Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_\_\_\_

M/F\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_Primary Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Person & Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Referral\_\_\_/\_\_\_/\_\_\_\_Building Principal Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check those items below that further describe your area(s) of concern:**

**MATH CALCULATION**

\_\_\_ Counting Objects \_\_\_ Regrouping in Addition-Carrying \_\_\_ Multiplication/Division Facts \_\_\_ Decimals

\_\_\_ Arithmetic Readiness \_\_\_ Subtraction Facts \_\_\_ Division Operations \_\_\_ Fractions- add/sub/mult/div

\_\_\_ Addition Facts \_\_\_ Regrouping in Subtraction – Borrowing \_\_\_Multiplication Operations \_\_\_ Poor Consumer Math Skills

**MATH REASONING**

\_\_\_ Problems Involving Time \_\_\_ Money Values \_\_\_ Word Problem with More Than One Math Function \_\_\_ Percentage Problems

\_\_\_ Measurement Problems \_\_\_ Fractional Parts \_\_\_ Applying Appropriate Concepts to Solve Problem \_\_\_ Problems without Pencil/Paper

\_\_\_ Estimation \_\_\_ Interpreting Data on Charts/Maps/Graphs

**BASIC READING SKILLS**

\_\_\_ Identify Letters of the Alphabet \_\_\_ Reversals \_\_\_ Silent Letters \_\_\_ Addition of Letter Sounds in Words

\_\_\_ Diphthongs-Vowels in Combination \_\_\_ Sight Word Deficits \_\_\_ Reading Readiness \_\_\_ Omission of Letter Sounds in Words

\_\_\_ Word Attack - Decoding \_\_\_ Consonant Sounds \_\_\_Syllabication \_\_\_ Vowel Sounds – Long/Short

**READING COMPREHENSION**

\_\_\_ Main Idea \_\_\_ Cause and Effect \_\_\_ Inference or Information Implied but Not Stated

\_\_\_ Sequence of Events \_\_\_ Details Stated in Material \_\_\_ Vocabulary/Meaning of Words or Phrases in Selection

**READING FLUENCY**

\_\_\_ Pacing (matching natural speech) \_\_\_ Voice Inflection (expression, volume, pitch) \_\_\_ Oral Reading Fluency Rate (wpm)

\_\_\_ Retell Story Read \_\_\_ Accuracy

**WRITTEN EXPRESSION**

\_\_\_ Incorrect Pencil Grasp \_\_\_ Reversals \_\_\_ Punctuation ­­\_\_\_Capitalization

\_\_\_ Upper/Lowercase Letters \_\_\_ Spelling \_\_\_ Sentence Structure – unable to write complete thoughts

**LISTENING COMPREHENSION**

\_\_\_ Auditory Attention Span \_\_\_ Auditory Memory \_\_\_ Sequence of Events \_\_\_ Answers Questions Inappropriately

\_\_\_ Auditory Discrimination \_\_\_ Receptive Vocabulary \_\_\_ Understanding Directions \_\_\_ Needs Questions/Directions Repeated

**ORAL EXPRESSION**

\_\_\_ Expressive Vocabulary \_\_\_ Grammar \_\_\_ Pragmatics \_\_\_ Reasoning/Problem Solving

\_\_\_ Antonyms \_\_\_ Synonyms \_\_\_ Syntax (sentence structure) \_\_\_ Analogies

**COMMUNICATION:** Articulation – may omit, substitute, or distort certain speech sounds. Voice – may be hoarse, breathy, nasal. May talk too loudly or too softly. Fluency – may stutter, repeat words, hesitate, or prolong words. Language – may have difficulty with colors, numbers, grammar, auditory memory, etc. Appears to function below his/her age level.

