

**3-5 year old Study Team**

**Referral for**

**Special Education Testing**

(Completed by Referring Teacher)

**Name of Student:**

**Date of Referral:**

**Date of Birth:**

**Age:**

**Gender:**

**Grade Level:**

**Parent/Guardian Name:**

**Mailing Address:**

**Phone Numbers: Cell**

**Home**

**Work**

**CURRENT EDUCATION PROGRAM**

\_\_\_ General Education

\_\_\_ Early Intervention Services

\_\_\_ Head Start

\_\_\_ Title 1 for: \_\_\_\_\_

\_\_\_ School Counseling

\_\_\_ Private School

\_\_\_ Limited English Proficiency

\_\_\_ Gifted/Talented Program

\_\_\_ None

\_\_\_ Other: \_\_\_\_\_

**IDEA PART C EARLY INTERVENTION (IF STUDENT RECEIVES OR HAS RECEIVED PART C SERVICES)**

Date School Staff Met with Family: \_\_\_\_\_

School Staff Attending: \_\_\_\_\_

Agency: \_\_\_\_\_

Family Support Specialist: \_\_\_\_\_

Results: \_\_\_\_\_

**PRESCHOOL SCREENING INFORMATION (FOR STUDENTS AGES 3-6 ONLY)**

Screening Date: \_\_\_\_\_ Test Name: \_\_\_\_\_

Location: \_\_\_\_\_

Results: \_\_\_\_\_

## SPECIFIC REASONS FOR REFERRAL FOR EVALUATION

Why is the student being referred for a comprehensive educational evaluation?

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The student may have a disability which adversely affects the student's educational performance to the degree which requires special education and related services. The areas of concern that may need further evaluation are:

Academic       Assistive Technology/Services       Behavioral       Communication  
 Developmental       Limited English Proficiency       Physical       Psychological  
 Social/Emotional       Other \_\_\_\_\_

**Has the student under concern previously received special education services?**

Yes      Name of School: \_\_\_\_\_      Year: \_\_\_\_\_  
 No

**Results of hearing screening:** P \_\_\_\_ F \_\_\_\_ Date \_\_\_\_\_

**Results of vision screening:** P \_\_\_\_ F \_\_\_\_ Date \_\_\_\_\_

**Attendance:** Current year- - days absent \_\_\_\_\_ days tardy \_\_\_\_\_  
Previous year- - days absent \_\_\_\_\_ days tardy \_\_\_\_\_

**Has the student been retained in grade?**

Yes \_\_\_\_\_ Grade and Year \_\_\_\_\_  
No \_\_\_\_\_

Using a scale of 1 to 5, with 5 being the highest degree of difficulty and 1 the lowest or least amount of difficulty, rate the following areas regarding the student's behavior:

**Reading:** ( Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty ):

\_\_\_\_ Difficulty with readiness activities

In the area of reading, indicate with an "X" in the provided box if the student has difficulty with any of the following:

\_\_\_\_ Looking at pictures and thinking about the story.  
\_\_\_\_ Saying beginning sounds accurately.  
\_\_\_\_ Saying ending sounds accurately.

**Writing:** ( Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty ):

\_\_\_\_ Poor handwriting

In the area of writing, indicate with an “X” in the provided box if the student has difficulty with any of the following:

\_\_\_\_ Writing independently.

**Math:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

\_\_\_\_ Difficulty with readiness/concepts (counting, measuring, time, etc.)

\_\_\_\_ Rote counting to 10

\_\_\_\_ 1:1 correspondence to 10

\_\_\_\_ Number identification to 10

**Attention Skills/Listening Comprehension:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

\_\_\_\_ Difficulty staying on task

\_\_\_\_ Difficulty completing a task

\_\_\_\_ Impulsive

\_\_\_\_ Excessive motor movement

\_\_\_\_ Daydreaming

\_\_\_\_ Poor Listening Skills

\_\_\_\_ Difficulty understanding direction, discussions

\_\_\_\_ Difficulty remembering material presented verbally

In the area of listening Comprehension, indicate with an “X” in the provided box if the student has difficulty with any of the following

\_\_\_\_ Listening to others and responding.

\_\_\_\_ Following oral directions.

\_\_\_\_ Demonstrating critical thinking skills.

    Answering simple recall questions.

    Identifying main ideas.

    Sequencing events.

    Drawing conclusions.

\_\_\_\_ Understanding basic verbal concepts.

    Quantitative.

    Time.

    Spatial.

- \_\_\_\_\_ Pointing to picture or word called
  - Comprehending/completing verbal analogies.
  - Identifying sentences/words with similar meanings.
- \_\_\_\_\_ Demonstrating auditory processing.
  - Closure.
  - Sound blending.
  - Discrimination.

## **Speech/Language:**

**Language Disorder:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

- \_\_\_\_\_ Difficulty following verbally elicited directions.
- \_\_\_\_\_ Difficulty using language correctly.
- \_\_\_\_\_ Difficulty with correct structured sentences.
- \_\_\_\_\_ Difficulty with pluralizing words.
- \_\_\_\_\_ Difficulty communicating socially.

**Semantics:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

- \_\_\_\_\_ Difficulty comprehending the spoken word.
- \_\_\_\_\_ Difficulty understanding written word.
- \_\_\_\_\_ Difficulty with word retrieval.
- \_\_\_\_\_ Difficulty speaking fluently.
- \_\_\_\_\_ Difficulty getting point across when speaking,

**Morphology:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

- \_\_\_\_\_ Difficulty with plurals, possessives, comparatives.
- \_\_\_\_\_ Difficulty with subject/verb agreement.
- \_\_\_\_\_ Difficulty using pronouns correctly.

