



## Referral for Special Education Services

Maine Unified Special Education Regulations (MUSER IV.2.D.&E.)

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

**A)** Referral Initiated By: \_\_\_\_\_ ☐ Staff ☐ Parent ☐ Other

**B)** Referral Question(s): \_\_\_\_\_  
\_\_\_\_\_

**C)** Parent Input (including date): \_\_\_\_\_  
\_\_\_\_\_

**D)** Other Input: \_\_\_\_\_  
\_\_\_\_\_

**E)** Previous referral for special education services? ☐ Yes ☐ No  
**I.** If yes, were special education services previously received: ☐ Yes ☐ No  
**II.** If yes, date and qualifying eligibility category: \_\_\_\_\_

**F)** Hearing Screening Results (including date): \_\_\_\_\_

**G)** Vision Screening Results (including date): \_\_\_\_\_

***\*All supporting documents should be attached to this form\****

H) Describe areas of strength and weakness using the checklists and space below:

ACADEMIC			
Reading		Mathematics	
<u>Strength</u>	<u>Weakness</u>	<u>Strength</u>	<u>Weakness</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decoding (accuracy)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reading fluency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sight word reading
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reading comprehension (language, vocabulary)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:
Written Language		Oral Expression	
<u>Strength</u>	<u>Weakness</u>	<u>Strength</u>	<u>Weakness</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Penmanship (letter formation, placement)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluency/speed of production
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encoding/spelling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conventions/mechanics
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developing an idea
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Organization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:
General Academic Areas			
<u>Strength</u>	<u>Weakness</u>	<u>Strength</u>	<u>Weakness</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to retain information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Using visual information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adaptive skills (independent functioning)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross/Motor skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensory sensitivities/defensiveness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Following directions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Task Initiation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:

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SPEECH OR LANGUAGE			
<u>Strength</u>	<u>Weakness</u>		<u>Strength</u> <u>Weakness</u>
<input type="checkbox"/>	<input type="checkbox"/>	Articulation/Intelligibility	<input type="checkbox"/> <input type="checkbox"/> Fluency
<input type="checkbox"/>	<input type="checkbox"/>	Receptive Language	<input type="checkbox"/> <input type="checkbox"/> Functional Communication
<input type="checkbox"/>	<input type="checkbox"/>	Expressive Language	<input type="checkbox"/> <input type="checkbox"/> Oral Language
<input type="checkbox"/>	<input type="checkbox"/>	Voice	<input type="checkbox"/> <input type="checkbox"/> Pragmatics
			<input type="checkbox"/> <input type="checkbox"/> Other:
BEHAVIORAL or SOCIAL EMOTIONAL			
<u>Strength</u>	<u>Weakness</u>		<u>Strength</u> <u>Weakness</u>
<input type="checkbox"/>	<input type="checkbox"/>	Social problem solving	<input type="checkbox"/> <input type="checkbox"/> Fatigue/Frequent Health Complaints
<input type="checkbox"/>	<input type="checkbox"/>	Attention/Concentration	<input type="checkbox"/> <input type="checkbox"/> Limited self-control/Impulsivity
<input type="checkbox"/>	<input type="checkbox"/>	Lack of flexibility/Rigidity	<input type="checkbox"/> <input type="checkbox"/> Persistence of effort/Low frustration tolerance
<input type="checkbox"/>	<input type="checkbox"/>	Aggression (verbal or physical)	<input type="checkbox"/> <input type="checkbox"/> Motivation
<input type="checkbox"/>	<input type="checkbox"/>	Tendency to worry/fearful/nervous	<input type="checkbox"/> <input type="checkbox"/> Planning/Organization
<input type="checkbox"/>	<input type="checkbox"/>	Unhappy	<input type="checkbox"/> <input type="checkbox"/> Self-Esteem
<input type="checkbox"/>	<input type="checkbox"/>	Withdrawn/Social Isolation	<input type="checkbox"/> <input type="checkbox"/> Other:

**I) Student Attendance:**

Current Year	Absent:	Tardy:
Previous Year(s)	Absent:	Tardy:

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**J) Recent Academic Assessments**

<b>Reading</b> (NWEA, DRA, Dibels, QRI, SRI, Running Record, etc.)			
Name of Assessment	Date Administered	Score	Grade Level Benchmark(s)

<b>Writing</b> (AIMSweb, Lucy Calkins rubrics, writing probes, etc.)			
Name of Assessment	Date Administered	Score	Grade Level Benchmark(s)

<b>Mathematics</b> (NWEA, Dibels, SMI, easyCBM, etc.)			
Name of Assessment	Date Administered	Score	Grade Level Benchmark(s)

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**K) In-Class Interventions (Tier 1)**

i. Leave blank if not attempted.

<b>Presentation of Materials</b>					
<u>Successful</u>	<u>Unsuccessful</u>		<u>Successful</u>	<u>Unsuccessful</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Break assignment into shorter segments	<input type="checkbox"/>	<input type="checkbox"/>	Highlight important concepts in text
<input type="checkbox"/>	<input type="checkbox"/>	Use concrete examples of concepts before teaching the abstract	<input type="checkbox"/>	<input type="checkbox"/>	Use repetition, simpler explanation, more examples, modeling
<input type="checkbox"/>	<input type="checkbox"/>	Relate information to child's experiential base	<input type="checkbox"/>	<input type="checkbox"/>	Require verbal response to indicate comprehension
<input type="checkbox"/>	<input type="checkbox"/>	Reduce number of concepts presented at one time	<input type="checkbox"/>	<input type="checkbox"/>	Assign tasks at appropriate reading level
<input type="checkbox"/>	<input type="checkbox"/>	Pre-teach concepts	<input type="checkbox"/>	<input type="checkbox"/>	Check for comprehension prior to task initiation
<input type="checkbox"/>	<input type="checkbox"/>	Monitor comprehension of language used for instruction	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	Break assignment into shorter segments			
<b>Duration of Tier 1 Interventions:</b>					

