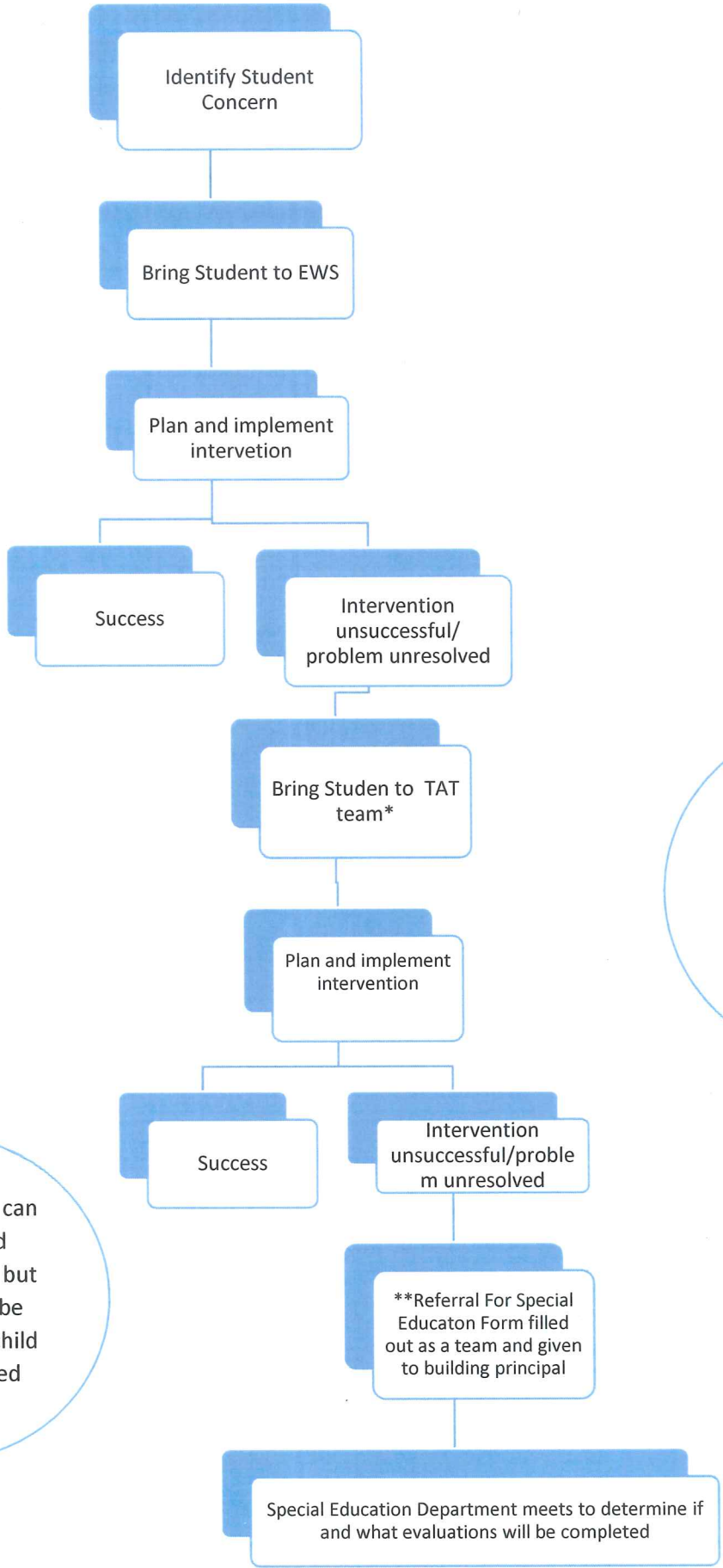


Winner Referral Process for Initial Evaluation



***TAT team should include:** EWS members, parent/guardian, counselor, any other people team deems important.

****Referral form can be completed without parent, but parent should be informed their child is being referred**

Interventions Sheet

Student: _____

Grade: _____

Teacher: _____

Vision screening needed?: _____

Hearing screening needed?: _____

Intervention Implemented

Results: _____

Time Line (Dates): _____

Intervention Implemented

Results: _____

Time Line (Dates): _____

Thoughts on possible screening:

Vision: _____

Hearing: _____

If the interventions were not successful contact the building counselor to schedule a TAT.

