

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 SETS.

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

Initials	Form page in RTI Framework	ITEMS REQUESTED
	25	Vision/Hearing consent to screen
	26	Vision Screening/ Record on K-1
	27	Hearing Screening/ Record on K-1
	35	BASC SOS Observation in area of weakness
	29	ECEC Checklist
	30 or 31	Documentation of Appropriate Instruction
	28	Work Sample Analysis and Work Samples
	33	Statement of Adverse Effect of suspected disability
	32	Documentation of Accommodations/Interventions
	34	Classroom Teacher Input Form
	36	Documentation of at least one conference with parent(s) prior to this referral, explaining RtI/PST process or documentation of attempts to contact parent(s)
	19-22	Completion of RtI and PST forms: J-1 ____ J-2 ____ K-1 ____
	23	**All RtI tracking data for TIERS II AND III (SID) --**RAILS
	38	Dyslexic profile if applicable to this student
	37	Complete on SUMMARY DATA SHEET <ul style="list-style-type: none"> • Cumulative Folder with all Educational History • Last 3 years test scores for ACT Aspire, ACT • Last 3 Screeners/Monitoring for Read 180, System 44, Curriculum-Based Measures, Compass Learning, DIBELS, and/or Global Scholar • All Progress Monitoring Data for TIER II and TIER III • All behavior tracking data and behavior intervention plans
	38	Any relevant medical information or history, attendance problems, or discipline problems; signed information release
	24	Parent letter, DCS Parent Request, if a parent referral
	From INOW	Attendance -Parent Notification Form(s), Parent Involvement Contacts, if necessary
	41-44	REFFERAL given to Special Education Teacher to input into SETS

Intervention Parent Letter and Request for Vision and Hearing



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 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

VISION SCREENING FORM

STUDENT'S NAME _____ SCHOOL YEAR _____

SCHOOL _____ GRADE _____

INITIAL EXAMINER: _____ DATE: _____

KEY: P = PASS F = FAIL

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

Examiner: _____

Examiner: _____

Instrument used: _____

Instrument used: _____

REMARKS:

REMARKS:

- Within Normal Limits
- Needs Recheck
- With Glasses
- Needs Referral

- Within Normal Limits
- Needs Recheck
- With Glasses
- Needs Referral

Resolution of Problem: _____

If the child cannot be conditioned to traditional vision screening, a functional vision screener may be used.

Date: _____

Pass Fail

Examiner: _____

HEARING SCREENING FORM

STUDENT'S NAME _____

SCHOOL YEAR _____

SCHOOL _____

GRADE _____

HEARING CRITERIA: Puretone Audiometry-Tympanometry. A student fails the screening test if he/she does not respond to any one tone (frequency) at 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: _____

Audiometer: _____

Audiometer: _____

Last Calibration Date: _____

Last Calibration Date: _____

Tympanometry: RE _____
LE _____

Tympanometry: RE _____
LE _____

REMARKS:

REMARKS:

_____ Within Normal Limits
_____ Needs Rescreen (within two weeks)

_____ Within Normal Limits
_____ Needs Rescreen (within two weeks)

Resolution of Problem: _____

If the child cannot be conditioned to pure-tone audiometry, an auditory response screener may be used.

Date: _____

Pass: _____ Fail: _____

Examiner: _____

Behavior Assessment System for Children, Second or Third Edition- Student Observation System (BASC-SOS)

Observation must be completed in 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.

ENVIRONMENTAL, CULTURAL, AND/OR ECONOMIC CONCERNS

Name _____ Grade _____ Date _____

School _____

Name of Person Completing Form _____

Position of Person Completing Form _____

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 is 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 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 constituting 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.**

DOCUMENTATION OF APPROPRIATE INSTRUCTION:

Primary Grades (K-6)

STUDENT'S NAME: _____ DATE: _____

CHECK ALL ITEMS THAT APPLY TO THE STUDENT

- The student has participated in a reading intervention program.
- The student has participated in a math intervention program.
- The student has participated in a drop-out intervention program.
- The student has received standards based instruction by a highly qualified teacher.
- The student's data has been reviewed and appropriate instructional strategies have been implemented in the classroom based on the student's needs.
- Other _____

Prong I: 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.

