

King Philip Regional School District

Referral For Comprehensive Evaluation

This referral form is completed by the school based team when the decision is made to refer a student for a comprehensive evaluation for Special Education consideration. Data and documentation gathered through the tiered intervention process should be reviewed prior to referral.

☐ Parent Referral (attach letter)

☐ School/Teacher Referral

☐ Private School Referral

First Name: _____ Middle Name: _____ Last Name: _____

Birth Date: ____/____/____ Age: ____ Place of Birth: _____ Ethnicity: _____

Gender: ☐ Male ☐ Female Grade: ____ School: _____ Teacher: _____

Parent/Guardian(s): _____

Address: _____

Phone Home: _____ Cell: _____ Work: _____

Email address _____ Primary Language Spoken _____

Is the student currently receiving services (check all that apply):

- ☐ Physical Therapy ☐ Occupational Therapy ☐ Speech/Language Therapy ☐ Vision
☐ APE ☐ Assistive Technology ☐ Counseling ☐ Tutoring ☐ 504 Plan (include the plan)
☐ Other _____

Is the student currently receiving outside services? ☐ Yes ☐ No

If yes, what services? _____

Problem Identification (check all that apply):

- ☐ Phonological Awareness ☐ Phonics ☐ Reading Fluency ☐ Reading Comprehension
☐ Math Problem Solving ☐ Math Calculation ☐ Vocabulary ☐ Written Expression
☐ Fine Motor Skills ☐ Gross Motor Skills ☐ Articulation ☐ Expressive/Receptive Language Skills
☐ Learning Behaviors (attention/focus, task/work completion, organization/study skills, motivation)
☐ Social Behaviors (following rules, peer/adult relationships, emotional well-being)
☐ Explain Concerns: _____

The following RTI documentation MUST be included for King Philip Regional School District.

- _____ RTI Team Meeting Minutes/Documents
_____ Intervention Plan
_____ Progress Monitoring Data

The following school data MUST be included:

- _____ Report Cards
_____ Universal Screenings Data/MCAS/District Benchmarks for ELA & Math

Cumulative Record Review:

Attendance: Current Year _____ Days absent _____ Days tardy _____ Dismissal _____
Last year _____ Days absent _____ Days tardy _____ Dismissal _____
Retentions/School Year _____ List previous school attended _____

Discipline Record: List Violations _____

Number of Out of School Suspensions _____ In-School suspensions _____ Detentions _____

Court Involvement: ____ Yes ____ No If Yes, explain _____

Exclusionary Factors

Please include relevant information as it applies to the following:

Limited English Proficiency:

Is there another language other than English spoken by the student? ☐Yes ☐No

If yes, what language? _____

How long has the student spoken English? _____

Have English Learner services been provided? ☐Yes ☐No

Visual Impairment:

Does the student have a history of significant vision problems? ☐Yes ☐No

Hearing Impairment:

Does the student have a history of significant hearing problems? ☐Yes ☐No

Orthopedic Impairment:

Does the student have any physical or motor impairments? ☐Yes ☐No

Behavior Problems:

Does the student exhibit behavior(s) or emotional difficulties that interfere with learning? ☐Yes ☐No

Explain: _____

Does the student have a current behavior plan or Functional Behavior Assessment (FBA)? ☐Yes ☐No

Explain: _____

***Attach Behavior Plan, FBA, Data**

Environmental/Cultural/Economic Factors:

Are you aware of any environmental factors that may be impacting this student's ability to learn? ☐Yes ☐No

Situational Trauma:

Has the student experienced recent trauma? (i.e. parent divorce, death or illness of family member, etc)

Are there other situations that could create stress or emotional upsets? _____

Has there been a significant change in the student's classroom performance within a short period of time (6-12 months)

Medical:

Does the student have any known medical issues that interfere with learning (attach any documentation)?

Classroom Information:

Describe classroom interaction with peers and teacher: _____

Describe the students learning behavior/style: _____

List accommodations provided: _____

List classroom intervention:

Intervention:

Duration:

Outcome:

Person completing form:

Name/Job Title

Signature

Date