**Pragmatic Disorder:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

- \_\_\_ Difficulty greeting people.
- \_\_\_ Difficulty looking at a person in the eye when talking.
- \_\_\_ Difficulty starting a conversation.
- \_\_\_ Difficulty sustaining a conversation.
- \_\_\_ Difficulty socializing and playing at recess.
- \_\_\_ Difficulty using emotions appropriately (smiles).
- \_\_\_ Difficulty staying quiet when expected to.
- \_\_\_ Difficulty asking for help.
- \_\_\_ Difficulty stopping something he/she is asked to stop.
- \_\_\_ Doing (i.e. tapping a foot or spinning a toy).
- \_\_\_ Difficulty when things do not follow a routine.
- \_\_\_ Difficulty using toys/materials in a variety of ways.

**Syntax/Morphology:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

- \_\_\_ Difficulty using possessives, comparatives.
- \_\_\_ Difficulty with subject/verb agreement.
- \_\_\_ Difficulty using pronouns correctly.
- \_\_\_ Difficulty using articles in speech.
- \_\_\_ Difficulty using negatives.
- \_\_\_ Difficulty with regular and irregular plural forms.

**Articulation/Phonology Disorder** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

- \_\_\_ Difficulty with omission of speech sounds.

(Please specify which sounds: \_\_\_\_\_ At the beginning of words \_\_\_\_\_ At the end of the words \_\_\_\_\_)

- \_\_\_ Difficulty with letter substitution.

(Please specify which letters: \_\_\_\_\_)

\_\_\_ Difficulty with intelligible speech.

**Fluency Disorder** :( Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

\_\_\_ Difficulty with stuttering.

\_\_\_ Difficulty with proper articulation of words.

\_\_\_ Difficulty with smooth flow of speech.

\_\_\_ Difficulty with multiple repetition of words.

\_\_\_ Tremor in a student's speech.

\_\_\_ Student avoids speaking due to stuttering or other dysfluency.

**Voice Disorder** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

\_\_\_ Abnormal level of pitch.

(Please specify \_\_\_ too high \_\_\_ too low).

\_\_\_ Difficulty with volume

(Please specify \_\_\_ too loud \_\_\_ too soft).

\_\_\_ Tremor in a student's speech.

\_\_\_ Difficulty with voice quality.

**Motor:**

**Overall Motor Skills:** Indicate with an "X" in the provided box if the student has difficulty with any of the following:

\_\_\_ The student falls frequently or appears clumsy.

\_\_\_ The student is unable to keep up with peers at recess and P.E

**Gross Motor:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

\_\_\_ Difficulty with swinging.

\_\_\_ Difficulty with walking

\_\_\_ Difficulty with jumping.

\_\_\_ Difficulty with hopping.

\_\_\_ Difficulty with running.

\_\_\_ Needs 1:1 assistance to participate in P.E. due to low skill or behavior

\_\_\_\_ Skill level is significantly behind other students.

\_\_\_\_ Needs adaptive equipment to participate in P.E.

### **Behavior/Discipline:**

1. Has the student had in-school detentions? \_\_\_\_ No \_\_\_\_ Yes How many? \_\_\_\_

2. Has the student had in-school suspensions? \_\_\_\_ No \_\_\_\_ Yes How many? \_\_\_\_

3. Has the student had out-of-school suspensions? \_\_\_\_ No \_\_\_\_ Yes How many? \_\_\_\_

**Behaviors:** (Indicate in the provided box - - 1 being least difficult through 5 being highest difficulty):

\_\_\_\_ Difficulty with relationships with peers.

\_\_\_\_ Difficulty with relationships with adults.

\_\_\_\_ Difficulty attending to tasks.

\_\_\_\_ Defiant.

\_\_\_\_ Destructive.

\_\_\_\_ Withdrawn...

\_\_\_\_ Cyclical behavior (good days, bad days).

\_\_\_\_ Negative reaction to failure and/or criticism.

\_\_\_\_ Difficulty with attention/concentration.

\_\_\_\_ Difficulty with sufficient effort.

\_\_\_\_ Difficulty with organization.

\_\_\_\_ Difficulty with social behavior.

\_\_\_\_ Lack of conscience.

\_\_\_\_ Lack of self-confidence.

\_\_\_\_ Seeks constant reassurance.

\_\_\_\_ Overreacts to criticism/failure.

\_\_\_\_ Passive aggressive.

\_\_\_\_ Physical aggression

**Please attach evidence of behavioral interventions, plans, and discipline referrals.**

## Documented Tier I / II / III Interventions

### **Tier I Intervention:**

Starting Date:                      Ending Date                      (minimum of 6-8 weeks is required)

**Observations/Outcomes:**

**Specific Data Results:** (Grades, percentages, etc...).

### **Tier II Intervention:**

Starting Date:                      Ending Date                      (minimum of 6-8 weeks is required)

**Observations/Outcomes:**

**Specific Data Results:** (Grades, percentages, etc...).



**Tier III Intervention:**

Starting Date: \_\_\_\_\_ Ending Date \_\_\_\_\_ (minimum of 6-8 weeks is required)

**Observations/Outcomes:**

**Specific Data Results:** (Grades, percentages, etc...).

**Additional Comments:**

Printed Name of person making referral: \_\_\_\_\_

Signature of person making referral: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Parent                      \_\_\_ District

The public agency shall give the parent a copy of the child's Referral the Special Education Testing document at no cost to the person.