Scheduled Time and Date for the TAT: _____

Bring extra copies of this interventions sheet.

STUDENT SUPPORT TEAM (SST) REQUEST FORM
Teacher/School Staff Referral

Student Name	ID #	Date of Birth	Date
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Contact Information

Teacher Name	School	Grade
Person Making Referral (if other than teacher)		Language Spoken at Home
Parent Contacted Prior to SST referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Name(s)	Parent Phone Home Work Cell

Academic Information

Grade Level		Statewide Assessment Scores	
Reading	Math	Reading	Math
Writing		Writing	

Learning and/or Behavioral Concerns (*Describe*)

Where do the problem(s) occur? (*Check all that apply*)

<input type="checkbox"/> Classroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> School grounds
<input type="checkbox"/> Gym	<input type="checkbox"/> Bus	<input type="checkbox"/> Home
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Other (describe)	

Teacher Referral

Student Strengths

<input type="checkbox"/> Positive attitude	<input type="checkbox"/> High expectations for self.	<input type="checkbox"/> Transitions easily
<input type="checkbox"/> Hard worker	<input type="checkbox"/> Organized	<input type="checkbox"/> Takes pride in appearance
<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Good sense of humor	<input type="checkbox"/> Athletic
<input type="checkbox"/> Works well in groups	<input type="checkbox"/> Cooperates	<input type="checkbox"/> Musically talented
<input type="checkbox"/> Works well independently	<input type="checkbox"/> Responsible	<input type="checkbox"/> Artistically inclined
<input type="checkbox"/> Respectful of authority	<input type="checkbox"/> Creative	<input type="checkbox"/> Other:
<input type="checkbox"/> Motivated	<input type="checkbox"/> Has leadership qualities	

Academic Concerns: (Check all that apply)

<input type="checkbox"/> Grades declining	<input type="checkbox"/> Poor reading skills	<input type="checkbox"/> Does not follow directions
<input type="checkbox"/> Slow rate of work	<input type="checkbox"/> Poor math skills	<input type="checkbox"/> Low retention rate
<input type="checkbox"/> Incomplete assignments	<input type="checkbox"/> Poor writing skills	<input type="checkbox"/> Disorganized
<input type="checkbox"/> Does not work well independently	<input type="checkbox"/> Does not work well with others	<input type="checkbox"/> Other:

Behavioral Concerns: (Check all that apply)

<input type="checkbox"/> Verbally disruptive	<input type="checkbox"/> Bullies others	<input type="checkbox"/> Attention seeking behaviors
<input type="checkbox"/> Physically disruptive	<input type="checkbox"/> Destroys property	<input type="checkbox"/> Steals/cheats/lies
<input type="checkbox"/> Physically aggressive	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Avoided by peers
<input type="checkbox"/> Verbally aggressive	<input type="checkbox"/> Hostile when criticized	<input type="checkbox"/> Easily frustrated
<input type="checkbox"/> Victim of bullying	<input type="checkbox"/> Argumentative/defiant	<input type="checkbox"/> Truant/tardy
Other:		

Personal Concerns: (Check all that apply)

<input type="checkbox"/> Poor hygiene	<input type="checkbox"/> Appears sickly	<input type="checkbox"/> Burn marks
<input type="checkbox"/> Sleeps in class/lethargic	<input type="checkbox"/> Nausea/vomiting	<input type="checkbox"/> Evidence of self-mutilation
<input type="checkbox"/> Agitated/nervous	<input type="checkbox"/> Bloodshot eyes	<input type="checkbox"/> Obese or under weight
<input type="checkbox"/> Difficulty moving/uncoordinated	Other:	

