

**Referral for Special Education Services**

Maine Unified Special Education Regulations (MUSER IV.2.D.&E.)

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| --- | --- | --- | --- | --- |
| Child’s Name: |  | | SAU: |  |
| Date of Birth: |  | Grade: | School: |  |
| Parent/Guardian Name: |  |  | School Phone: |  |
| Parent/Guardian Address: |  |  | School Address: |  |
| Parent/Guardian City, State, Zip: |  |  | City, State Zip: |  |
| Parent/Guardian Phone Number |  |  | School Contact: |  |

Indicate Title

1. Referral Initiated By:  Staff  Parent  Other
2. Referral Question(s):
3. Parent Input (including date):
4. Other Input:
5. Previous referral for special education services?  Yes  No
   1. If yes, were special education services previously received:  Yes  No
   2. If yes, date and qualifying eligibility category:
6. Hearing Screening Results (including date):
7. Vision Screening Results (including date):
8. Describe areas of strength and weakness using the checklists and space below:

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| **ACADEMIC** | | | | | | |
| **Reading** | | | **Mathematics** | | | |
| Strength | Weakness |  | Strength | Weakness |  | |
|  |  | Decoding (accuracy) |  |  | Computation (basic math facts and procedures | |
|  |  | Reading fluency |  |  | Conceptual (ideas, language of instruction) | |
|  |  | Sight word reading |  |  | Problem solving | |
|  |  | Reading comprehension (language, vocabulary) |  |  | Math reasoning | |
|  |  | Other: |  |  | Other: | |
| **Written Language** | | | **Oral Language** | | | |
| Strength | Weakness |  | Strength | Weakness |  | |
|  |  | Penmanship (letter formation, placement) |  |  | Ability to comprehend language presented | |
|  |  | Fluency/speed of production |  |  | Expressing ideas | |
|  |  | Encoding/spelling |  |  | Articulation/intelligibility | |
|  |  | Conventions/mechanics |  |  | Receptive/expressive language | |
|  |  | Developing an idea |  |  | Vocabulary Knowledge | |
|  |  | Organization |  |  | Abstract conceptualization | |
|  |  | Other: |  |  | Other: | |
| **General Academic Areas** | | | | | | |
| Strength | Weakness |  | Strength | Weakness | |  |
|  |  | Ability to retain information |  |  | | Sensory sensitivities/defensiveness |
|  |  | Using visual information |  |  | | Following directions |
|  |  | Adaptive skills (independent functioning) |  |  | | Task Initiation |
|  |  | Gross/Motor skills |  |  | | Other: |

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| **BEHAVIORAL or SOCIAL EMOTIONAL** | | | | | |
| Strength | Weakness |  | Strength | Weakness |  |
|  |  | Social problem solving |  |  | Fatigue/Frequent Health Complaints |
|  |  | Attention/Concentration |  |  | Limited self-control/Impulsivity |
|  |  | Lack of flexibility/Rigidness |  |  | Persistence of effort/Low frustration tolerance |
|  |  | Aggression (verbal or physical) |  |  | Motivation |
|  |  | Tendency to worry/fearful/nervous |  |  | Planning/Organization |
|  |  | Unhappy |  |  | Self-Esteem |
|  |  | Withdrawn/Social Isolation |  |  | Other: |

1. Student Attendance:

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| --- | --- | --- |
| Current Year | Absent: | Tardy: |
| Previous Year(s) | Absent: | Tardy: |

1. Recent Academic Assessments

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| **Reading**  (NWEA, DRA, Dibels, QRI, SRI, Running Record, etc.) | | | | | | | | |
| Name of Assessment | | Date Administered | | Score | Below Grade Level | At Grade Level | | Above Grade Level |
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| **Writing**  (AIMsweb, Lucy Calkins rubrics, writing probes, etc.) | | | | | | | | |
| Name of Assessment | Date Administered | | Score | | Below Grade Level | | At Grade Level | Above Grade Level |
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| **Mathematics**  (NWEA, Dibels, SMI, easyCBM, etc.) | | | | | | | | |
| Name of Assessment | Date Administered | | Score | | Below Grade Level | | At Grade Level | Above Grade Level |
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1. In-Class Interventions (Tier 1)
   * 1. Leave blank if not attempted.

