

SMEC Southern Minnesota Education Consortium

Alden-Conger, Glenville-Emmons, Lyle, Southland, Grand Meadow, Leroy-Ostrander, Kingsland

Child Study Team Initial Referral Form

Directions: When a student needs a special education initial assessment, complete sections A through F, as described below. When completed, email the forms to the SMEC Leadership Team Member in the district.

Part A: Student Information

Date Referral Sent:	MARSS #:		
Student's Name:		DOB:	Age:
Grade:	Gender:	Ethnicity:	
Student's Home Language: (if home language is other than English, attach a copy of Home Language Questionnaire)			
Parent(s)/Guardian Name(s):			
Address:			
Phone #:		E-Mail:	
Is the student open enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attached open enrollment documentation.			

Part B: Referral Initiation Information

Name of Referring Person:		Position:
Phone #:	E-mail:	
Name of Classroom Teacher(s) (if different from Referring Person):		
Are Parents Aware of Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Parent(s) Contacted:	
Please Share Parental Concerns:		
Special Services Currently or Previously Received		
<input type="checkbox"/> Special Education Services	<input type="checkbox"/> Grade Retention	<input type="checkbox"/> Title 1/Targeted Services
<input type="checkbox"/> Outside therapy (mental health, physical, occupational, speech)	<input type="checkbox"/> 504	<input type="checkbox"/> English Language Learner
Has this child been assessed in this district, another district, state, or by a private provider? <input type="checkbox"/> Yes <input type="checkbox"/> No When?		
Reason for Referral:		

Part C: Health & Academic Information					
Current Hearing Screening: <input type="checkbox"/> Passed <input type="checkbox"/> Re-Screened <input type="checkbox"/> Referred					
Current Vision Screening: <input type="checkbox"/> Passed <input type="checkbox"/> Re-Screened <input type="checkbox"/> Referred					
Does the student currently wear glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach Vision Report.					
Health/Physical/Medical Concerns – Health History (Medical diagnosis, medications, location of clinic, illnesses, etc.) Please request medical records prior to submitting to CST					
Current School Year Attendance		# of days absent:		# of days tardy:	
MCA Testing Scores					
Record all scores and indicate does not meet, partially meets, or exceeds standards					
Grade:	Reading: DNM PM M		Math: DNM PM M		Science: DNM PM M
Grade:	Reading: DNM PM M		Math: DNM PM M		Science: DNM PM M
Grade:	Reading: DNM PM M		Math: DNM PM M		Science: DNM PM M
Local Benchmark Scores (such as FAST, NWEA, AIMSweb, etc.)					
Record date (fall, winter, spring), student's score and equivalent grade level					
Reading			Math		
Date:	Score:	Grade Level:	Date:	Score:	Grade Level:
Date:	Score:	Grade Level:	Date:	Score:	Grade Level:
Date:	Score:	Grade Level:	Date:	Score:	Grade Level:
Discipline History					
Total number of Discipline Referrals Current School Year:				Previous School Year:	
Classroom Performance in Current Classes:					
Subject	Qrt ____	Qrt ____	Specific Strengths	Specific Weakness	
Reading					
Math					
Language					
Spelling					
Science					
Social Studies					
Other					

Part D: Areas of Concern

Rate the student's performance in the following areas based on his/her ability compared to his/her grade level classroom peers. Mark N/A if this is not a skilled worked on or observed in your classroom.

Academic Performance

Grade Level					Skills
-2	-1	0	+1	N/A	Knows letters and sounds
-2	-1	0	+1	N/A	Has an adequate sight vocabulary
-2	-1	0	+1	N/A	Uses context to decode
-2	-1	0	+1	N/A	Reads orally within the range of peer group
-2	-1	0	+1	N/A	Understands what they read silently
-2	-1	0	+1	N/A	Uses & understands basic math facts
-2	-1	0	+1	N/A	Uses age appropriate math applications
-2	-1	0	+1	N/A	Applies math skills to problem-solving
-2	-1	0	+1	N/A	Uses capitalization, punctuation & spelling
-2	-1	0	+1	N/A	Writes complete sentences
-2	-1	0	+1	N/A	Communicates ideas in written form
-2	-1	0	+1	N/A	Ability organize materials and complete classroom assignments
-2	-1	0	+1	N/A	Ability to follow directions or initiate and complete a task

Notes:

Intellectual Functioning

Grade Level					Skills
-2	-1	0	+1	N/A	Retains taught concepts over time
-2	-1	0	+1	N/A	Learns at same rate as peers
-2	-1	0	+1	N/A	Knows age-appropriate factual information
-2	-1	0	+1	N/A	Applies learned skills/concepts to new tasks
-2	-1	0	+1	N/A	Remembers personal data (address, phone number, etc.)
-2	-1	0	+1	N/A	Adjusts to changes in working conditions
-2	-1	0	+1	N/A	Knows classroom routine & schedule

Notes:

