



# Morgan County Schools

Student Support & Intervention Team Referral for Comprehensive Evaluation

## Instructions

This referral form is completed by the school based team when the decision is made to refer a student for a comprehensive evaluation for Special Education consideration. Data and documentation gathered through the tiered intervention process should be reviewed prior to referral.

Parent Referral

RTI Referral

## Student Information

Student Name	_____	Street Address Including City, State, and ZIP Code	_____
Birth Date	_____	Parent Telephone(s)	_____
Gender	_____	Parent Names	_____
Grade	_____	Parent Email	_____
School	_____	Teacher	_____
Primary Language	_____		

## Problem Identification (check all that apply) \*\*

- Phonological Awareness   
 Phonics   
 Reading Fluency   
 Vocabulary   
 Reading Comprehension  
 Math Calculation   
 Math Problem Solving   
 Written Expression   
 Attention/Behavior  
 Speech/Language   
 High Achievement   
 Other [Click or tap here to enter text.](#)

**For Reading, Math, and Writing Concerns, the following RTI<sup>2</sup> documentation MUST be included:**

- Student Benchmark Data   
 Student Progress Monitoring Data   
 Student Intervention Plans  
 Fidelity Monitoring Forms   
 Parent Notification Letter

## Cumulative Record Review:

Current Year Attendance Days Present	_____	Last Year Attendance Days Present	_____
Current Year Attendance Days Absent	_____	Last Year Attendance Days Absent	_____
Current Year Attendance Days Tardy	_____	Last Year Attendance Days Tardy	_____
Retentions	_____	Previous Schools Attended	_____



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## Discipline Record:

Number of Discipline Reports	_____	Number of Detentions	_____
Number of Out of School Suspensions	_____	Number of In-School Suspensions	_____
List Violations	_____		

## Testing Information: TCAP or Other Click or tap here to enter text.

AREA	YEAR/RESULTS/%ILE	YEAR/RESULTS/%ILE	YEAR/RESULTS/%ILE
Reading/ELA	_____	_____	_____
Math	_____	_____	_____
Science	_____	_____	_____
Social Studies	_____	_____	_____

## Academic Grades:

SUBJECT AREA	YEAR/SEMESTER	YEAR/SEMESTER	YEAR/SEMESTER
Reading/ELA	_____	_____	_____
Math	_____	_____	_____
Science	_____	_____	_____
Social Studies	_____	_____	_____
Other	_____	_____	_____



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## Exclusionary Factors:

Please include relevant information as it applies to the following:

### Limited English Proficiency:

Is there another language other than English spoken by the student? Choose an item.

Is there another language other than English spoken in the student's home? Choose an item.

Have English Learner services been provided? Choose an item.

### Visual Impairment:

Does the student have a history of significant vision problems? Choose an item.

### Hearing Impairment:

Does the student have a history of significant hearing problems? Choose an item.

### Orthopedic Impairment:

Does the student have any physical or motor impairments? Choose an item.

If yes, please explain: [Click or tap here to enter text.](#)

### Behavior Problems:

Does the student exhibit behavior(s) or emotional difficulties that interfere with learning? Choose an item.

If yes, please explain: [Click or tap here to enter text.](#)

Does the student have a current behavior plan or Functional Behavior Assessment (FBA)? Choose an item.

### Environmental/Cultural/Economic Factors:

Are you aware of any environmental factors that may be impacting the student's ability to learn? Choose an item.

If yes, please explain: [Click or tap here to enter text.](#)

### Motivational Factors:

Does the student want to succeed in school? Choose an item.

Does the student seek assistance from teachers, peers, or others? Choose an item.

Does the parent report efforts made at home to complete homework or study assignments? Choose an item.

Is the student making an effort to learn? Choose an item.

Are the student's achievement scores consistent with the student's grades? Choose an item.

### Situational Trauma:

Has the student experienced recent trauma (ex. Parent divorce, death of family member, etc.)? Choose an item.

If yes, please explain: [Click or tap here to enter text.](#)

Has there been a significant change in the student's classroom performance within a short period of time (6-12 months)? Choose an item.

If yes, please explain: [Click or tap here to enter text.](#)

### Medical:

Does the student have any known medical issues that interfere with learning? Choose an item.

If yes, please explain: [Click or tap here to enter text.](#)



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**Additional Comments:** Click or tap here to enter text.

## Referral Source

**Person Completing Form:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

## Additional Information Required for Referral:

- Consent to Screen (completed by teacher, sent home for parent signature)
- Direct Observation (completed by related service provider, administrators, or special education teachers)
- Indirect Observation (completed by classroom teacher)
- Parent Input (completed by parent)
- Potential Needs Checklist (completed by teacher)

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**Staff Name:** Click or tap here to enter text.

**Date Received:** Click or tap here to enter text.



# Indirect Observation

## General Education Teacher's Input Form

School: [Click or tap here to enter text.](#)

Form Completed By: [Click or tap here to enter text.](#)

Grade: [Click or tap here to enter text.](#)

Name of Student: [Click or tap here to enter text.](#)

Date of Birth: [Click or tap here to enter text.](#)

Age: [Click or tap here to enter text.](#)

*Carefully consider the following questions and provide as much information as possible regarding this student's typical daily performance in your classroom. His or her behavior should be evaluated in comparison to a typically functioning student of the same age and in terms of appropriate developmental stages and expectations.*

**Describe the student's reading skills (e.g.: decoding, comprehension, and fluency).**

**Describe the student's math skills (e.g.: calculation, numerical concepts, and word problems).**

**Describe other academic concerns/performance levels (e.g.: science, social studies, and problem solving skills).**



# Morgan County Schools Consent to Screen

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

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

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

**Dear Parents,**

According to the classroom teacher, your child appears to be having some academic difficulty. For us to understand your child's academic weaknesses, more information is needed. We need your permission to individually screen your child in the following areas:

- Vision/Hearing
- Classroom Observations
- Parent Checklist
- Prevocational Checklist
- Speech/Language
- Academic Achievement

**\*\*\*THIS IS NOT PERMISSION FOR SPECIAL EDUCATION SERVICES**

Your signature allows the school opportunities to gather additional information, which will help us screen your child more efficiently. Please sign and date this form and return to your child's teacher as soon as possible.

Parent Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_



# Potential Needs Checklist

Please complete and include in all completed referral packets. If the person making the referral has concerns in a certain area, please make sure the box is checked so the assessment coordinator is prepared to evaluate in all areas that are seemingly impacted by a disability.

## Potential Areas for Assessment (Please check any area you have a concern with):

- Intellectual Functioning
- Academic Achievement
  - Basic reading skills
  - Reading fluency
  - Reading comprehension
  - Math calculation
  - Math problem solving
- Attention/Hyperactivity
  - Has medical diagnosis
  - Does not have medical diagnosis
- Adaptive/Self Help Skills
- Social/Emotional Skills
- Characteristics of Autism
- Fine motor/Occupational Therapy
- Gross motor/Physical therapy
- Speech/Articulation skills
- Language skills
- Medical diagnoses and paperwork from treating physician (please collect before scheduling an initial consent meeting)  
[Click or tap here to enter text.](#)
- Lack of instruction (Please check this box if a student has missed more than 10 days of school this year or in the previous year, participated in virtual learning, or if they miss academic intervention often.) [Click or tap here to enter text.](#)
- Environmental concerns (i.e. lack of appropriate housing, history of trauma, recent family change [relocation, divorce, marriage, death, change of custody etc.], or unstable home environment) [Click or tap here to enter text.](#)