For students K-6

DELIVERY OF INSTRUCTION: 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 (Scott Foresman Reading Series, Reading Horizons, Engage NY-Reading, and/or My Sidewalks) and math (Houghton Mifflin GO MATH! Series, Engage NY-Math, or Voyager Math) programs which may also include small group and tutorial instruction. Student data was reviewed and appropriate instructional strategies have been implemented in the classroom based on student needs.

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.

For students K-6

RESPONSE TO INSTRUCTION/INTERVENTION AND PARENTAL NOTIFICATION OF THAT PROGRESS: 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 parent. This data was provided through periodic progress reports, graded work samples, standards checklists, and benchmark assessments such as (K-2) DIBELS Next; (K-6) Reading Horizons or Scott Foresman Reading Street; (6th) HRW Elements of Literature; (K-6) Go Math; (3-6) SCANTRON Performance Series.

Data Summary:

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

DIBELS: Last Date given: _____ ISF: _____ LNF: _____ PSF: _____ NWF: _____ WPM: _____

ACAP 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.

Name of person completing this form: _____ Completed by the IEP Team. _____

**DOCUMENTATION OF APPROPRIATE INSTRUCTION:
SECONDARY GRADES (7-9)**

STUDENT'S NAME: _____ **DATE:** _____

CHECK ALL ITEMS THAT APPLY TO THE STUDENT

- _____ The student has participated in a reading intervention program.
- _____ The student has participated in a math intervention program.
- _____ The student has participated in a drop-out intervention program.
- _____ The student has received standards based instruction by a highly qualified teacher.
- _____ The student's data has been reviewed and appropriate instructional strategies have been implemented in the classroom based on the student's needs.
- _____ Other

Prong I: 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.

For students 7-9

DELIVERY OF INSTRUCTION: 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. Based on Robert Marzano's Elements of Effective Instruction, the student has participated in scientifically research based A+ College Ready strategies using resources such as: reading (Holt Elements of Literature, Reading Horizons) and math (Glencoe Math Series Common Core Edition) programs which may also include small group and tutorial instruction. Student data was reviewed and appropriate instructional strategies have been implemented in the classroom based on student needs.

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.

PRONG 2

For students 7-9

RESPONSE TO INSTRUCTION/INTERVENTION AND PARENTAL NOTIFICATION OF THAT PROGRESS: 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 parent. This data was provided through periodic progress reports, graded work samples, standards checklists, and benchmark assessments such as: SCANTRON Performance and Achievement Series; Scott Foresman Reading Series, and the Glencoe Math Series.

Data Summary:

SCANTRON: Date given: _____ Score: _____ Date given: _____ Score: _____ Date given: _____ Score: _____
ACAP 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.

Name of person completing this form: _____ Completed by the IEP Team. _____

**DOCUMENTATION OF APPROPRIATE INSTRUCTION:
SECONDARY GRADES (10-12)**

STUDENT'S NAME: _____ **DATE:** _____

CHECK ALL ITEMS THAT APPLY TO THE STUDENT

- _____ The student has participated in a reading intervention program.
- _____ The student has participated in a math intervention program.
- _____ The student has participated in a drop-out intervention program.
- _____ The student has received standards based instruction by a highly qualified teacher.
- _____ The student's data has been reviewed and appropriate instructional strategies have been implemented in the classroom based on the student's needs.
- _____ Other

Prong I: 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.

For students 10-12

DELIVERY OF INSTRUCTION: 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. Based on Robert Marzano's Elements of Effective Instruction, the student has participated in scientifically research based A+ College Ready strategies using resources such as: reading (McDougal Littell Literature and Reading Horizons) and math programs (Voyager Math, Pearson Common Core Algebra 1, 2, and Geometry, Cengage Learning for Algebra with Finance) which may also include small group and tutorial instruction. Student data was reviewed and appropriate instructional strategies have been implemented in the classroom based on student needs.

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.