Communication: Speech/Language

Grade Level					Skills
-2	-1	0	+1	N/A	Uses intelligible speech
-2	-1	0	+1	N/A	Speaks fluently (without stuttering)
-2	-1	0	+1	N/A	Uses appropriate voice quality
-2	-1	0	+1	N/A	Understands meanings of isolated words
-2	-1	0	+1	N/A	Uses complete & grammatically correct sentences
-2	-1	0	+1	N/A	Asks for help or clarification
-2	-1	0	+1	N/A	Tells a story or describes an event/experience in sequence
-2	-1	0	+1	N/A	Responds appropriately to content area questions
-2	-1	0	+1	N/A	Follows discussions or offers related comments
-2	-1	0	+1	N/A	Follows written & oral instructions

Notes:

Sensory Processing

Grade Level					Skills
-2	-1	0	+1	N/A	Is able to focus on tasks in a noisy setting like peers.
-2	-1	0	+1	N/A	Reacts like peers to unexpected or loud noises
-2	-1	0	+1	N/A	Focus on tasks when there is a lot of movement in the environment
-2	-1	0	+1	N/A	Does not need to touch objects any more than peers.
-2	-1	0	+1	N/A	Respects personal boundaries of others
-2	-1	0	+1	N/A	Demonstrates need to move around the classroom

Notes:

Emotional & Social Development					
Grade Level					Skills
-2	-1	0	+1	N/A	Able to make & keep friends
-2	-1	0	+1	N/A	Able to compromise
-2	-1	0	+1	N/A	Accepts the consequences of own behavior
-2	-1	0	+1	N/A	Acts in a socially acceptable manner
-2	-1	0	+1	N/A	Able to make age-appropriate choices
-2	-1	0	+1	N/A	Expresses emotions appropriately
-2	-1	0	+1	N/A	Interacts appropriately with others
Notes:					
Behavior Skills					
Grade Level					Skills
-2	-1	0	+1	N/A	Usually on time & prepared
-2	-1	0	+1	N/A	Demonstrates age-appropriate impulse control
-2	-1	0	+1	N/A	Demonstrates the ability to stay "on task"
-2	-1	0	+1	N/A	Respects the property/space of others
-2	-1	0	+1	N/A	Uses language acceptable to the situation
-2	-1	0	+1	N/A	Manages/completes classroom tasks within timelines
-2	-1	0	+1	N/A	Works/studies unsupervised
-2	-1	0	+1	N/A	Exhibits age appropriate activity level
-2	-1	0	+1	N/A	Follows school rules & teacher requests
-2	-1	0	+1	N/A	Has been suspended for use of alcohol or other drugs
Notes:					
Fine and Gross Motor Ability					
Grade Level					Skills
-2	-1	0	+1	N/A	Demonstrates age appropriate gross motor skills
-2	-1	0	+1	N/A	Writes legibly placing the letters on the line of the paper
-2	-1	0	+1	N/A	Copies from smartboard/whiteboard to paper
-2	-1	0	+1	N/A	Holds pencil with fingertips of first finger and thumb
-2	-1	0	+1	N/A	Cuts/colors projects like grade level peers
-2	-1	0	+1	N/A	Recognizes shapes, letters & numbers
-2	-1	0	+1	N/A	Writes letters/numerals with correct formation
-2	-1	0	+1	N/A	Participates in school recreational sports & activities
-2	-1	0	+1	N/A	Functions without adaptive equipment
-2	-1	0	+1	N/A	Able to sit & remain seated to finish a writing task
Notes:					

Part E: Record of Pre-Referral Interventions

Before a student is referred for special education, the district must conduct and document at least two instructional strategies, alternatives, or interventions using interventions, based on the student's needs.

- Interventions need to demonstrate that instructional approaches have actually been altered or modified for each individual student. A pre- and post-date for the intervention period, a description of what was done, data collected during the interventions and results of the intervention are required for referral.
- Each pre-referral intervention, per area of concern, must be conducted in addition to the regular curriculum and must take place over an extended period of time (at least 4 weeks).
- If presenting problems are in more than one area of concern (reading, math, fine motor, behavior, etc.): two inventions must be completed for each area
- A minimum of 3 baseline (pre-intervention) data points must be collected before interventions are implemented.
- Pre-referral interventions are not needed if: the student's disability is not conducive to remediation (i.e., deafness/hearing loss, blindness/vision loss, physical diagnoses, or speech concerns).

E1. Pre-Referral Interventions												
Area of Concern:						Setting:						
Data collection tool:												
Describe the intervention you attempted in relation to the specific problem:												
Intervention #1:												
Label Data Increments	Baseline		Intervention									
Date and Data												
Outcome of the invention:												
What is your end goal or grade level expectation (using the data described/shown above) for this student?												
Parent contact dates: 1. 2.												
Actions Taken: <input type="checkbox"/> Discontinue TAT referral (adequate process made) <input type="checkbox"/> Continue current intervention <input type="checkbox"/> Develop 2 nd intervention												

