San Luis Valley Board of Cooperative Educational Services

**Referral for RTI or Developmental Study**

**2022-2023 Preschool Referral**

Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_

Name of Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher/s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Legal First, Middle and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Child’s DOB: \_\_\_\_\_\_\_\_\_ Child’s Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity: 1. Is this student Hispanic/Latino? Yes or No

Race: 2. Which of the following groups describe the student’s race? Circle one or more. A. American Indian or Alaska Native. B. Asian. C. Black or African American. D. Native Hawaiian or Other Pacific Islander. E. White. (Hispanic/Latino is considered origin in the White Race).

Circle one: Parents Guardians Other:

Father’s Name/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family’s/Guardian Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years in preschool \_\_\_\_\_\_\_ Attendance concerns: Now\_\_\_\_\_\_ In the past? \_\_\_\_\_

Preschool hours of attendance (days of week and times) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District of Residence

Parent Signature to approve additional screenings/begin referral process:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature

Vision Screening Results \_\_\_\_\_\_\_\_\_\_ Date of vision screening \_\_\_\_\_\_\_\_\_\_\_\_

Attach copy of results

Hearing Screening Results left \_\_\_\_\_ right \_\_\_\_\_\_ Date of hearing screening \_\_\_\_\_\_\_\_\_\_\_

Attach copy of results

Medical History Summary (Attach copy of medical history):

Physical Health Concerns:

Mental Health Concerns:

What are the child’s strengths?

What is the primary concern you have in regards to the child’s development?

Date referral received by SLV BOCES: \_\_\_\_\_\_\_\_\_\_\_\_ ONLY COMPLETE REFERRALS ACCEPTED

Follow up: Circle one RTI meeting Evaluation or write in Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of decision above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of RTI meeting if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL ATTACHMENTS BELOW MUST BE SUBMITTED TO PROEED WITH REFERRAL!**

1. Attach developmental screening results. 

2. Attach latest Creative Curriculum Class Report or current curriculum progress check point  or Check if child’s first year of preschool\_\_\_\_\_

3. Attach other data points your site collects on student achievement (i.e. DECA, etc.) 

4. Attach Home Language Survey 

5. Copy of vision and hearing results 

**CIRCLE THE AREAS OF CONCERN AND DCOMPLETE CHECKLIST FOR CIRCLED AREAS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Social Emotional | Physical Development | Cognitive Development | Language Development |
| □\_\_\_Yes or \_\_\_No Engages in classroom activities | □ \_\_Yes or \_\_\_No Shows basic locomotor skills | □ \_\_Yes or \_\_\_No Shows persistence | □ \_\_Yes or \_\_\_NoDiscriminates/identifies sounds/ rhymes |
| □ \_\_Yes or \_\_\_No Able to manage feelings | □ \_\_Yes or \_\_\_No Shows balance  | □ \_\_Yes or \_\_\_No Explores cause and effect | □ \_\_Yes or \_\_\_No Speaks in sentences (labels actions, colors, shapes, past tense, etc.)  |
| □ \_\_Yes or \_\_\_No Verbally expresses needs and desires | □ \_\_Yes or \_\_\_No Climbs (play ground equipment) | □ \_\_Yes or \_\_\_No Sorts (matches colors, shapes, etc.) | □ \_\_Yes or \_\_\_No Follows oral directions |
| □ \_\_Yes or \_\_\_No Chooses activities and completes tasks without adult assistance | □ \_\_Yes or \_\_\_No Throws and catches | □ \_\_Yes or \_\_\_No Compares/Measures | □ \_\_Yes or \_\_\_No Answers questions (identifies colors when labeled by an adult) |
| □ \_\_Yes or \_\_\_No Appropriate self-help skills (toileting, eating, etc.) | □ \_\_Yes or \_\_\_No Appropriately holds writing utensils | □ \_\_Yes or \_\_\_No Arranges objects in a series | □ \_\_Yes or \_\_\_No Asks questions |
| □ \_\_Yes or \_\_\_No Cares for classroom materials and environment | □ \_\_Yes or \_\_\_No Age appropriate drawing skills/writing skills | □ \_\_Yes or \_\_\_No Patterns | □ \_\_Yes or \_\_\_No Converses with adults/peers appropriately |
| □ \_\_Yes or \_\_\_No Follows classroom routine/rules/transition | □ \_\_Yes or \_\_\_No Age appropriate cutting skills | □ \_\_Yes or \_\_\_No 1-1 correspondence | □ \_\_Yes or \_\_\_No Listens to stories, participates in story time interactively |
| □ \_\_Yes or \_\_\_No Plays well with other children/role plays | □ \_\_Yes or \_\_\_No Vision | □ \_\_Yes or \_\_\_No Numbers and counting | □ \_\_Yes or \_\_\_No Demonstrates understanding of print concepts |
| □ \_\_Yes or \_\_\_No Shares/takes turns | □ \_\_Yes or \_\_\_No Hearing | □ \_\_Yes or \_\_\_No Makes representations | □ \_\_Yes or \_\_\_No Demonstrates knowledge of alphabet |
| □ \_\_Yes or \_\_\_No Verbally resolves conflicts | □ \_\_Yes or \_\_\_No Health | □  | □ \_\_Yes or \_\_\_No Comprehends books read aloud |
| □ \_\_Yes or \_\_\_No Aggressive | □  | □ | □ \_\_Yes or \_\_\_No Understands purpose of writing |
| □ \_\_Yes or \_\_\_No Withdrawn | □ | □ | □ \_\_Yes or \_\_\_No Writes letters and words |
| □ \_\_Yes or \_\_\_No Temper Tantrums | □ | □ | □ \_\_Yes or \_\_\_No Age appropriate articulation |
| □ \_\_Yes or \_\_\_No Disruptive | □ | □ | □ |
| □  | □ | □ | □ |
| □  | □ | □ | □ |
| □ | □ | □ | □ |
| □ | □ | □ | □ |

6. List Strategies implemented and document time frames during which strategies were consistently utilized with fidelity. Only provide information for strategies you have attempted and completed with consistency. If you have attempted one strategy, just document one strategy. If you have attempted multiple strategies, document each strategy attempted.

1. Describe strategy utilized to support concern:

 Date strategy began: Date strategy ended or has continued to:

 Results/data/evidence of effectiveness or ineffectiveness of strategy:

2. Describe strategy utilized to support concern:

 Date strategy began: Date strategy ended or has continued to:

 Results/data/evidence of effectiveness or ineffectiveness of strategy:

3. Describe strategy utilized to support concern:

 Date strategy began: Date strategy ended or has continued to:

 Results/data/evidence of effectiveness or ineffectiveness of strategy:

4. Describe strategy utilized to support concern:

 Date strategy began: Date strategy ended or has continued to:

 Results/data/evidence of effectiveness or ineffectiveness of strategy:

5. Describe strategy utilized to support concern:

 Date strategy began: Date strategy ended or has continued to:

 Results/data/evidence of effectiveness or ineffectiveness of strategy:

 **Early Childhood Response to Intervention Plan (you can use your own plan or school district plan)**

Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Intervention | Person Responsible | Implemen-tation Date | Data Tool | ReviewDate | Results/Modifications |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 Team Member Signatures/Including Parent or document parent contact date:

Meeting 1

Meeting 2

Meeting 3