Other Comments/Concerns

Classroom Interventions Previously Tried

What strategies have been used prior to the SST referral? *(Check all that apply)*

Strategy	Length of time strategy used	Results?
<input type="checkbox"/> Instructional accommodations Specify:		
<input type="checkbox"/> Modified curriculum		
<input type="checkbox"/> Materials modification Specify:		
<input type="checkbox"/> Alternative materials		
<input type="checkbox"/> Small-group instruction		
<input type="checkbox"/> Tutoring		
<input type="checkbox"/> Assistive technology		
<input type="checkbox"/> Daily guided reading		
<input type="checkbox"/> English as a second language support		
<input type="checkbox"/> Daily behavior chart		
<input type="checkbox"/> Positive behavior supports		
<input type="checkbox"/> Assigned seating		
<input type="checkbox"/> Time out		
<input type="checkbox"/> Problem-solving conference		
<input type="checkbox"/> Attendance monitoring		
<input type="checkbox"/> Parent conference		
<input type="checkbox"/> Other:		

Student Data and Evidence

Documentation must be provided for each student concern. The following are examples of the types of evidence that may be used by the SST team to determine appropriate response. Check off each type of documentation that you are submitting and attach to this referral form.

- Student work samples
- Observations
- Class quizzes and tests
- Curriculum-based measures
- Student portfolio
- Student interview notes
- Parent interview notes
- Interviews with colleagues and/or specialists (summary notes)
- Attendance records
- Record of discipline referrals
- Other: Specify

**WINNER SCHOOL DISTRICT
REFERRAL FOR SPECIAL EDUCATION**

STUDENT NAME:		SIMS:
PARENT/GUARDIAN NAME:		PHONE:
ADDRESS:		WK PHONE:
SCHOOL DISTRICT:	SCHOOL:	
DOB:	AGE:	GRADE:
GENDER: _____	RACE: _____	

Name of Referring Person: _____ Date of referral: _____
Signature: _____

Is the student's current teacher/teachers Highly Qualified? <input type="checkbox"/> No <input type="checkbox"/> Yes	Does the student receive Title I services? <input type="checkbox"/> No <input type="checkbox"/> Yes Subject area(s) <input type="checkbox"/> Reading <input type="checkbox"/> Math Date Services Began: _____
Is the child on medication? <input type="checkbox"/> No <input type="checkbox"/> Yes Medical Concerns (ex. Has the child been diagnosed with a medical condition, such as vision or hearing loss?): 	

Medical/Physical Information:

Vision _____
Hearing _____
Medical _____
Physical _____

Previous and Current Services (Title, After School Tutoring, Special Education):

Communication Skills (previous speech and language assessments/services):

Previous Testing for Special Education Services (individual ability or achievement assessments):

Attendance History (include absences and tardies):

**WINNER SCHOOL DISTRICT
REFERRAL FOR SPECIAL EDUCATION**

School History (How many schools has the child attended?/Has he/she been retained?):

Current Grades (Last 2 grading periods):

Class	Grade

District Wide Assessment Information

Assessment	Date	Grade	Score/Proficiency Level

INTERVENTIONS/MODIFICATIONS THAT HAVE BEEN IMPLEMENTED:

Interventions must be specific to the skill deficit, be considered research based, be delivered consistently, and with fidelity. This goes for all academic areas. Remember that the majority of what you write has to do with what specifically was done to remediate; not what he/she cannot do.

Concerns regarding student academic performance have been discussed with parent(s)/guradian(s) on: Date, time, and how contacted:

Were conferences held with student? Yes No

When: _____ Results: _____

Has school counseling been provided? Yes No

Provide information on particular instructional strategies and programs used in general education, with the student, in the areas of concern:

**WINNER SCHOOL DISTRICT
REFERRAL FOR SPECIAL EDUCATION**

Please provide data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents.

