

EXCEPTIONAL CHILDREN REFERRAL

Student: _____ School: _____

DOB: ___/___/___ Grade: _____ Sex: _____ Race: _____ Parent/Guardian: _____

Address: _____ Telephone (Home): _____ (Work): _____

Student's Teacher: _____ SS Number or SIMS Number: _____

I. REASONS FOR REFERRAL: Check each reason for referring this student.

- 1. () problems with learning 4. () visual problems 7. () physical problems
2. () low academic performance 5. () speech/language problems 8. () parental referral
3. () behavioral-emotional problems 6. () hearing problems 9. () other

II. DESCRIPTION OF REFERRED STUDENT: Check each statement which describe the student.

A. STRENGTHS

Academic/Behavior

- () writes in concise and clear style () attentive
() reads at or above grade level () completes assigned tasks
() highly developed vocabulary () does assignments promptly
() mathematics at or above grade level () motivated to learn
() achieves at or above grade level in content areas () cooperative
() receives majority marks of A and B () displays leadership ability
() works well independently () shows good sportsmanship
() creative and curious () accepts suggestions and criticisms
() follows instructions easily () appears self-confident
() skilled in problem solving and reasoning () popular with classmates
() frequently contributes to class () courteous
() exceptional ability to acquire knowledge () other (specify): _____
() exceptional ability to organize, store, retrieve knowledge _____

Communication Skills

- () proficient in verbal skills
() proficient in language mechanics
() communicates effectively in groups
() expresses thoughts, knowledge well
() speech flows smoothly
() communicates effectively with an individual
() communicates basic wants and needs
() other (specify): _____

Student: _____ Grade: _____ School: _____

B. REFERRAL CONCERNS

Academic/Behavior

- | | |
|---|---|
| <input type="checkbox"/> poor reading skills | <input type="checkbox"/> difficulty acquiring knowledge |
| <input type="checkbox"/> frequent reversals of letters and numbers | <input type="checkbox"/> difficulty organizing, storing, retrieving knowledge |
| <input type="checkbox"/> difficulty with written expression | <input type="checkbox"/> difficulty expressing, demonstrating knowledge |
| <input type="checkbox"/> difficulty remembering facts, details | <input type="checkbox"/> poor self-concept |
| <input type="checkbox"/> deficient in mathematical calculations | <input type="checkbox"/> fearful |
| <input type="checkbox"/> achieves below grade level in content areas | <input type="checkbox"/> poor social skills |
| <input type="checkbox"/> deficient in vocabulary | <input type="checkbox"/> appears depressed, withdrawn |
| <input type="checkbox"/> difficulty in problem solving | <input type="checkbox"/> cries easily, overly sensitive |
| <input type="checkbox"/> poor handwriting, organization, & legibility | <input type="checkbox"/> consistent inappropriate emotional responses |
| <input type="checkbox"/> difficulty concentrating | <input type="checkbox"/> makes excuses |
| <input type="checkbox"/> disorganized work habits | <input type="checkbox"/> immature behaviors |
| <input type="checkbox"/> abandons difficult tasks | <input type="checkbox"/> irritable or moody |
| <input type="checkbox"/> difficulty following directions | <input type="checkbox"/> temper tantrums |
| <input type="checkbox"/> excessive daydreaming | <input type="checkbox"/> blames others |
| <input type="checkbox"/> difficulty making transition | <input type="checkbox"/> fights and/or bites |
| <input type="checkbox"/> destructive | <input type="checkbox"/> talks excessively, attention seeking, disruptive |
| <input type="checkbox"/> physically aggressive | <input type="checkbox"/> ritualistic behaviors-rocking, pacing, etc. |
| <input type="checkbox"/> provokes/aggravates others, defiant | <input type="checkbox"/> talks about hurting or killing self or others |
| <input type="checkbox"/> requires constant supervision | <input type="checkbox"/> perseveration |
| <input type="checkbox"/> talks about morbid themes | <input type="checkbox"/> other (specify): _____ |

Communication Skills

- | | |
|--|---|
| <input type="checkbox"/> difficulty using and understanding language | <input type="checkbox"/> slow, labored speech |
| <input type="checkbox"/> unable to communicate basic needs and wants | <input type="checkbox"/> reluctant to communicate in groups |
| <input type="checkbox"/> difficulty in oral expression | <input type="checkbox"/> cannot understand spoken language |
| <input type="checkbox"/> voice problems | <input type="checkbox"/> nonverbal |
| <input type="checkbox"/> indistinct articulation-speech sounds omitted, substituted, distorted | <input type="checkbox"/> other: (specify) _____ |

Physical

- | | |
|--|--|
| <input type="checkbox"/> physical complaints | <input type="checkbox"/> bites nails |
| <input type="checkbox"/> involuntary muscle spasms | <input type="checkbox"/> lacks age-appropriate self-care |
| <input type="checkbox"/> seizures | <input type="checkbox"/> lacks physical mobility |
| <input type="checkbox"/> poor gross motor skills | <input type="checkbox"/> lacks fine motor coordination |
| <input type="checkbox"/> difficulty copying-paper or board | <input type="checkbox"/> chronic allergic condition |
| <input type="checkbox"/> impaired hearing | <input type="checkbox"/> impaired vision |
| <input type="checkbox"/> poor physical fitness | <input type="checkbox"/> lethargic-tired and listless |
| <input type="checkbox"/> overweight/underweight | <input type="checkbox"/> asthma/epilepsy |
| <input type="checkbox"/> wets or soils clothing | <input type="checkbox"/> frequently gets hurt |
| <input type="checkbox"/> currently takes medication | <input type="checkbox"/> other (specify): _____ |

Referring Person: _____ Position: _____ Date: ___/___/___

III. REFERRAL SUMMARY

Student: _____ Grade: _____ School: _____

Date Referral Received by School: ___/___/___

Review of Existing Data (Narrative and/or attachment)

Record review (attendance, grades, work samples, state testing program, relevant medical/health information, referral/interventions, etc.):

Summary of evaluations and information provided by the parent(s):

Summary of information and observations by teacher(s):

Determination

- No evaluation (Copy to parent with Handbook on Parents' Rights)
- Additional information needed
- Conduct evaluation (Obtain parent permission on DEC 2)

If first or second block is checked, explain why:

Referral Committee

Signature

Position

Date
