<p><input type="checkbox"/> The student has participated in a reading intervention program.</p> <p><input type="checkbox"/> The student has participated in a math intervention program.</p> <p><input type="checkbox"/> The student has participated in a drop-out intervention program.</p> <p><input type="checkbox"/> The student has received standards-based instruction by a highly qualified teacher.</p> <p><input type="checkbox"/> The student's data has been reviewed and appropriate instructional strategies have been implemented in the classroom based on the student's needs.</p> <p><input type="checkbox"/> Other</p>	<p>The following instructional strategies and programs have been provided in the general education setting to ensure that appropriate instruction was provided prior to the student being evaluated. The student was provided appropriate instruction in regular class settings delivered by qualified personnel. The student has participated in scientifically research-based resources such as reading: [Heggerty Phonemic Awareness, Reading Horizons, A+ College Ready (6-10), EL Education (Expeditionary Learning)] and math [Savvas-Envision (K-5), Big Ideas Learning Mathematics (6-12), Savvas – Precalculus, Bedford, Freeman, & Worth, (AP Calculus and AP Statistics)] programs which may also include small group and tutorial.</p> <p>The following baseline data and benchmark evaluations are provided in the general education curriculum to ensure that the Appropriate Instruction is provided in the general curriculum prior to the student being evaluated for special education. Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction was provided to the parent. This data was provided through periodic progress reports, graded work samples, standards checklists, and benchmark assessments such as NWEA MAP Assessment (K-8), Reading Horizons, Heggerty Phonemic Awareness, Savvas-Envision, Savvas Precalculus, Bedford, Freeman, & Worth (AP Calculus and AP Statistics), Big Ideas Learning Mathematics (6-12), IXL (Reading and Mathematics K-8), Pre-ACT 8/9 (grade 9), Pre-ACT (grade 10), Amplify CKLA (Core Knowledge Language Arts, K-5), McGraw-Hill Study Sync (6-12).</p>
--	--

RESPONSE TO INSTRUCTION/INTERVENTION AND PARENTAL NOTIFICATION OF THAT PROGRESS (Prong II) Data supports that data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction were given and results were provided to the parents.

Data Summary:

SCANTRON: Date given: _____ Score: _____ Date given: _____ Score: _____

PRE-ACT: Date Given: _____ Score: _____ Date given: _____ Score: _____

ACAP: Date given: _____ Score: _____ Date given: _____ Score: _____

NWEA (MAP): Date given: _____ Score: _____ Date given: _____ Score: _____

Classroom Assessments Math: Date given: _____ Score: _____ Date given: _____ Score: _____

Classroom Assessments Reading: Date given: _____ Score: _____ Date given: _____ Score: _____

AT REEVALUATION: Data supports the documentation that instruction was delivered by qualified personnel.



WORK SAMPLE ANALYSIS AND WORK SAMPLES

Student Name:	School Year:
School:	Grade:
Person Completing the Form:	Date:

You must provide TWO READING samples, TWO MATH samples, and ONE WRITING sample.

Completeness of work:

Work is always complete Work is less than 50% complete Work is 50% complete Work is never complete
 Other: _____

Effort displayed:

Student tries very hard Student tries on work he/she likes Little or no effort Student tries but gives up easily
 Other: _____

For each work sample provided, provide analysis using the guide below:

READING:

1st Sample: This sample demonstrates (check the following that apply)

- lack of understanding of phonics lack of reading comprehension
- lack of skills pertaining to any of the following:
 - context clues use of prior knowledge or inference
- lack of vocabulary knowledge lack of fluency and automaticity
- lack of attention and focus

2nd Sample: This sample demonstrates (check the following that apply)

- lack of understanding of phonics lack of reading comprehension
- lack of skills pertaining to any of the following:
 - context clues use of prior knowledge or inference
- lack of vocabulary knowledge lack of fluency and automaticity
- lack of attention and focus

***PLEASE ATTACH REPRESENTATIVE WORK SAMPLES**

MATH:

1st Sample: This sample demonstrates (check the following that apply)

- lack of understanding of concepts as evidenced by choice of incorrect processes
- lack of skills pertaining to any of the following:
 - reading comprehension (of word problems) calculation or math fluency
- lack of math vocabulary knowledge
- lack of attention and focus

2nd Sample: This sample demonstrates (check the following that apply)

- lack of understanding of concepts as evidenced by choice of incorrect processes
- lack of skills pertaining to any of the following:
 - reading comprehension (of word problems) calculation or math fluency
- lack of math vocabulary knowledge
- lack of attention and focus

WRITING:

Sample: This sample demonstrates (check the following that apply)

- lack of skills pertaining to any of the following:
 - grammar mechanics or syntax reading skills
- lack of vocabulary knowledge
- lack of attention and focus



DOCUMENTATION OF ACCOMMODATIONS/INTERVENTIONS IMPLEMENTED

Student Name:	School Year:
School:	Grade:
Person Completing the Form:	Date:

