



Part 4: Referral for Special Education Evaluation

A. Student Demographics

Student Name:			MARSS #:		DOB:	Age:	Grade:
Gender:	Race/Ethnicity:	Resident District:	Providing District:		Providing School:		
Parent/Guardian Name:				Parent/Guardian Email:			

B. Staff Information

Date Referral Sent:	Name of Referring Staff Member:	Staff Email:	
Additional staff who know student well to assist in referral process. (including classroom teacher if different from referring staff)			
Staff Name:	Staff Email:	Staff Name:	Staff Email:

C. Additional Information needed for Evaluation Planning

Does student have a 504 plan?	Yes	No
Has this student repeated a grade(s)?	Yes	No
Educational History: (Work with special education staff and check all that apply) Student has received MTSS intervention. Student has previously been referred to Special Education. Student has had a special education evaluation in this district, another district, or another state. Student is currently receiving special education services. (i.e. speech)		
Services currently or previously received: (check all that apply)		
Tutoring Title I	ADAPT/Counseling Outside Counseling	Occupational Therapy Physical Therapy Speech/Language Other:
Describe communication Skills:	Non-verbal Articulation Errors Difficulty Repeating Back Information	A Few Words Difficulty Conveying Thoughts/Ideas Fluent Speech
	Phrase Speech ASL	Halting Speech Slow Verbal Response Time Other:
If student is non-verbal or physically impaired, how do they functionally communicate their responses?		
Signing/Gestures	Picture Board	Technology (describe:) Other: (describe)

D. NLC Socio-Cultural Checklist (Must be completed; check all that apply)

Race/Culture	
1. The student is racially different from the majority of peers and staff in this school.	
2. 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.	
3. 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.	
4. The student recently moved from another town, city, district, or state.	
5. None of the above apply to this student.	
Communication/Language	
1. There is a language, dialect, or communication style other than standard English spoken by the family members in the student's home.	
2. The student has a language, dialect, or communication style other than standard English.	
3. None of the above apply to this student.	

Other Factors	
1. 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.	
2. The student's previous education has been sporadic, limited, or very different from the current school.	
3. The student's primary caregiver has changed within the last year.	
4. The student has recently experienced a crisis or trauma	
5. The student expresses or displays a sense of stress, anxiety, or isolation.	
6. None of the above apply to this student.	

E. Areas of Concern (check ALL that apply)	
Academic Skills	Performance/Work Production
Basic Reading Skills (i.e., Phonics) Reading Fluency/Low Words Correct Per Minute Reading Comprehension Difficulty Recalling Vocabulary/Concepts Basic Math Skills 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 area in part C) Other:	Attention Organization Study Skills Limited Endurance Task Initiation Task Completion Limited Physical Strength Attendance Fatigue Difficulty Concentrating Planning and/or Sequencing Information Other:
Behavior	Other
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:	Fine Motor Skills (e.g., buttons, tying, using scissors, handwriting, keyboarding) 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 Naivete or Vulnerability Other:

Please Share Additional Concerns and Important Information Here (e.g. other test data, teacher/student interactions, office discipline referrals, student's own concerns, needed accommodations)

Attach the following documentation from MTSS Student Support Process	
	Part 1: Discuss Form including all supplemental data
	Part 2: Intervention Data
	Part 3: Team Data Review
	Any Community based Medical Evaluation(s) and/or Mental Health Diagnostic Assessments

Special Education Case Manager Name:	Case Mgr. Email:
Student Success Team Chairperson:	Name:
	Signature:
Building Administrator	Name:
	Signature:

Note: if Student has an ADHD diagnosis, DSM-V form from Sped forms is required