<b>Modifying the Environment</b>					
<u>Successful</u>	<u>Unsuccessful</u>		<u>Successful</u>	<u>Unsuccessful</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Seat in area with minimal distractions	<input type="checkbox"/>	<input type="checkbox"/>	Utilize checklist to promote organization
<input type="checkbox"/>	<input type="checkbox"/>	Preferential seating	<input type="checkbox"/>	<input type="checkbox"/>	Frequently check the organization of notebooks
<input type="checkbox"/>	<input type="checkbox"/>	Help maintain a work area free of unnecessary materials	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<b>Duration of Tier 1 Interventions:</b>					

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Modifying Time Demands					
Successful	Unsuccessful		Successful	Unsuccessful	
<input type="checkbox"/>	<input type="checkbox"/>	Increase time allowed for completion of tests or assignments	<input type="checkbox"/>	<input type="checkbox"/>	Consistently follow a routine
<input type="checkbox"/>	<input type="checkbox"/>	Reduce amount of work or length of tests	<input type="checkbox"/>	<input type="checkbox"/>	Alternate quiet and active tasks
<input type="checkbox"/>	<input type="checkbox"/>	Prioritize assignments and/or steps to completing assignments	<input type="checkbox"/>	<input type="checkbox"/>	Set time limits for specific task completions
<input type="checkbox"/>	<input type="checkbox"/>	Space short work periods with breaks	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<b>Duration of Tier 1 Interventions:</b>					

Modifying Assignments and Tests					
Successful	Unsuccessful		Successful	Unsuccessful	
<input type="checkbox"/>	<input type="checkbox"/>	Read tests/assignment orally to child	<input type="checkbox"/>	<input type="checkbox"/>	Give open book or notebook test
<input type="checkbox"/>	<input type="checkbox"/>	Allow child to take test orally or dictate answers	<input type="checkbox"/>	<input type="checkbox"/>	Provide opportunity for retakes
<input type="checkbox"/>	<input type="checkbox"/>	Provide short answer, multiple choice, matching, or true/false formats for test	<input type="checkbox"/>	<input type="checkbox"/>	Allow spelling errors
<input type="checkbox"/>	<input type="checkbox"/>	Allow the use of word processor	<input type="checkbox"/>	<input type="checkbox"/>	Chunk assignments
<input type="checkbox"/>	<input type="checkbox"/>	Provide copies of notes	<input type="checkbox"/>	<input type="checkbox"/>	Pair written and verbal directions
<input type="checkbox"/>	<input type="checkbox"/>	Utilize visual aids (charts, graphs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Avoid abstract language
<input type="checkbox"/>	<input type="checkbox"/>	Provide due date on written assignment	<input type="checkbox"/>	<input type="checkbox"/>	Get child's attention before expressing key points
<input type="checkbox"/>	<input type="checkbox"/>	Provide list of all steps necessary to complete tasks	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<b>Duration of Tier 1 Interventions:</b>					

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## Maintaining Focus and Appropriate Behaviors

<u>Successful</u>	<u>Unsuccessful</u>		<u>Successful</u>	<u>Unsuccessful</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Provide direct reinforcement (praise or immediate feedback)	<input type="checkbox"/>	<input type="checkbox"/>	Provide alternatives when appropriate
<input type="checkbox"/>	<input type="checkbox"/>	Seat child close to teacher	<input type="checkbox"/>	<input type="checkbox"/>	Designate a "cool off" location
<input type="checkbox"/>	<input type="checkbox"/>	Make positive, personal comment every time child shows interest	<input type="checkbox"/>	<input type="checkbox"/>	Avoid power struggles
<input type="checkbox"/>	<input type="checkbox"/>	Provide frequency check-ins	<input type="checkbox"/>	<input type="checkbox"/>	Without attention from attention-seeking behaviors for a short time
<input type="checkbox"/>	<input type="checkbox"/>	Give advanced warning of transitions	<input type="checkbox"/>	<input type="checkbox"/>	Communicate frequently with parents
<input type="checkbox"/>	<input type="checkbox"/>	Use physical proximity to promote refocus	<input type="checkbox"/>	<input type="checkbox"/>	Speak privately to child about inappropriate behaviors
<input type="checkbox"/>	<input type="checkbox"/>	Provide clear, concise classroom expectations and consequences	<input type="checkbox"/>	<input type="checkbox"/>	Allow opportunities for controlled movement (trip to office, get drink, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Consistently reinforce classroom rules	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	Monitor tolerance and be mindful of signs of frustration			

**Duration of Tier 1 Interventions:**

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**L) Targeted Pre-Referral Interventions (Tier 2/3) – *Provided within the last year***

**I.** Initiation Date of Tier 2/3 Interventions: \_\_\_\_\_

Area of Concern	Intervention Provided	Frequency and duration	Baseline data	Post-intervention data	Adequate Progress	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No

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**M) 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

English Language Learners	
ACCESS scores:	
Year 1:	Year 2:
ELL Instruction:	
Dates:	Frequency:

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## N) Dates and Signature

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):


### I. Signature (if needed):

Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

### II. Special Education Director/Administrative Designee Signature:

Name: \_\_\_\_\_

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

☐ Approved

☐ Denied

☐ Insufficient Documentation

☐ Other: \_\_\_\_\_

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