

**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 |
|  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |
| **Writing**(AIMsweb, Lucy Calkins rubrics, writing probes, etc.) |
| Name of Assessment | Date Administered | Score | Below Grade Level | At Grade Level | Above Grade Level |
|  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |
| **Mathematics**(NWEA, Dibels, SMI, easyCBM, etc.) |
| Name of Assessment | Date Administered | Score | Below Grade Level | At Grade Level | Above Grade Level |
|  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |

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:  |