

Pre-Referral Checklist and Solution Process
Record

Student Name: _____ Date of Birth: _____

Teacher: _____ Grade: _____ Date: _____

Health Section - Nurse

- Health/Vision, or medical concerns documented? Yes No

- Hearing Yes No

Comments: _____

Cumulative File Review - Teacher

Please review the student's cumulative file to fill out the following attendance grid.

GRADE	SCHOOL	ABSENT (days)	TARDY (days)	RETAINED

Has this child been retained Yes No

Academic - Teacher

Description of concerns:

Please check appropriate boxes on the following page and feel free to use additional blank pages to complete your concerns.

Check area(s) of concern relevant to age/grade:

Academic

Listening Comprehension

- Trouble comprehending orally presented material
- Difficulty following oral directions

Oral Expression

- Restricted Spoken vocabulary
- Hard to express his/her thoughts & ideas
- Stutters
- Articulation errors noted

Reading

- Problems with letter/sound relationships
- Often guesses at words
- Structural analysis (syllables, root words) limited
- Difficulty recalling material just read
- Doesn't know vowel sounds
- Restricted sight vocabulary
- Doesn't grasp main idea in reading material
- Problems sequencing events

Math

- Difficulty with number recognition
- Problems with rote counting
- Can't consistently count objects
- Doesn't grasp place value
- Behind in basic addition facts
- Behind in basic subtraction facts
- Behind in basic multiplication facts
- Behind in basic division facts
- Problems telling time
- Limited understanding of money values
- Understanding of fractions delayed
- Understanding of decimals delayed
- Struggles with word problems

Written Language

- Problems with copying letters
- Struggles with spelling
- Proper **punctuating** often missing
- Difficulty completing written assignments
- Difficulty writing complete sentences
- Difficulty organizing ideas into paragraphs

Memory

- Problems remembering things seen
- Problems remembering things heard
- Difficulty remembering things over a period of time

Visual Motor Coordination

- Struggles with fine motor tasks
- Struggles with paper/pencil tasks
- Struggles with copying from the board or textbook

Class Performance

- Often not prepared for class
- Homework often incomplete

Miscellaneous

- Frequent absences
- Tardiness
- Makeup work not attempted or completed
- Has frequently moved from school to school

Assessment Results

– Reading Specialist / Teacher

Reading Level: MAPS, SRI, DIBELS, STAR, Current Classroom Assessment, SBAC, CRT, ITBS Ages and Stages, Dial (3 Data points for baseline is helpful)

Reading: _____

Math: _____

Written Language _____

Social, Emotional, Behavioral

– Classroom Teacher / Counselor (if needed)

Scores from Dial or other assessment results

Description of Behavior that Concerns You the Most

Where does the behavior occur? _____

With whom does the behavior occur? _____

When does the behavior occur: _____

How often does the behavior occur? _____

How long does the behavior last? _____

Other: _____

Please check the appropriate boxes on the following page and feel free to use additional paper if necessary.

Student's Name:

Student's Teacher:

Behavior

Check area(s) of concern relevant to age/grade:

Inattentive

- Daydreams
- Is Impulsive
- Doesn't remain on task
- Attention span is short
- Hyperactive
- Doesn't follow verbal directions

Lacks Organizational Skills

- Tends to be disorganized
- Forgetful, needs constant reminders
- Comes not prepared for class
- Does not work on class assignments in class
- Difficulty changing activities
- Homework incomplete
- Hurries through work
- Does assignments carelessly

Inappropriate Interactions with Peers

- Has no friends among classmates
- Disrespectful of other's property
- Wants to boss others
- Feels others pick on him
- Frequently refuses to share with others
- Tattles on classmates
- Withdrawn, shy
- Claims others do not like him
- Unable to work in small groups
- Provokes or agitates others

Aggressive Towards others

- Rejects classmates in hostile manner
- Gets angry when asked to do something
- Bullies other children
- Gets physically aggressive with teachers
- Is rebellious if disciplined
- Verbally aggressive to teachers and peers
- Hits or pushes others
- Shows little respect for authority

Frequently Violates Classroom Rules

- Doesn't follow school rules
- Lies to avoid punishment or responsibility
- Doesn't follow directions
- Shows off (likes clowning around, bragging, teasing)
- Moves around the room unnecessarily
- Doesn't wait appropriately for the teacher to arrive
- Writes or passes notes to others
- Takes objects that do not belong to him
- Copies from others
- Seeks attention excessively
- Frequent tardies
- Inappropriate seat behavior
- Does not raise his hand when appropriate
- Requires 1-to-1 or small group activities

Inappropriate Emotional Behaviors

- Becomes overexcited easily
- Displays a "don't care" attitude
- Becomes upset when things are not perfect
- Is pessimistic
- Whines or cries excessively
- Generally does not show feelings
- Worries too much
- Appears nervous
- Throws temper tantrums
- Doesn't smile, laugh or appear happy
- Explodes under stress
- Feelings are easily hurt

Prior Classroom Interventions

Academic

Date started _____ Date ended _____

Intervention: Reading Math Social/Emotional Other

Results:

Base line Data Points (3) ___ ___ ___

Reading

Reading Teacher/Reading Coach/Intervention Reading Teacher/SFA

Tutor Date started _____ Date ended _____

Intervention Programs: Reading Mastery Phonics for Reading Horizons Corrective Reading Rewards Other _____

Base Line Data Points (3) ___ ___ ___

Social, Emotional, Behavioral

Date started _____ Date ended _____

Intervention: Reading Math social/emotional other

Results:

Base Line Data Points (3) ___ ___ ___

Speech and Language

Date started _____ Date Ended _____

Intervention: Expressive Language Receptive Language Speech Sounds
 Other

Results:

Base Line Data points (3) ____ _

Parent / Guardian Involvement - Teacher

Parent / Guardian Names: _____

Home Phone: _____ Work: _____ Cell _____

Address: _____

Please record any parental contact made or attempted regarding problem.

Date	Comments	By Whom:	Phone	Written	Personal

Referral Information - Before the Meeting - Teacher

Person(s) Requesting Assistance: _____ Position: _____

Student's Name: _____ DOB: _____

Grade: _____ School/District: _____ Gender: M F

Team Members: _____

Team Members Requested (please circle): Principal, General Education Teacher, Reading, Resource, Speech and Language, Teacher Assistant, Social Worker, Psychologist, Alta Care, Counselor, and Reading Tutor/Intervention, Reading Specialist

Forward to Speech Therapist

Speech and Language

Description of concern or behavior

Language Speech sounds Other Any previous testing? _____

Return to Principal for final approval

- Approval to proceed – Send form to Special Education Teacher.
- Approval denied – Principal will return form to referring teacher.

Principal signature _____

Outcome

- Pre-referral process was successful. Case closed
- Student needs to be referred to the Section 504 Coordinator
- Student needs to enter a more formal RTI process or be referred to Special Services for an evaluation in the following areas:

Team Members

Position _____ Signature _____

Position _____ Signature _____

Position _____ Signature _____

Position _____ Signature _____

Position _____ Signature _____

Position _____ Signature _____

Next Meeting Date: _____