PRONG 2

For students 10-12

RESPONSE TO INSTRUCTION/INTERVENTION AND PARENTAL NOTIFICATION OF THAT PROGRESS: 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 parent. This data was provided through periodic progress reports, graded work samples, ACT assessments, and curriculum based assessments such as: SCANTRON Performance and Achievement Series, Unit and Benchmark (Nine Weeks) Tests, Skills Assessments, and Exams

Data Summary:

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

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

Name of person completing this form: ___ Completed by the IEP Team. _____

WORK SAMPLE ANALYSIS

Name _____ Grade _____ Date _____
School _____ Teacher _____

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 Other _____
 Work is 50% complete Work is never complete

Effort displayed:

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

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

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 math vocabulary knowledge
_____ lack of attention and focus

*** PLEASE ATTACH REPRESENTATIVE WORK SAMPLES**

DOCUMENTATION OF ACCOMMODATIONS/INTERVENTIONS IMPLEMENTED

Name _____ **Grade** _____ **Date** _____

School _____ **Teacher** _____

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

Dothan City Schools – Department of Exceptional Student Services

CLASSROOM TEACHER INPUT

Student		Grade		Date	
School		Teacher		Subject	

Please complete the following teacher input information and return this form within five (5) days to assist the IEP team in evaluating your student.

Teacher Observations – Based on your knowledge and observation, please rate this student’s performance in the following areas:

OBSERVATIONS	UNSATISFACTORY < -----> EXCELLENT				
Classroom Work	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
Homework	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
Tests	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
Reading Performance	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
Math Performance	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
Written Performance	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
Listening Comprehension	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
Oral Expression	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
Following Directions	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
Attendance/Timeliness to Class	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
Attention Span	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
Organizational Skills	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>

ACTIONS TAKEN (Check only those that apply)

RESULTS

<input type="checkbox"/>	Sent reports home		
<input type="checkbox"/>	Talked with counselor		
<input type="checkbox"/>	Rearranged Seating		
<input type="checkbox"/>	Preferential/Isolated Seating		
<input type="checkbox"/>	Ignored Behavior		
<input type="checkbox"/>	Referred to Administrator		
<input type="checkbox"/>	Contracts		
<input type="checkbox"/>	Assignment Notebook		
<input type="checkbox"/>	Alternative Assignment		
<input type="checkbox"/>	Reduced work w/o eliminating core content		
<input type="checkbox"/>	Additional Time for assignments		
<input type="checkbox"/>	Small group instruction		
<input type="checkbox"/>	Cooperative learning		
<input type="checkbox"/>	Parent Conferences		
<input type="checkbox"/>	Other:		



Parent Conference Form

Documentation of RTI/PST
Conference with Parent

Date of Conference: _____

Student's Name: _____

Teacher: _____

Requested by: _____

Parent/Guardian's Name: _____

Reason for Conference:

Discussed Response to Instruction with Parent and PST process:

Outcome/Notes:

Parent Signature: _____ **Date:** _____

**Appendix J-2
PROGRESS REPORT**

Dothan City Schools

Date _____

Dear _____,

We are providing _____ with extra assistance daily by using intervention strategies which target:

- reading comprehension skills
- word-level reading skills
- math computation skills
- math reasoning and problem-solving skills
- behavior skills
- other _____

We measure the progress being made weekly/quarterly, and the results of these progress measurements are graphed in the chart which is attached. Based on our progress measurements, we believe that, at this time, your child is:

- making good progress and we plan to continue the intervention at this time.
- making some progress and we plan to continue the intervention at this time.
- making limited progress and we plan to consider changes in the intervention we are providing.
- making insufficient progress and we are changing the intervention in an effort to assist your child achieve academic success.

As a school staff, we are pleased to have this opportunity to provide your child with this needed help. If you have any questions, please feel free to contact your child's classroom teacher.

If, at any time, you wish to request an evaluation for special education or Section 504 services, you may do so by contacting our school.

Thank you!

(Attach this letter to the graph of the progress monitoring data which was most recently reviewed by the PST. A convenient schedule for notifying parents would be to send this letter and graph with the report card and with the mid-grading period progress report. Maintain copies of these letters and attached graphs in the Student Intervention Folder.)



