



Exceptional Student Education
District Program Referral Packet
Part I: Checklist for District Program Consideration

Student Name: _____ Student #: _____

DOB: _____ Grade: _____ Current School: _____

Current Program(s): _____

Referring Teacher (s): _____

→ Prerequisite: Record of Academic and/or Behavior Interventions with weekly data (including FBA/BIP for behavior problems)	YES	NO	Provide <u>FULL</u> Details	Date & Initials
1. IEP team meetings (Including Parent(s)) Discussion of the possible need for a more restrictive setting?	<input type="checkbox"/>	<input type="checkbox"/>		_____ _____
a) Review and update of current goals/accommodations/modifications (including possible related services, assistive technology).	<input type="checkbox"/>	<input type="checkbox"/>		_____ _____
b) Need for re-evaluation addressed, e.g. complete psychological, selected tests, or “no needs”, etc. (Complete any determined re-evaluation prior to proceeding)	<input type="checkbox"/>	<input type="checkbox"/>		_____ _____
c) Is there a disproportionate amount of referrals at any one time, subject matter, with one teacher, (etc.)? If yes, how has this been addressed?	<input type="checkbox"/>	<input type="checkbox"/>		_____ _____
d) All appropriate options attempted at home-zoned school? Evidence of gradual decrease in percentage of time with non-disabled peers.	<input type="checkbox"/>	<input type="checkbox"/>		_____ _____
e) Separate class placement?	<input type="checkbox"/>	<input type="checkbox"/>		_____ _____
f) If problems are behavior related, has the school consulted with the psychologist for additional interventions with the BIP or to review the FBA?	<input type="checkbox"/>	<input type="checkbox"/>		_____ _____

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g) Addendum to IEP, change IEP goals to better suit the need of the student and at the time of the behavior or need for instruction.	<input type="checkbox"/>	<input type="checkbox"/>		_____ _____
h) Do we know of other mitigating factors for which the student may need services or other outside agencies might be involved? (example: DCF, Need for Counseling referral)	<input type="checkbox"/>	<input type="checkbox"/>		_____ _____

Please be certain that all information is included:

2. Collected data required in packet:		
a) Teacher Interview of Academic and/or Behavioral Problems Regular Ed Teacher: Date: _____ ESE Teacher: Date: _____	Date: _____	
b) Student Self-Determination Survey		
c) Current IEP Date: _____ Addendum(s): _____ Previous IEP Date: _____ Includes all goals and services pages (conference notes if applicable)		
d) Current complete Psychological Evaluation Subsequent Re-evaluations: Date: _____ Date: _____	Date: _____	
e) Other Information (private evaluations, medical, FBAs, PBS, outside referrals)		
Reviewed by home school ESE Specialist / sent to county office		Date: _____
3. LRE reviews by ESE Supervisor		
_____	_____	Date: _____
<i>Print Name</i> <i>Signature</i>		
a) Criteria <input type="checkbox"/> Met <input type="checkbox"/> Not Met <i>(check one)</i>		
b.) Name of potential receiving school: _____		

District Program Referral Packet
Part II: Teacher Interview for Academic / Behavior Concerns

Directions: Indicate student's academic progress in the space provided. For very young children or for children with severe impairments indicate progress towards readiness. Write N/A on those items that do not apply, due to nature and severity of student's disability. (All teachers of a student in Middle and High School must complete)

Student: _____ Teacher: _____
Student #: _____ Date: _____
DOB: _____ Grade: _____ School: _____
Exceptionality: _____ Person Completing Form: _____

Why is this student referred? What types of academic/behavioral problem(s) does this student have?
(Brief Narrative):

General:

1. In what setting is a majority of instruction being delivered?
 Regular Education Resource Room Self Contained Other _____
(explain)
2. How many minutes of instruction is the student receiving each day in reading: _____
Reading Series: _____ Reading Grade Level: _____
3. At this point in the year, where is the **average non-disabled** student reading:
Reading Series: _____ Reading Grade Level: _____
4. Is there a different reading group available on the school campus that would meet the student's reading needs? *Explain:* _____
5. How is time in reading instruction divided on a daily basis: _____
What assessment methods have been used in determining reading placement? *(Check One)*
 DBLLS STAR CTOPP Unique Curriculum
 FAIR Informal Inventory Other: _____
6. Is the student receiving phonics instruction? Yes No What method/series? _____

Oral Reading: How does this student read orally compared to others in the same reading group?

Worse About the same Better

Word Attack: Does he/she attempt to decode unknown words? Yes No

Sight Vocabulary / Letter Recognition: How does this student's sight vocabulary compare to others in the same reading group?

Worse About the same Better

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Part II--Continued: Teacher Interview for Academic / Behavior Concerns

Reading Comprehension Passage/Picture: How well does the student seem to understand what he/she reads compared to others in the same reading group?

- Worse About the same Better

Behavior During Reading Instruction/Activities: (Rate the following areas from 1-4)

	Unsatisfactory	Fair	Good	Satisfactory
1. Oral reading ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Volunteers answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Gives correct answers when called upon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Attends to book as others read orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is general on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Completes assignments on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Works accurately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Works quietly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Remains in seat when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mathematics / Readiness:

General

- In what setting is a majority of instruction being delivered?
 Regular Education Resource Room Self Contained Other _____
(explain)
- How many minutes of instruction is the student receiving each day in math: _____
- Where is the referred student currently performing in math:
 Series: _____ Grade Level: _____
- At this point in the year, where is the **average non-disabled** student in math:
 Series: _____ Grade Level: _____
- Is there a different math group available on the school campus that would meet the student's math needs?
Explain: _____
- How is time in math instruction divided on a daily basis: _____
- To what degree is reading interfering with progress in math:
Explain: _____
- How is mastery assessed:
Explain: _____
- What testing modifications/accommodations are being used on a regular basis:
Explain: _____
- Describe typical daily instructional procedures for math:
Explain: _____

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Part II--Continued: Teacher Interview for Academic / Behavior Concerns

Math Skills: Check areas of concern and indicate grade level of progress

1. Number recognition: _____
2. Number valuation: _____
3. Patterning _____
4. Math Facts _____
5. Measurement (time, money, calendar, temp, etc.) _____
6. Graphing _____
7. Fractions _____
8. Addition with/without regrouping _____
9. Subtraction with/without regrouping _____
10. Multiplication with/without regrouping _____
11. Division with/without regrouping _____
12. Place value _____
13. Problem solving _____
14. Geometry/Shapes/Colors _____
15. Other _____

Behavior During Math Instruction / Activities

	Unsatisfactory	Fair	Good	Satisfactory
1. Volunteers answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gives correct answers when called upon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is general on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Completes assignments on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Works accurately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is able to show work to demonstrate understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Works quietly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Remains in seat when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spelling

1. Describe the types of difficulties you have observed:

2. How does the student perform on maintenance tests:

3. What spelling list is used: _____
 On grade level Below grade level

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Part II--Continued: Teacher Interview for Academic / Behavior Concerns

Writing: Compared to the average student in your class, does the student have difficulty with:

1. Expression of thoughts: _____
2. Capitalization and punctuation: _____
3. Handwriting: _____
4. Spelling: _____
5. Completing writing assignment in class: _____
6. Completing writing assignments as homework: _____
7. Other: _____
8. Spelling: _____

General Behavior: Please rate each

	Does Not Apply	Seldom	Somewhat	Often	Frequently	Always
1. Distracted, unable to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hyperactive, constant aimless movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Impulsive, aggressive, lack self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Performance fluctuates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Makes frequent negative self-statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Lethargic, sleepy, sluggish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Unconsciously repeats verbal or motor actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Difficulty interacting with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Behaves like younger child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Frequent requests for adult assistance/dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Requires frequent redirection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Demonstrates attention seeking behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Engages in inappropriate acts or conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Behavior interferes with learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Behavior interferes with others learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Seems unaffected by rewards or consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Student has a flat affect, never shows emotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

