

RSU 26 SPECIAL SERVICE OFFICE
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:	

Date of Referral: _____

Person(s) Making Referral: _____

Date Parent Notified of Referral Date: _____ By phone In person

Date Approved by Building Principal: _____

Signature of Building Principal: _____

Date Approved by Special Education Director: _____

Signature of Special Ed Director: _____

Assigned Special Education Case Manager: _____

One Step Referral Process

Two Step Referral Process

All supporting documents should be attached to this form

A) Referral Question(s): _____

B) Parent Input (including date): _____

C) Other Input: _____

D) 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: _____

E) Are Title One services currently in place Yes No

F) Hearing Screening Results (including date): _____
for grades 1-5 only

G) Vision Screening Results (including date): _____
For grades 1-5 only

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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"/>	Decoding (accuracy)	<input type="checkbox"/>	<input type="checkbox"/>	Computation (basic math facts and procedures)
<input type="checkbox"/>	<input type="checkbox"/>	Reading fluency	<input type="checkbox"/>	<input type="checkbox"/>	Conceptual (ideas, language of instruction)
<input type="checkbox"/>	<input type="checkbox"/>	Sight word reading	<input type="checkbox"/>	<input type="checkbox"/>	Problem solving
<input type="checkbox"/>	<input type="checkbox"/>	Reading comprehension (language, vocabulary)	<input type="checkbox"/>	<input type="checkbox"/>	Math reasoning
<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	Other:
Written Language			Oral Language		
<u>Strength</u>	<u>Weakness</u>		<u>Strength</u>	<u>Weakness</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Penmanship (letter formation, placement)	<input type="checkbox"/>	<input type="checkbox"/>	Ability to comprehend language presented
<input type="checkbox"/>	<input type="checkbox"/>	Fluency/speed of production	<input type="checkbox"/>	<input type="checkbox"/>	Expressing ideas
<input type="checkbox"/>	<input type="checkbox"/>	Encoding/spelling	<input type="checkbox"/>	<input type="checkbox"/>	Articulation/intelligibility
<input type="checkbox"/>	<input type="checkbox"/>	Conventions/mechanics	<input type="checkbox"/>	<input type="checkbox"/>	Receptive/expressive language
<input type="checkbox"/>	<input type="checkbox"/>	Developing an idea	<input type="checkbox"/>	<input type="checkbox"/>	Vocabulary Knowledge
<input type="checkbox"/>	<input type="checkbox"/>	Organization	<input type="checkbox"/>	<input type="checkbox"/>	Abstract conceptualization
<input type="checkbox"/>	<input type="checkbox"/>	Other:	<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"/>	Ability to retain information	<input type="checkbox"/>	<input type="checkbox"/>	Sensory sensitivities/defensiveness
<input type="checkbox"/>	<input type="checkbox"/>	Using visual information	<input type="checkbox"/>	<input type="checkbox"/>	Following directions
<input type="checkbox"/>	<input type="checkbox"/>	Adaptive skills (independent functioning)	<input type="checkbox"/>	<input type="checkbox"/>	Task Initiation
<input type="checkbox"/>	<input type="checkbox"/>	Gross/Motor skills	<input type="checkbox"/>	<input type="checkbox"/>	Task Completion
					Other

I) Attach to this referral NWEA testing results from the past two years if available.

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

K) Recent Academic Curriculum based assessments

Reading (DRA, Dibels, QRI, SRI, Running Record, etc.)					
Name of Assessment	Date Administered	Score	Below Grade Level	At Grade Level	Above Grade Level
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Writing (AIMsweb, Lucy Calkins rubrics, writing probes, etc.)					
Name of Assessment	Date Administered	Score	Below Grade Level	At Grade Level	Above Grade Level
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mathematics (Dibels, SMI, easyCBM, etc.)					
Name of Assessment	Date Administered	Score	Below Grade Level	At Grade Level	Above Grade Level
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Attach NWEA data from last two school years if available

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L) In-Class Interventions (Tier 1 teacher interventions)

- i. Leave blank if not attempted.

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

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

Modifying Time Demands

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

Duration of Tier 1 Interventions:

Modifying Assignments and Tests

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

Duration of Tier 1 Interventions:

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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	<input type="checkbox"/>	<input type="checkbox"/>	

Duration of Tier 1 Interventions:

M) Responses to Intervention/Student assistance team interventions (Tier 2) – Provided within the last year

I. Initiation Date of Tier 2 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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N) Other Factors and Interventions:

Has the child been retained? Yes, grade(s): _____ No

Please list any other factors (including medical) relevant to this referral: _____

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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