

Poughkeepsie City School District

**REQUEST FOR REFERRAL TO THE COMMITTEE ON SPECIAL EDUCATION
(Refer to Section 200.4(a)(2))**

1. Student Information

Student Name: _____ Birth Date: _____ ID#: _____
Building: _____ Teacher/Counselor: _____ Grade: _____
Age at school entry: _____ Date of entry in district: _____ Preschool experience: YES NO
Native Lang: _____ Ethnicity: _____ Translation: YES NO
Address: _____ Home Telephone: _____ Gender: M F
City, State, Zip: _____

2. Parent/Guardian Information (If other than parent, indicate relationship below name)

Parent/Guardian: _____	Parent/Guardian: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
_____	_____
Home Tel: _____	Home Tel: _____
Work Tel: _____	Work Tel: _____
Native Lang: _____	Native Lang: _____
Translation: Yes No	Translation: Yes No
Custody: Mother _____ Father _____	Joint _____ DSS _____

3. Referral Information

Referred by: _____ Title: _____

IST Chair/ Coordinator: _____

Area of Suspected Disability: Check and describe the specific reason(s) and/or situations that may indicate the presence of a disability.

PRIMARY CONSIDERATIONS

____ Educational Achievement
(specify: _____)
____ Social/Behavioral
____ Physical
____ Other _____

SECONDARY CONSIDERATIONS

____ Educational Achievement
(specify: _____)
____ Social/Behavioral
____ Physical
____ Other _____

Poughkeepsie City School District

Describe in detail the reason for referral, attach minutes of Instructional Support Team meeting:

4. Background Information

Describe child's educational, cultural, home/family life and experiential background and how this may be impacting on educational performance.

- Is absenteeism or lateness a problem? Yes No (Attach attendance records)
- Has the student ever been retained? Yes No (If yes, what grade? _____)
- Has the student been truant within the past year? Yes No (Dates: _____)
- Has the student been suspended with the past year? Yes No (Dates: _____)

5. For Students whose language is other than English

Regulations require that the determinant factor for eligibility for a child to have a disability cannot be the lack of appropriate instruction in reading or math or limited English proficiency.

How long has the student been going to school in the United States? _____

LAB-R scores English: _____%ile Native Language: _____%ile Date: _____
NYSELAT _____ Date: _____ **RAP** _____ Date: _____

- Is the student currently receiving ESL services? Yes No
- Has the student ever received instruction in English as a Second Language? Yes No

Poughkeepsie City School District

6. Health Information (to be completed by the school nurse)

Within Normal Limits Difficulty Noted-Describe

Vision: _____ _____

Hearing: _____ _____

Health/Vitality: _____ _____

Does the student have a diagnosed medical condition? Yes ____ No ____
 (if yes: diagnosis _____ date: _____)

Indicate any medications the student is receiving: _____

Date of Last Physical Examination: _____

Signature of School Nurse: _____

7. Classroom Functioning

Work Behaviors	Often	Usually	Sometimes	Rarely
Completes Class Work				
Completes Homework				
Motivated to learn				
Attentive to task				
Can transition between activities				
Generalizes learning to new situations				
Works independently				
Frustrates easily				
Distractible				
Short attention span				
Inconsistent learning				
Attempts new tasks				
Leadership and initiative				
Complies with adult directives				
Attends to oral presentation				
Attends to written material				
Attends to visual presentation				
Follows oral directions				
Follows written/visual direction				

Poughkeepsie City School District

Classroom Interactions	Often	Usually	Sometimes	Rarely
Works well in small group				
Works well in one to one				
Works well in large group				
Works well during teacher directed activities				
Works well independently				
Works well during play/recreational activities				
Works well during quiet time				
Works well with peer mentoring/tutoring				
Interacts well with peers				
Interacts well with younger students				
Interacts well with older students				
Interacts well with adults				
Responds well to praise				
Responds well to consequences				
Responds well to positive reinforcement				
Responds well to parent contact				
Other (specify) :				

8. Learning Characteristics

Learning Characteristic	Indicate primary learning characteristic(s)
Visual / Spatial	
Auditory / Musical	
Verbal / Linguistic	
Physical / Kinesthetic	
Logical / Mathematical	
Social / Interpersonal	
Solitary / Intrapersonal	

9. Speech and Language Information

- No, there are **not** currently any speech and language concerns
- Yes, there are currently speech and language concerns. If yes, see below.

Indicate any areas that appear problematic for the student:

- Articulation Dysfluencies (stuttering) Expressing self verbally
- Comprehension of basic information/vocabulary Maintaining topic relevancy
- Making eye contact Comprehending non-literal language
- Following multi step directions Additional Concerns:

Poughkeepsie City School District

10. Physical Development Information

- No, there are **not** currently any physical development concerns
- Yes, there are currently physical development concerns. If yes, see below.

Include the student's motor and sensory development and any physical skills or limitation that may pertain to the learning process. Indicate any areas that appear problematic for the student:

- Sensory Processing Hand skill development (fine motor)
- Visual motor/perception skill development Motor/ perceptual skill (gross motor)
- Additional Concerns:

11. Indicate the Student's Performance Levels

Please describe levels of academic achievement (reading, math, and written language), learning characteristics, and ability to function in classroom, and/or adaptive behavior skills. Include specific areas of strength and weakness. Attach report cards, standardized test results and transcripts.

Reading Comprehension strengths: _____

Reading Comprehension weaknesses: _____

Reading Decoding strengths: _____

Reading Decoding weaknesses: _____

Reading Fluency strengths: _____

Reading Fluency weaknesses: _____

Math Computation strengths: _____

Math Computation weaknesses: _____

Math Concepts/Applications strengths: _____

Poughkeepsie City School District

Math Concepts/Applications weaknesses: _____

Written Language strengths: _____

Written Language weaknesses: _____

12. Contacts with the Family and Their Understanding of the Request for Referral

Date the family was contacted to discuss the request for referral to the Committee on Special Education: _____ Person contacted: _____

Describe the extent of the parent contact and/or involvement prior to the request for referral:

Indicate any interventions the student is receiving outside the school environment:
(e.g. counseling, homework, tutoring, extracurricular activities)

13. Signatures

I am requesting a referral for this student to the Committee on Special Education for evaluation because I believe this student may have a disability.

Request for Referral made by: _____ Position: _____

Principal's Signature: _____ Date: _____

Attach:

1. Report cards
2. Attendance record
3. RTIM Direct summary of interventions
4. Relevant work samples
5. If applicable- Speech, OT, PT, DIBELS, FBA/BIP, etc.