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| **Presentation of Materials** | | | | | |
| Successful | Unsuccessful |  | Successful | Unsuccessful |  |
|  |  | Break assignment into shorter segments |  |  | Highlight important concepts in text |
|  |  | Use concrete examples of concepts before teaching the abstract |  |  | Use repetition, simpler explanation, more examples, modeling |
|  |  | Relate information to child’s experiential base |  |  | Require verbal response to indicate comprehension |
|  |  | Reduce number of concepts presented at one time |  |  | Assign tasks at appropriate reading level |
|  |  | Pre-teach concepts |  |  | Check for comprehension prior to task initiation |
|  |  | Monitor comprehension of language used for instruction |  |  | Other: |
|  |  | Break assignment into shorter segments |  |  |  |
| **Duration of Tier 1 Interventions:** | | | | | |

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| **Modifying the Environment** | | | | | |
| Successful | Unsuccessful |  | Successful | Unsuccessful |  |
|  |  | Seat in area with minimal distractions |  |  | Utilize checklist to promote organization |
|  |  | Preferential seating |  |  | Frequently check the organization of notebooks |
|  |  | Help maintain a work area free of unnecessary materials |  |  | Other: |
| **Duration of Tier 1 Interventions:** | | | | | |

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| **Modifying Time Demands** | | | | | |
| Successful | Unsuccessful |  | Successful | Unsuccessful |  |
|  |  | Increase time allowed for completion of tests or assignments |  |  | Consistently follow a routine |
|  |  | Reduce amount of work or length of tests |  |  | Alternate quiet and active tasks |
|  |  | Prioritize assignments and/or steps to completing assignments |  |  | Set time limits for specific task completions |
|  |  | Space short work periods with breaks |  |  | Other: |
| **Duration of Tier 1 Interventions:** | | | | | |

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| **Modifying Assignments and Tests** | | | | | |
| Successful | Unsuccessful |  | Successful | Unsuccessful |  |
|  |  | Read tests/assignment orally to child |  |  | Give open book or notebook test |
|  |  | Allow child to take test orally or dictate answers |  |  | Provide opportunity for retakes |
|  |  | Provide short answer, multiple choice, matching, or true/false formats for test |  |  | Allow spelling errors |
|  |  | Allow the use of word processor |  |  | Chunk assignments |
|  |  | Provide copies of notes |  |  | Pair written and verbal directions |
|  |  | Utilize visual aids (charts, graphs, etc.) |  |  | Avoid abstract language |
|  |  | Provide due date on written assignment |  |  | Get child’s attention before expressing key points |
|  |  | Provide list of all steps necessary to complete tasks |  |  | Other: |
| **Duration of Tier 1 Interventions:** | | | | | |

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| **Maintaining Focus and Appropriate Behaviors** | | | | | |
| Successful | Unsuccessful |  | Successful | Unsuccessful |  |
|  |  | Provide direct reinforcement (praise or immediate feedback) |  |  | Provide alternatives when appropriate |
|  |  | Seat child close to teacher |  |  | Designate a “cool off” location |
|  |  | Make positive, personal comment every time child shows interest |  |  | Avoid power struggles |
|  |  | Provide frequency check-ins |  |  | Without attention from attention-seeking behaviors for a short time |
|  |  | Give advanced warning of transitions |  |  | Communicate frequently with parents |
|  |  | Use physical proximity to promote refocus |  |  | Speak privately to child about inappropriate behaviors |
|  |  | Provide clear, concise classroom expectations and consequences |  |  | Allow opportunities for controlled movement (trip to office, get drink, etc.) |
|  |  | Consistently reinforce classroom rules |  |  | Other: |
|  |  | Monitor tolerance and be mindful of signs of frustration |  |  |  |
| **Duration of Tier 1 Interventions:** | | | | | |

1. Targeted Pre-Referral Interventions (Tier 2) *– Provided within the last year*
   1. Initiation Date of Tier 2 Interventions:

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| Area of Concern | Intervention Provided | Frequency and duration | Baseline data | Post-intervention data | Adequate Progress | |
|  |  |  |  |  | Yes | No |
|  |  |  |  |  | Yes | No |
|  |  |  |  |  | Yes | No |
|  |  |  |  |  | Yes | No |

1. Other Factors and Interventions:

Has the child been retained?  Yes, grade(s):  No

Please list any other factors (including medical) relevant to this referral:

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| Other Regular Education Related Services | | |
| Service | Dates | Duration and Frequency |
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| English Language Learners | |
| ACCESS scores: | |
| Year 1: | Year 2: |
| ELL Instruction: | |
| Dates: | Frequency: |

1. **Dates and Signature**

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Date Received by SAU:

Date Parent Notified of Receipt of Referral and Provided Procedural Safeguards Through Written Notice:

If needed, Date Consent to Evaluate Sent Through Written Notice (Within **15 school days** of Date Received by SAU):

* 1. **Signature (if needed):**

Name:

Position:

Date:

* 1. **Special Education Director/Administrative Designee Signature:**

Name:

Date:

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| Approved  Denied  Insufficient Documentation  Other: |