E2. Pre-Referral Interventions

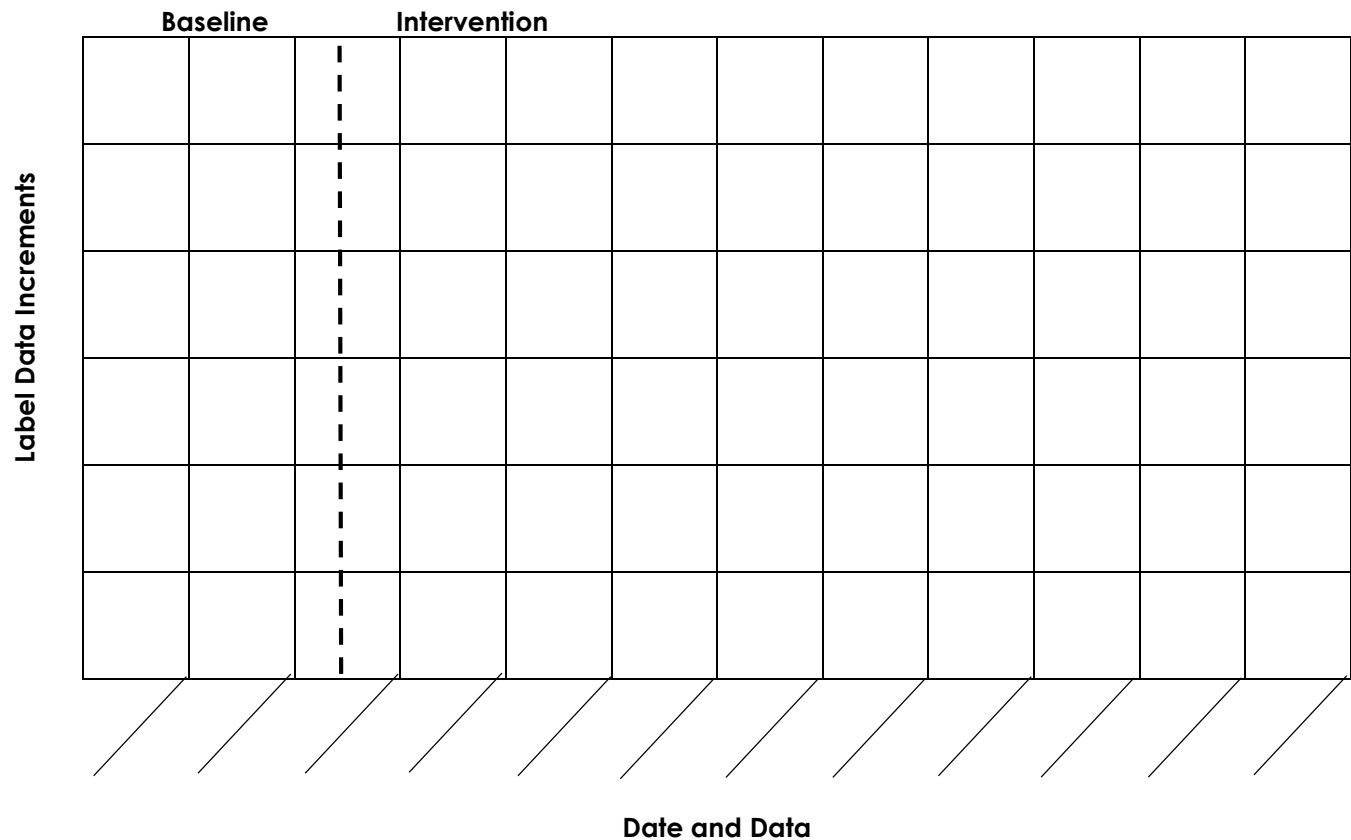
Area of Concern:

Setting:

Data collection tool:

Describe the intervention you attempted in relation to the specific problem:

Intervention #2



Outcome of the intervention:

What is your end goal or grade level expectation (using the data described/shown above) for this student?

Parent contact dates: 1.

2.

Actions Taken:

- ☐ Discontinue TAT referral (adequate process made)
- ☐ Continue current intervention
- ☐ Referral to CST for evaluation

Part F: Student Support Team's Review

Team Decision (Mark the appropriate box with an "x") _____ Date of Team Decision: _____

☐ The TEAM does not feel that an assessment is needed.
(The referral should be filed in the student's cumulative school record).

☐ The TEAM does feel that an assessment is needed.
(A copy of all sections A-E should be emailed to SMEC Leadership Team Member for review and assignment of appropriate assessment team members).

☐ ASD ☐ DCD ☐ EBD ☐ OHD ☐ SLD ☐ Speech/Language

☐ Other (specify) _____

Date parent notified for referral to CST: _____

☐ The TEAM requires additional information:

Principal's Signature

Date

Student Support Team Member's Signature

Date

Student Support Team Member's Signature

Date

Student Support Team Member's Signature

Date

Please include the following when submitting an initial referral:

- **Attach a Copy of Current Grades/Report Card (Required)**
- **Attach Discipline Documentation (If applicable)**
- **Attach Open Enrollment Documentation (if applicable)**
- **Attach Medical Record Documents (if applicable)**
- **Attach a Vision Report (if applicable)**