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| **NLC Centered Logo** | **Developmental Delay to Categorical**  Special Education Referral  Phone: (218)-741-9201 ext.0  Address: 1201 13th Ave. S. Virginia MN, 55792  [**https://www.northlandsped.org/**](https://www.northlandsped.org/) |

**Directions:** When a student needs a **DD to CATEGORICAL evaluation,** **complete cover page A and section B at least 90 days before the child’s 7th birthday, or for summer birthdays, 90 prior to the end of the school year.** When the form is completed, e-mail it to the NLC School Psychologist for your school. This is a **FILLABLE** form (as a Word document). Boxes are clickable. Text cues or the arrow symbol **(**→**)** indicate a field where text can be entered.

**A. Demographics** (Required Information)

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| **Date Referral Sent:** choose date | | | **MARSS #:** →Click or tap here to enter text. | | | |
| **Student’s Name**: **→** | | | | **Date of Birth**: → | | **Age**: → |
| **Grade**:Choose | **Gender**: | | | **Race/Ethnicity**:Choose | | |
| **Parent (or Caregiver) Name**:  **→** | | | **Address**:  **→** | | | |
| **Phone #**: **→** | | | **E-Mail**: **→** | | | |
| **2nd Parent Contact (if needed)**: **→** | | | | | | |
| **Name of ECSE Case Manager**:  **→** | | | **Email and Phone # with Ext**:  **→** | | | |
| **Name of Elementary Case Manager**:  **→** | | | **E-Mail and Phone # with Ext**:  **→** | | | |
| **Name of Classroom Teacher**:  **→** | | | **E-Mail and Phone # with Ext**:  **→** | | | |
| **Name/email of two additional teachers/staff who know student well** (may be needed for electronic rating forms)**:** | | | | | | |
| Name: → | | Email: → | | | Position: → | |
| Name: → | | Email: → | | | Position: → | |
| **Resident District**:  **→** | | **Providing District**:  **→** | | | **Providing School**:  **→** | |
| **IEP Dates:** Year 1: → (mo/day/yr) Year 2: → Year 3:→ | | | | | | |
| **Date of Active/Current Eval Report**: → (mo/day/yr) | | | | | | |
| **Developmental Areas Student Qualified for DD Services**  Cognitive Physical Communication Social or Emotional Adaptive | | | | | | |
| **This child attended** (check all that apply)**:**  Daycare Preschool Head Start Other: describe | | | | | | |
| **Services Currently Receiving (check all that apply):**  ADAPT/In-School Counseling  Outside Counseling  Occupational Therapy Physical Therapy  Physical Impairment Adaptive PhyEd (DAPE) Vision Impairment Speech/Language  Targeted Services/Tutoring (if yes, describe): →  County Case Management (e.g. Social Services) Other:→ | | | | | | |

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| **B. Student’s Performance and Relevant History** |
| **Please have the nurse complete vision/hearing screening prior to sending in referral. Report results:**  **Vision:** Passed Failed Corrective lenses? Yes No  **Hearing:** Passed Failed Hearing Device? Yes No  If student has a hearing device, does the student have an amplification system? Yes No  If failed vision or hearing screening, report actions steps being taken by nurse (e.g., rescreening date, parent follow-up):  → |
| **Current School Year Attendance:** # Days absent:→ # Days tardy: → |
| **Has this child been assessed in this district, another district, or another state?** YesNo |
| **If yes, brief description**:→ |
| **Does this student have a diagnosis?** Yes No If yes, list in Medical Concerns below |
| **Specialized health procedures?** Yes No If yes, describe: **→** |
| **Please check with student’s parent/caregiver re: medical or psychological evaluations completed outside of school:**  No additional evaluation has been done  Additional evaluation has been done (psychologist may need a copy to review testing)  Medical or psychological evaluation attached, **or**  Will follow up with psychologist to determine whether a copy of the evaluation is needed |
| **Medical Concerns-Health History**  (Medical diagnoses, medications, side effects, illnesses, etc.)  **→** |
| **Describe communication skills**: Nonverbal A few words Phrase speech Halting speech Articulation errors  Poor grammar Difficulty conveying thoughts/ideas Slow verbal response time Difficulty repeating back info.  Fluent speech (average to above average speech and language skills) Other (describe): Click or tap here to enter text.  **If student is nonverbal or physically impaired, how do they functionally communicate their responses?**  Signing Picture board Technology: describe  Other: describe |
| **Please Share Parental Concerns**:→ |
| **(Space is also provided at the end of the form for any additional concerns not addressed on the following pages)** |

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| **B. cont…. Areas Of Concern (Check ALL That Apply):** | |
| **Academic Skills**  Basic Reading Skills (i.e., phonics)  Reading Fluency/ Low Words Correct Per Minute  Reading Comprehension  Difficulty Recalling Vocabulary/Concepts  Basic Math Skill  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 skills area – previous page)  Other: **→** | **Performance/Work Production**  Attention  Organizational Skills  Study Skills  Limited Endurance  Task Initiation  Task Completion  Limited Physical Strength  Attendance  Fatigue  Difficulty Concentrating  Planning and/or Sequencing Information  Other: **→** |
| **Behavior**  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: **→** | **Other**  Fine Motor Skills (e.g. buttons, tying, using  scissors, handwriting, typing, etc.)  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 Naiveté or Vulnerability  Other: **→** |
| **Local Benchmark Scores such as STARS, FAST, AIMSweb ,ORF, etc.**  **\*\*Describe what these scores mean: e.g. grade level benchmark expectation or percentile ranking** | |
| **Reading** enter name of test | |
| School Year: enter, e.g. 19-20 Fall: score/describe Winter: score/describe Spring: score/describe | |
| **Math** enter name of test | |
| School Year: enter, e.g. 19-20 Fall: score/describe Winter: score/describe Spring: score/describe | |
| Add any additional test information here: → | |

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| **B. cont. NLC Socio-Cultural Checklist**  (**Must be completed**; check all that apply) | |
| **1. Race/Cultural Factors** | |
| a. The student is racially different from the majority of peers and staff in this school. |  |
| b. 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. |  |
| c. 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. |  |
| d. The student’s cultural values support family or group over individual effort. |  |
| e. The student recently moved from another town, city, district or state. |  |
| f. These issues do not apply to this student. |  |
| **2. Communication/Language Factors** | |
| a. There is a language, dialect, or communication style other than Standard English spoken by the family members in the student’s home. |  |
| b. The student has a language, dialect, or communication style other than Standard English. |  |
| c. These issues do not apply to this student. |  |
| **3. Other Factors** | |
| a. 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. |  |
| b. The student’s previous education has been sporadic, limited, or very different from the current school. |  |
| c. The student’s primary caregiver has changed within the last year. |  |
| d. The student has recently experienced a crisis or trauma. |  |
| e. The student expresses or displays a sense of stress, anxiety, or isolation. |  |
| f. These issues do not apply to this student. |  |

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| **Please add any additional school concerns or relevant information here**:  →  (You may also cut and paste information or free type on the following blank page) |