Appendix K- 1
PROBLEM SOLVING TEAM (PST) STUDENT INTERVENTION PLAN FORM

SECTION I. FACTORS CONSIDERED IN DETERMINING NEED FOR INTERVENTION

Student's Name: Sex: Race: Date:

School: Grade: Age: Birth date:

Specific Concern(s):

Specific screening/benchmark data:

Hearing Screening Date: Pass Fail

Vision Screening (near) Date: Pass Fail Vision Screening (far) Date: Pass Fail

SECTION II. INTERVENTION PLAN

Teacher(s) Responsible for Intervention Implementation:

Identified Concern(s) to be Addressed (Choose one or more from the following):

- [] 01 Reading
[] 02 Math
[] 03 Behavior

Types of Interventions: (Choose all that apply to this intervention plan)

- [] Tier II Intervention Date initiated
[] reading: word-level intervention
[] reading: dyslexic specific intervention
[] reading: comprehension intervention
[] math: computation intervention
[] math: reasoning/problem solving intervention
[] behavior intervention
[] other intervention
[] Tier III Intervention Date initiated
[] reading: word-level intervention
[] reading: comprehension intervention
[] math: computation intervention
[] math: reasoning/problem solving intervention
[] behavior intervention
[] other intervention

Intervention goal: In weeks, the student will:

ROI goal (weekly improvement needed to achieve intervention goal):

Progress Monitoring Tool:

Intervention Materials:

(Attach additional goal sheets if multiple intervention goals are established by the PST)

SECTION III INTERVENTION PLAN REVIEW (plan to be reviewed at least monthly)
See the attached Student Intervention Documentation (SID) Form for outcome information.

Signatures:

PST Chair

Initiation Date Completion Date

PST Secretary

Initiation Date Completion Date

Dothan City Schools

DYSLEXIA SCREENING AND NEEDS ASSESSMENT PROFILE

Student: _____ Date of Birth: _____ Grade: _____

School: _____ Date of Screening: _____

Participants in Team Meeting: _____

Date of Team Meeting: _____ Date Results Shared with Parents: _____

Kindergarten (mid-year and end of year) with student data

TOOL	Early Literacy Skill	Well-Below Benchmark	Below Benchmark	At or Above Benchmark
DIBELS 6 th ed	Letter Naming Fluency			
DIBELS 6 th ed	Letter Sound Fluency			
DIBELS 6 th ed	Phoneme Segmentation Fluency			
DIBELS 6 th ed	Nonsense Word Fluency			

If the student's scores are below benchmark or well-below benchmark (gray boxes) in three of these screening indicators, the student should be referred to the PST for determination of needed intervention services including dyslexia specific intervention, accommodations, and assistive technology as appropriate.

Grades 1-12

Tool	Skill Assessed	High Risk (SS Below 80 or Percentile ≤ 10 or ≥ 1 grade levels below or Intensive)	Moderate Risk (SS 80-89 or Percentile 11-24 or < 1 grade level below or Strategic)	Low Risk (SS ≥ 90 or Percentile ≥ 25 or On grade level or Benchmark)
	Sight Word Efficiency			
	Phonemic Decoding Efficiency			
	Written Spelling			
	Skill Assessed	Frustration Reading Level $< 92\%$	Instructional Reading Level (92-98%)	Independent Reading Level 99-100%
Grade Level Passage	Reading Accuracy			

If the student's scores are in or below the moderate risk or Frustration Reading Level column (gray boxes above) for three of the four screening indicators, the student should be referred to the PST for determination of needed intervention services including dyslexia specific intervention, accommodations, and assistive technology as appropriate.

Evidence-Based Dyslexia-Specific intervention	Name of Intervention	Level	Schedule	Group Size
Dyslexia-Specific Intervention				

Accommodations: _____

Assistive Technology: (Name/describe app or software needed)

Text to Speech: _____ **Speech to Text:** _____ **Note Taking:** _____ **Organization:** _____

Attention: _____ (School Psychometrist/Psychologist for your school)

AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Full Name: _____ Date of Birth: ____/____/____

Street Address: _____ City, State, Zip _____

Home Phone: _____ Grade: _____ School: _____

1. THIS AUTHORIZATION APPLIES TO THE FOLLOWING INFORMATION

ALL information, **including diagnosis**, treatment, hospitalization, discharge treatment needs, and/or outpatient care for the child's condition; including psychological or psychiatric impairment, drug and/or alcohol abuse, or Acquired Immunodeficiency Syndrome (AIDS), or tests for or infection with Human Immunodeficiency Virus (HIV): intellectual test results; cumulative record information; and due process forms (all Special Education records).