\_\_\_ Articulation \_\_\_ Voice \_\_\_ Fluency

\_\_\_ Sentence Structure \_\_\_ Concepts/Vocabulary \_\_\_ Conversational Skills

\_\_\_ Expressive Language \_\_\_ Receptive Language \_\_\_Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH** (Including motor skills)

\_\_\_ Hearing (Specify Concerns)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Vision (Specify Concerns)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Fine Motor (Specify Concerns)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Gross Motor (Specify Concerns)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EARLY CHILDHOOD**

\_\_\_ Gross Motor \_\_\_ Fine Motor \_\_\_ Expressive Language \_\_\_ Adaptive Behavior

\_\_\_ Social/Behavior \_\_\_ Cognitive Skills \_\_\_ Receptive Language

**BEHAVIOR/EMOTIONAL PROBLEM AREAS (Extreme or Excessive)**

\_\_\_ Independent Activity \_\_\_ Group Activity \_\_\_ Peer Relationships \_\_\_ Withdrawn \_\_\_Moody

\_\_\_ Attention Span \_\_\_ Underactive/lethargic \_\_\_ Passive/Shy \_\_\_ Verbally Aggressive \_\_\_Sad

\_\_\_ Home Relationships \_\_\_ Overactive \_\_\_ Disruptive \_\_\_ Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Unresponsive \_\_\_ Mood Swings \_\_\_ Motivation \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Physically Aggressive \_\_\_ Non Compliant \_\_\_ Teacher Relationships

***CURRENT REVIEW OF EXISTNG DATA BY GROUP MEMBERS***

**Part A**

Is this student transferring from another district? Yes/No Has the student been previously evaluated? Yes/No

**Vision Screening** Date\_\_\_\_\_\_\_\_\_ Pass /Fail **Hearing Screening** Date\_\_\_\_\_\_\_\_\_ Pass /Fail **Limited English Proficient** Yes/No

**D-Step Results** Math\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reading \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Science\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior program needs: Title 1 for\_\_\_\_\_\_\_\_\_ Head Start\_\_\_\_\_\_\_\_\_ School Counseling\_\_\_\_\_\_\_\_\_ Behavior Plan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part C\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preschool Screening\_\_\_\_\_\_\_\_\_ Retained in grade\_\_\_\_\_\_\_\_\_ Attendance Record\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Grades\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many different schools has the student attended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student’s current teacher/teachers **Highly Qualified?** Yes \_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_

**Part B**

**Medical Concerns** (ex. Has the child been diagnosed with a medical condition, such as vision or hearing loss? Is the child on medication?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent Input: concerns were noted in the following areas as per our conversation on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homework Study Skills Communication Language Arts Mathematics

Health/Medical Daily Living Skills Fine Motor Gross Motor Behavior/Social

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Explain instructional practices and interventions implemented to address the area of referral concerns and state the outcomes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe any observations by teachers, administrators, or related service providers? :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summarization of Part A & B data:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The following group of individuals participated in the decision making process:

Signature Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Group’s Decision**

**District declines evaluation**

No evaluation will be conducted based on the review of existing data. Explain decision not to evaluate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The special education process ceases. Complete prior notice and provide copy to parent including procedural safeguard.

Date prior notice sent to parents\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**District proceeds with evaluation procedures**

Conduct evaluation in the following disability category below. Refer to the South Dakota Eligibility Guide for testing areas required to determine eligibility. Obtain parent consent for evaluation and provide copy to parents including procedural safeguards.

\_\_\_500 Deaf-Blind \_\_\_525 Specific Learning Disability \_\_\_550 Speech/Language Impairment \_\_\_545 Deafness

\_\_\_505 Emotional Disturbance \_\_\_530 Multiple Disabilities \_\_\_555 Other Health Impaired \_\_\_ 570 Developmental Delay

\_\_\_510 Cognitive Disability \_\_\_535 Orthopedic Impairments \_\_\_560 Autism (3-5 years old only)

\_\_\_515 Hearing Loss \_\_\_540 Vision Loss/Blindness \_\_\_565 Traumatic Brain Injury

Consent to evaluate sent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_