- Tier II instruction provided in smaller group
- Tier III instruction provided in smaller group
- Instruction provided one-to-one
- Additional opportunities for practice and review
- Additional opportunities for correction and feedback
- Additional opportunities for time on task, engaged in instruction and practice.
- Additional opportunities for drill repetition and/or practice review.
- Opportunities for completing tasks in smaller steps
- Additional curriculum strategies that focus on accelerating learning
- Individually tailored instruction to meet the student's learning needs
- Behavior plan/modifications
- Reinforcement for target behaviors (i.e. verbal/visual cues, praise, proximity)
- Small group behavioral session with counselor (or other qualified personnel)
- Additional interventions: _____



Referral was made by:
 Phone
 Mail
 Conference on _____ (date).

REFERRAL FOR EVALUATION

STUDENT INFORMATION

Student's Complete Legal Name: _____

Student ID Number: _____ Sex: _____ Grade: _____ Race: _____

Date of Birth: _____ School/Service Provider: _____

Parent's Name(s): _____

Address: _____ Home Phone: _____

Work Phone (Mother): _____

Primary Language in Home: _____ Work Phone (Father): _____

Person Referring: _____ Position: _____

Reason for Referral (List specific concerns):

The referral is based on concerns checked below and/or continuing concerns following interventions:

INSTRUCTIONAL CONCERNS

BEHAVIORAL CONCERNS

- | | |
|---|---|
| <p><input type="checkbox"/> Poor progress acquiring pre-literacy skills</p> <p><input type="checkbox"/> Poor progress acquiring basic reading skills</p> <p><input type="checkbox"/> Poor progress acquiring pre-numeracy skills</p> <p><input type="checkbox"/> Poor progress acquiring basic math skills</p> <p><input type="checkbox"/> Difficulty in spelling</p> <p><input type="checkbox"/> Difficulty producing written work</p> <p><input type="checkbox"/> Few appropriate cognitive learning strategies</p> <p><input type="checkbox"/> Poor progress acquiring communication skills</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> None _____</p> | <p><input type="checkbox"/> Poor attention and concentration</p> <p><input type="checkbox"/> Noncompliance with teacher directives</p> <p><input type="checkbox"/> Excessively high/low activity level</p> <p><input type="checkbox"/> Difficulty following directions</p> <p><input type="checkbox"/> Easily frustrated</p> <p><input type="checkbox"/> Extreme mood swings</p> <p><input type="checkbox"/> Difficulty working with peers</p> <p><input type="checkbox"/> Difficulty staying on task</p> <p><input type="checkbox"/> Limited adaptive behavioral skills</p> <p><input type="checkbox"/> Inappropriate social interaction skills</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> None _____</p> |
|---|---|

MEDICAL INFORMATION

1. Does the student exhibit any signs of health, orthopedic, or medical problems? If yes, what? Yes No
2. Does this student exhibit any behaviors in the classroom which might indicate vision or hearing problems? If yes, what? Yes No
3. Does student currently wear glasses? Yes No
4. Does student currently wear a hearing aid? Yes No
5. Is the student receiving any medication at school and/or at home? If yes, what? Yes No
6. Does this student currently use an assistive technology device? If yes, what? Yes No



HISTORICAL INFORMATION

Have the following been considered?

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| 1. Latest report card. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 2. Cumulative records containing grades and attendance. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 3. Current work samples. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 4. Current interventions and supporting documentation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 5. Other relevant information (from parent/school/other agencies). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
-
-

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| 6. Relevant evaluations including state assessment results. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
|---|------------------------------|-----------------------------|-----------------------------|
- | | |
|---|---|
| 7. Student's grades have:
<input type="checkbox"/> Improved each year
<input type="checkbox"/> Stayed about the same each year
<input type="checkbox"/> Declined each year
<input type="checkbox"/> Dropped suddenly
<input type="checkbox"/> Data not available | 8. Student's grades in the indicated area(s) of concern are:
<input type="checkbox"/> Above Average
<input type="checkbox"/> Average
<input type="checkbox"/> Below Average
<input type="checkbox"/> Data not available |
|---|---|
- | | | | | |
|---|-------------------------------|-------------------------------|---|-----------------------------|
| 9. Compared to last year, this student has been absent: | <input type="checkbox"/> More | <input type="checkbox"/> Less | <input type="checkbox"/> About the same | <input type="checkbox"/> NA |
|---|-------------------------------|-------------------------------|---|-----------------------------|
10. O _____ school days for year to date, the student has been:

Absent	_____	days
Tardy	_____	times
Checked out	_____	times
Failing to attend class(es)	_____	times

11. Has this student ever repeated a grade? If yes, which one(s)/how many times? Yes No NA
12. Has this student been suspended or expelled for disciplinary reasons during the current school year? If yes, explain. Yes No NA
13. Has this student been previously referred for special education services? If yes, note previous referral date. Yes No NA
14. Did this student qualify for special education services? Yes No NA