Please include the following records or types of information: **Special Education Records, Most current IEP, *Eligibility Report, Signed Placement, Psychological Evaluation, Other Diagnostic Testing**

*Please ensure that most current IQ/Achievement/Behavior Scale test results are included in this eligibility information

2. THE INFORMATION MAY BE RELEASED BY (enter school, clinic, hospital, or other person or agency to whom this is to be submitted; indicate address, city and/or state if needed for clarity):

PREVIOUS SCHOOL/DOCTOR:

3. THE INFORMATION MAY BE RELEASED TO (check all that apply):

Director of Exceptional Student Services I.E.P. Committee Members School Principal of Designee
 Special Education teacher(s) of this student Other teachers of this student Central Office Personnel
_____ Other:

4. PURPOSE OF THE RELEASE OF INFORMATION:

The information regarding this student will be released for the following purpose (example: at request of parent/legal guardian):

To provide information to assist in planning for special education services.

The information released will be limited to information necessary to fulfill the need or purpose for the disclosure. As a result of my signing this authorization, I understand that an individual or organization that receives this information may not be covered, and therefore the information is no longer protected under the Health Insurance Portability and Accountability ACT (HIPAA), a federal privacy law.

This authorization is valid for 90 days from the date of signature, unless otherwise noted. This authorization only applies to treatment and occurrences occurring before the date of signature.

I may be charged reasonable copy fees as indicated under state law for this request.

I may decline to sign this authorization. I understand that I may revoke this authorization at any time in writing by notifying the Dothan City Schools and the agencies named in item 2. If I revoke this authorization, the Dothan City Schools and other named agencies will not take any action on it, except to the extent that action has already been taken.

I understand that if Dothan City Schools or other named agencies are authorized to release this information for marketing activities, I will be informed if any of the agencies receive direct or indirect payment for releasing this information.

I understand that the services provided by the named agencies and any payments that may be due such agencies will not be affected if I do not sign this form. I understand that I may see and copy the information described on this form if I ask for it, and I may receive a copy of this form after I sign it.

I hereby have the authority to and voluntarily grant permission for the information to be released as described above.

Parent/Legal Guardian/Patient **Printed Name**

Parent/Legal Guardian **Signature**

Date

Patient Signature (if 14 or older)

Date

Witness Signature

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.

REFERRAL FOR EVALUATION

Date Received: _____

STUDENT INFORMATION

Student's Complete Legal Name: _____

SSID#: _____ Sex: _____ Grade: _____ Race: _____ Date of Birth: _____

School/Service Provider: _____

Parent Name(s): _____

Address: _____ Primary Phone: _____

Phone Contact Name: _____

Other Phone (Opt.): _____

Primary Language in Home: _____ Phone Contact Name: _____

Type of Referral: (Select one that represents the type of referral for the student.)

From Early Intervention Parent School Based

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

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

MEDICAL INFORMATION

- Does the student exhibit any signs of health, orthopedic, or medical problems? If yes, what? Yes No

- Does this student exhibit any behaviors in the classroom which might indicate vision or hearing problems? If yes, what? Yes No

- Does student currently wear glasses? Yes No
- Does student currently wear a hearing aid? Yes No
- Is the student receiving any medication at school and/or at home? If yes, what? Yes No
- 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. Yes No NA
- 2. Cumulative records containing grades and attendance. Yes No NA
- 3. Current work samples. Yes No NA
- 4. Current interventions and supporting documentation. Yes No NA
- 5. Other relevant information (from parent/school/other agencies). Yes No NA

6. Relevant evaluations including state assessment results. Yes No NA

- 7. Student's grades have:
 - Improved each year
 - Stayed about the same each year
 - Declined each year
 - Dropped suddenly
 - Data not available
- 8. Student's grades in the indicated area(s) of concern are:
 - Above Average
 - Average
 - Below Average
 - Data not available

9. Compared to last year, this student has been absent: More Less About the same NA

10. Out _____ school days for year to date, the student has been:
of _____
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, ESL, etc.? If yes, which ones? Yes No NA