READING

Basic Reading Skills (ex. phonetic awareness, reading readiness, vocabulary skills)

- Data: _____

- Progress reported to parents (dates): _____

Reading Fluency (ex. oral reading skills, reading rate, words read per minute)

- Data: _____

- Progress reported to parents (dates): _____

Reading Comprehension (ex. main idea, inferences, cause and effect, sequencing, vocabulary)

- Data: _____

- Progress reported to parents (dates): _____

MATHEMATICS

Calculation Skills (ex. mathematical facts, identify numbers, regrouping, fractions, decimals)

- Data: _____

- Progress reported to parents (dates): _____

Problem Solving Skills (ex. word problems, applying appropriate concepts to solve problems)

- Data: _____

- Progress reported to parents (dates): _____

WINNER SCHOOL DISTRICT
REFERRAL FOR SPECIAL EDUCATION

WRITTEN EXPRESSION (ex. spelling, grammar, punctuation, capitalization, letter/word reversals, sentence structure)

ORAL EXPRESSION (ex. expressive language, vocabulary, grammar, sentence structure, verbal reasoning)

LISTENING COMPREHENSION (ex. auditory discrimination, following oral directions, receptive vocabulary)

COMMUNICATION

- Articulation: may omit, substitute or distort certain speech sounds
- Voice: may be hoarse, breathy or nasal, may talk too loud or soft
- Fluency: may stutter, repeat words, hesitate, or prolong words
- Other (Specify)

FINE MOTOR

GROSS MOTOR

OTHER AREAS OF CONCERNS:

**WINNER SCHOOL DISTRICT
REFERRAL FOR SPECIAL EDUCATION**

BEHAVIOR

The student demonstrates extreme and excessive behaviors over a long period of time, generally at least six months. Must include frequency and duration of specific behaviors and fill out the academic portion on how the behavior affects the student educational.

Attention/Concentration (ex. does not follow lessons, daydreams, easily distracted by minor movement or noises):

Hyperactive (ex. out of seat, constant movement at desk, constant verbal behavior, can't remain in line):

Withdrawn (ex. tired, generally unhappy, rarely asks for assess even when work is difficult, does not attempt work, cries without provocation, avoids calling attention to themselves):

Aggressive Behavior (ex. hits, verbally attacks, steals, explosive when angry, argues with teacher, destructive to self and property, strikes back):

Disruptive (ex. demands attention of any sort from teachers and peers, does not follow class rules, interrupts lessons, tells bizarre stories):

Uncooperative (ex. blames others for own mistakes, will not follow routine, defiant, argues, must have last word):

Manipulative (ex. wants excessive visits to nurse or bathroom, works only when given individual help, blames mistakes on anything but self, criticizes own work, tries to keep teacher off task, says I can't often):

Social Behavior (ex. comments one likes him/her, has no or very few friends, does not like to go out to recess, does not initiate play or talk to peers, is avoided by peers, does not function well in class discussion, exhibits inappropriate behavior in the classroom):

**WINNER SCHOOL DISTRICT
REFERRAL FOR SPECIAL EDUCATION**

(District Use Only)

Date of conference held with person making the referral: _____ Method _____

Teacher Information:

Review of student record (i.e. attach current grades, attendance record, enrollment gaps, various school enrollments, retention information, State and District-wide Assessment data, etc.):

Based upon a review of all referral information, potential areas of disability to evaluate are:

- 0500-D/B 0505 -ED 0510-CD 0515-HL 0525-SLD 0530-MD 0535-OI
 .0540 -VL 0545 -D 0550-S/L 0555-OHI 0560-A 0565-TBI 0570-DD

Refer to the South Dakota Eligibility Guide for testing areas required to determine eligibility.

Parent Contacted: (Date) _____

Parent information:

If this was a parent referral, and the district determines evaluation is **not** necessary, Prior Notice was sent to parents:
(Date) _____

Additional Comments: