Alachua County
Public Schools

Exceptional Student Education
District Program Referral Packet
<u>**Part I**</u>: **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 (<u>Including Parent(s)</u> Discussion of the possible need for a more restrictive setting?**	☐	☐		_____ _____
a) **Review and update of current goals/accommodations/modifications (including possible related services, assistive technology).**	☐	☐		_____ _____
b) **Need for re-evaluation addressed, e.g. complete psychological, selected tests, or "no needs", etc. (Complete any determined re-evaluation prior to proceeding)**	☐	☐		_____ _____
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?**	☐	☐		_____ _____
d) **All appropriate options attempted at home-zoned school? Evidence of gradual decrease in percentage of time with non-disabled peers.**	☐	☐		_____ _____
e) **Separate class placement?**	☐	☐		_____ _____
f) **If problems are behavior related, has the school consulted with the psychologist for additional interventions with the BIP or to review the FBA?**	☐	☐		_____ _____

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.	☐	☐	_____ _____
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)	☐	☐	_____ _____

Please be certain that all information is included:

2. **Collected data required in packet:**
   a) Teacher Interview of Academic and/or Behavioral Problems   Date:_____
      Regular Ed Teacher: Date:_____   ESE Teacher: 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   Date:_____
      Subsequent Re-evaluations: 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:_____
              Print Name   *Signature*
   a) Criteria *(check one)* ☐ Met   ☐ Not Met
   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

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	☐	☐	☐	☐
2.	Volunteers answers	☐	☐	☐	☐
3.	Gives correct answers when called upon	☐	☐	☐	☐
4.	Attends to book as others read orally	☐	☐	☐	☐
5.	Is general on task	☐	☐	☐	☐
6.	Completes assignments on time	☐	☐	☐	☐
7.	Works accurately	☐	☐	☐	☐
8.	Works quietly	☐	☐	☐	☐
9.	Remains in seat when required	☐	☐	☐	☐

Mathematics / Readiness:

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 math:_____

3. Where is the referred student currently performing in math:
   Series:_____ Grade Level:_____

4. At this point in the year, where is the **average non-disabled** student in math:
   Series:_____ Grade Level:_____

5. Is there a different math group available on the school campus that would meet the student's math needs?
   Explain:_____

6. How is time in math instruction divided on a daily basis:
   Explain:_____

7. To what degree is reading interfering with progress in math:
   Explain:_____

8. How is mastery assessed:
   Explain:_____

9. What testing modifications/accommodations are being used on a regular basis:
   Explain:_____

10. Describe typical daily instructional procedures for math:
    Explain:_____

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	☐	☐	☐	☐
2.	Gives correct answers when called upon	☐	☐	☐	☐
3.	Is general on task	☐	☐	☐	☐
4.	Completes assignments on time	☐	☐	☐	☐
5,	Works accurately	☐	☐	☐	☐
6.	Is able to show work to demonstrate understanding	☐	☐	☐	☐
7.	Works quietly	☐	☐	☐	☐
8.	Remains in seat when required	☐	☐	☐	☐

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

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	☐	☐	☐	☐	☐	☐
2.	Hyperactive, constant aimless movement	☐	☐	☐	☐	☐	☐
3.	Impulsive, aggressive, lack self-control	☐	☐	☐	☐	☐	☐
4.	Performance fluctuates	☐	☐	☐	☐	☐	☐
5.	Makes frequent negative self-statements	☐	☐	☐	☐	☐	☐
6.	Lethargic, sleepy, sluggish	☐	☐	☐	☐	☐	☐
7.	Unconsciously repeats verbal or motor actions	☐	☐	☐	☐	☐	☐
8.	Difficulty interacting with peers	☐	☐	☐	☐	☐	☐
9.	Behaves like younger child	☐	☐	☐	☐	☐	☐
10.	Frequent requests for adult assistance/dependent	☐	☐	☐	☐	☐	☐
11.	Requires frequent redirection	☐	☐	☐	☐	☐	☐
12.	Demonstrates attention seeking behaviors	☐	☐	☐	☐	☐	☐
13.	Engages in inappropriate acts or conversations	☐	☐	☐	☐	☐	☐
14.	Behavior interferes with learning	☐	☐	☐	☐	☐	☐
15.	Behavior interferes with others learning	☐	☐	☐	☐	☐	☐
16.	Seems unaffected by rewards or consequences	☐	☐	☐	☐	☐	☐
17.	Student has a flat affect, never shows emotion	☐	☐	☐	☐	☐	☐

Describe the student's behavior has on their and/or other students' learning?

_____

_____

_____

Is the student's behavior causing them to fall further behind? Is it in one specific subject?

_____

_____

What Positive Behavior Supports have been used to assist in changing the behavior?

_____

_____

1. Has a Functional Behavior Assessment (FBA) been completed? ☐ Yes ☐ No -- *(attach copy)*
2. Has a Behavior Intervention Plan (BIP) been implemented? ☐ Yes ☐ No -- *(attach copy)*
    Attach any Behavior Plan that has been used in the last year (required). Include any whole class behavior systems (e.g. points sheets) and Record of Behavior Intervention and Progress Monitoring Plan with DATA.
3. Include the most recent psychological evaluation.

Other relevant information or comments: Include a specific rationale for removing this student from the home-zoned school. Include grade levels, function levels, and all other testing. (Do not leave blank or write N/A)

Student Name: _____	**Teacher:** _____
Student Number: _____	**Date:** _____

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