Student Name: Date of Birth:

School: Date of Referral for Special Education:

School Psychologist:

Person making referral/School contact person:

Primary Area of Concern:

Checklist for attachments: *(Referrals that are incomplete will be returned)*

\_\_\_\_ Hearing and Vision Screening results

Significant Medical History? Yes No

Explain:

\_\_\_\_ Transcript of grades

\_\_\_\_ Attendance record

# of days missed in the last year? \_\_\_\_\_\_\_\_\_\_

A pattern of absences across their school history of at least 25% of the time in a grading period for reasons other than verified personal illness? Yes No

Grade retention? Yes No

Grade of retention: \_\_\_\_\_\_

Past or present truancy proceedings? Yes No

\_\_\_\_ Transience in school year (at least 4 moves within elementary; at least 2 moves within middle school; at least 3 moves within high school) Yes No

\_\_\_\_ Enrollment history (list of previous schools attended and dates)

\_\_\_\_ ALPINE data including TCAP, NWEA, DIBELS testing, etc.

\_\_\_\_\_\_ Data is accessible in Alpine

\_\_\_\_ All diagnostic assessments that have been conducted (CTOPP, DIBELS, Phonemic awareness, Lindamood Bell, Keymath)

\_\_\_\_\_\_ Data contained in RTI plan in Alpine

\_\_\_\_ Relevant history obtained from parents and the problem solving teams (notes, discussions, family history)

\_\_\_\_\_\_ Data contained in RTI plan in Alpine

\_\_\_\_ RTI plan including specific interventions for each area of concern and the changes over time to the interventions. The RTI plan *must* include progress-monitoring data over a consecutive amount of time (8 or more data points on each area of concern is required beginning with baseline within the current school year). Please indicate the grade level of progress monitoring data and/or benchmark data.

\_\_\_\_\_\_\_ Data contained in RTI plan in Alpine

\_\_\_\_\_\_\_ Speech articulation referral only: See separate packet on BOCES Website with screening tools and interventions

1. **Environmental Factors** (Check all that apply)

\_\_\_\_ Limited experiential background (no exposure to enrichment materials e.g. newspapers books, magazines and experiences such as trips to museums, malls, parks, concerns, etc.)

\_\_\_\_ Home responsibilities interfere with learning activities (caring for siblings, while parents work or other major home responsibilities due to absence of parents)

\_\_\_\_ Lack of effective parent partnerships and/or family engagement (inability to share information, participate in problem solving, and inability to collaboratively celebrate student successes) Lack of effective communication between school and parent/family.

1. **Language Factors**

\_\_\_\_ Home Language Survey (provide a copy)

Are ELL services in place? Yes No For How long? \_\_\_\_\_\_

\_\_\_\_ Copy of most recent CELA or ACCESS/WIDA assessment

\_\_\_\_ ELL status (circle one: NEP, LEP, FEP, on monitor, exited)

\_\_\_\_ Lack of proficiency in any language (a discrepancy of one to two years between the child’s chronological age and language age as determined by formal and informal test)

\_\_\_\_ Non-standard English constitutes a barrier to learning (only a foreign language or non-standard English spoken in the home and/or community; the language of the home exhibits strong dialectal differences).

\_\_\_\_ Limited opportunity to acquire academic English (in the content areas); history of instruction in a language other than English

1. **Cultural Factors**

\_\_\_\_ Limited experience in school and/or community activities (child does not participate in sports, clubs or other organized activities)

\_\_\_\_ Family and/or peer standards in conflict with school and community standards (child receives visible family /peer pressure not to comply with school and/or community standards: history of non-compliant behaviors, police records gang involvement)

1. **Economic Factors**

\_\_\_\_ Child lives in low-income family or child lives in an environment below the poverty level

\_\_\_\_ Student employment interferes with learning opportunities (student is employed more than four hours per school day)

With whom does the child presently reside?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL PSYCHOLOGIST ACTION**

Student Name: School:

Psychologist:

Date of Response:

\_\_\_\_\_\_\_\_\_\_\_*The referral is accepted and consent for evaluation will be developed by the School Psychologist.*

\_\_\_\_\_\_\_\_\_\_\_ *The referral is not accepted. Additional information is needed:*