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| **NLC Centered Logo** | **Developmental Delay to Categorical**Special Education ReferralPhone: (218)-741-9201 ext.0Address: 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 [ ] NoIf student has a hearing device, does the student have an amplification system? [ ] Yes [ ] NoIf 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?** [ ] Yes[ ] No |
| **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) |