15. Has the student received other services such as, Title I, Migrant, 504, [] Yes [] No [] NA
ESL, etc.? If yes, which ones? _____

ENVIRONMENTAL, CULTURAL, AND/OR ECONOMIC CONCERNS--- See Referral Packet

FOR IEP TEAM USE ONLY

1. Does data-based documentation support that the child was provided appropriate instruction in regular education settings and the reason for referral has a direct impact on the child's educational performance (severity of the reason for referral), or for a preschool child, participation in age-appropriate activities? Does the child make sufficient progress to meet age or State-approved grade-level standards in areas of suspected disability?
(Prong 1 - include details of documentation on Eligibility Report) [] Yes [] No
2. Does data-based documentation support that the child was delivered appropriate instruction in the regular setting that was delivered by qualified personnel?
(Prong 1 - include details of the documentation on Eligibility Report) [] Yes [] No
3. Does data-based documentation that supports valid implementation of interventions of repeated assessments of achievement at reasonable intervals from multiple sources reflecting formal assessment of student progress during instruction (progress monitoring) for the referral concern(s)?
(Prong 2 - include details of the documentation on Eligibility Report) [] Yes [] No [] NA
4. Does data-based documentation support that progress monitoring reflect(s) ineffectiveness of the intervention(s) for the referral concern(s) that was provided to the child's parents? Include dates.
(Prong 2 - include details of the documentation on Eligibility Report) [] Yes [] No [] NA
5. Does the documented data overall support referral concerns? [] Yes [] No



TEACHER INPUT FORM FOR STRENGTHS/WEAKNESSES

Name _____ Grade _____ Teacher _____ School _____

When this student is compared to others in the general education class ...

	S	N	W	S=Strength N=Neutral W=Weakness
Basic Reading	___	___	___	Phonetic skills Word recognition Accurately sounds out unfamiliar words Has mastered frequently used sight words
Reading Fluency	___	___	___	Reads fluently without stopping frequently to sound out words Reads fluently without excessive word omissions and substitutions Accurately reads words in sentences/passages
Reading Comprehension	___	___	___	Comprehends the meaning of words in the reading vocabulary Recalls facts after reading orally Can find a main idea statement accurately; infers meaning beyond the text Can answer questions related to the text
Math Calculation	___	___	___	Demonstrates accuracy with basic math facts Appropriately work problems with multi-step operations Works math problems as quickly as classmates
Math Problem Solving	___	___	___	Solves math applications/word problems Can recognize and comprehend key words which identify the operation used in a word problem Can express the equivalent parts of fractions, percentages, and decimals Can solve problems involving basic measurement terms and basic geometry
Written Expression	___	___	___	Ability to copy materials from the board and desk Uses complete sentences in daily work Uses proper grammar and usage in daily work Proper use of writing mechanics (punctuation, capitalization, & spelling)

Basic Reading: phonemic awareness, sight word recognition, phonics, and word analysis; **Reading Fluency:** the ability to read with speed, accuracy, and proper expression; **Reading Comprehension:** the ability to process text, understand its meaning, and to integrate with what the reader already knows

Math Calculation: basic arithmetic (addition, subtraction, multiplication and division), fraction concepts, multi-step operations; **Math Problem Solving:** the process of working through details of a problem to reach a solution; money, time, measurements, story problems

Oral Expression	___	___	___	Vocabulary development is comparable to peers Verbal statements communicate ideas adequately (not dependent on gestures) Grammar is comparable to peer group (considering cultural and family communication style) Responds frequently with at least 3-5 word phrases/sentences (considering age-appropriateness) Has little difficulty "finding" words to communicate efficiently
Listening Comprehension	___	___	___	Follows simple verbal directions (requiring a single response) Follows multiple verbal commands Can verbally paraphrase sentences or stories presented orally Understands directions and begins tasks without prompting Understands and makes sense of spoken language (does not require further explanation)
Functional Academics/ Work Habits	___	___	___	Consistently completes/turns in assignments Average performance on tests and quizzes Asks for help if needed Quality of work is consistent Motivated to achieve
Social/Behavioral	___	___	___	Appropriately follows school rules Works effectively with other students Participates in class discussions Disruptive in class Constantly seeks attention Impulsive/Hyperactive Anxious/Worried/Nervous Isolates self from others

Written Expression: the ability to convey meaning through writing. It involves low level skills such as spelling, punctuation, capitalization, and grammar, but also high level composition skills such as planning, organization, determining content, and revision to express information effectively; **Oral Expression:** a person's ability to express wants, thoughts, and ideas meaningfully using appropriate syntactic, semantic, pragmatic, and phonological language structures; **Listening Comprehension:** understanding and making sense of spoken language, recognizing speech sounds, understanding the *meaning* of individual words, and/or understanding the syntax of sentences in which they are presented

