

Meeting Date:

ROBERTSON COUNTY PUBLIC SCHOOLS

CAMPUS REFERRAL COMMITTEE

STUDENT: _____

BIRTHDATE: _____

TEACHER: _____

GRADE: _____

The campus referrals committee has met to determine the severity of this student's academic difficulties.
As a result of the information presented, the committee recommends following action:

	PROGRAMS:	DATE REFERRAL INITIATED:
<input type="checkbox"/>	Special Education Referral	
<input type="checkbox"/>	Dyslexia Referral	
<input type="checkbox"/>	Section 504 Referral	
<input type="checkbox"/>	Continue Rtl	
<input type="checkbox"/>	No Referral	
<input type="checkbox"/>	Other:	

CAMPUS REFERRAL COMMITTEE

SIGNATURE	POSITION
	Administration
	Regular Education Teacher
	Regular Education Teacher
	Special Education Teacher
	Counselor
	Parent
	Other

ROBERTSON COUNTY PUBLIC SCHOOLS
CAMPUS REFERRAL COMMITTEE
REFERRAL PACKET

To the responsible party or assigned person: Please complete the information requested. DO NOT LEAVE BLANKS!

- 1. Discuss the student's difficulties with your CAMPUS REFERRAL COMMITTEE (CRC).
Pick up referral packet.
- 2. Using the student's cumulative record, complete pages 1 and 2.
- 3. The classroom teacher completes the **Classroom Information** form on pages 3 and 4.
- 4. Complete the Health **Information** on page 5.
- 5. Conference with the parent regarding all the referral information. Complete **Information from Parents** on pages 6 to 8.
- 6. Include all Rtl information
 - Student profiles
 - Student progress sheets for remedial programs
 - Documentation of all interventions
 - Benchmark scores and standardized testing scores
- 7. Submit completed referral packet CRC.
- 8. **Special Education Referrals Only.** Conference with the parent and complete the following.
 - A. **Explanation of Procedural Safeguards**
 - Review the explanation with parent.
 - Fill in all required information on the receipt for Explanation of Procedural Safeguards.
 - Obtain parent signature.
 - Keep the signed receipt page.
 - Give parent copy of Explanation of procedural Safeguards.
 - B. **Notice of Full and Individual Evaluation**
 - Complete information.
 - Review the form with the parent.
 - Give copy to parent and retain one copy of pages 9 and 10.
 - C. **Consent for Full and Individual Evaluation**
 - Complete required items.
 - Explain to parent.
 - Obtain parent signature on page 11.
 - D. **Send completed referral packet (pages 1-11) and receipt for Explanation of Procedural Safeguards to the Special Services Office or personnel.**
- 9. **504 Referrals Only.** Conference with the parent and complete the following:
 - A. **Section 504: Parent and Student Rights**
 - Review the booklet with parent.
 - Fill in all required information on receipt for 504 rights.
 - Obtain parent signature.
 - Keep the signed receipt page.
 - Give parent booklet.
 - B. **Notice to Parents of 504 Evaluation**
 - Complete information.
 - Review the form with the parent.
 - Give a copy to the parent and retain one copy for file.
 - C. **Consent for 504 Evaluation**
 - Complete required items.
 - Explain to parent.
 - Obtain parent signature.
 - D. **Send the completed referral packet (pages 1-8) to Section 504 chairperson for 504 referrals.**

ROBERTSON COUNTY PUBLIC SCHOOLS
CAMPUS REFERRAL COMMITTEE
CHECKLIST ADDENDUM
Supplemental Forms

To the responsible party or individual assigned by the campus administrator: Please complete the information requested and answer all questions. The supplemental forms listed are provided to collect student information from a variety of sources and ensure that multiple measures are used when determining that a student exhibits a disability. Additionally, general and special education teachers collaboratively develop goals and objectives based on their assessment and observations of the student with a suspected disability.

- 1. Forms to be completed by a Special Education teacher
 - Classroom Observation
 - Consideration for Assistive Technology (CAT)

- 2. Forms to be completed by a General Education teacher and/or Counselor, Rtl Committee members as assigned
 - Assessment of Learning Competencies – Stage II – General Education teacher
 - Documentation of Rtl Supplement
 - Documentation of Rtl Interventions, please include copies of I-station, DMAC, etc.

- 3. Form to be completed by Parent/Guardian and submitted with the completed referral packet
 - Permission to Photograph

- 4. Forms applicable to *Speech Referrals*
 - Communication Skills Checklist – completed by the student's classroom teacher
 - Teacher Articulation Observation – completed by the student's classroom teacher
 - Parent Articulation Observation
 - Addendum to Parent Information for Students with Communication Concerns

- 5. Information to be distributed to the Parent/Guardian
 - Parent's Guide to the Admission, Review, and Dismissal Process
 - Notice of Procedural Safeguards

*DATE REFERRED BY
REGULAR EDUCATION:

Robertson County Schools

*DATE RECEIVED BY
SPECIAL EDUCATION:

REFERRAL FOR SPECIAL SERVICES Information from Educational Records

STUDENT INFORMATION			
Name: _____	DOB: _____	SS#: _____	
UID#: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	School: _____	Grade: _____
Parent: _____			
Mailing Address: _____		Zip: _____	
Parent's Place of Employment: _____			
Home Phone: _____		Work Phone: _____	
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	Case manager: (office use only) _____		
Race: <input type="checkbox"/> American Indian/American Native <input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American <input type="checkbox"/> Non-Hispanic Pacific Islander <input type="checkbox"/> White		

Referred by: _____ Position: _____

REASON FOR REFERRAL: _____

YES NO Is this student currently enrolled in school?
If no, explain: _____

YES NO Has this student been referred for special education services before? **If yes, give previous referral date:** _____

YES NO Has this student been retained? **If YES, list grade level(s):** _____

YES NO Has this student been suspended for disciplinary reasons during the current school year? **If yes, explain:** _____

HOME LANGUAGE SURVEY

Date: _____ Results: _____

Other language test: _____ Date: _____

For a student identified as limited English proficient, briefly describe the Language Proficiency Assessment Committee's recommendations:

Interpreter Needed: YES NO

ATTENDANCE

This student has been absent _____ days out of _____ school days this year to date.

Reasons:

Compared to last year, this year this student has been absent: MORE LESS ABOUT THE SAME

List all schools previously attended:

*Denotes required items

Current Grades

SUBJECT	GRADE	ON GRADE LEVEL		SUBJECT	GRADE	ON GRADE LEVEL	
		<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
		<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
		<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> YES	<input type="checkbox"/> NO

This student's grades:

- have become higher each year.
- have stayed about the same each year.
- have become lower each year.
- dropped suddenly in grade _____ .
- data not available.

Compared with most of the other students in this school, this student's grades:

- are better.
- are about the same.
- are worse.
- data not available.

ACHIEVEMENT DATA

List student's most recent achievement or ability test data, using Grade Level Equivalent (GLE) scores or percentile ranks (%).

DATE	NAME OF TEST	SUBJECT AREA	SCORE	
			GLE	%

This student's test scores:

- have become better each year.
- have stayed about the same each year.
- have become worse each year.
- dropped suddenly in grade _____ .
- data not available.

Compared to the mean of the district, this student's test scores:

- have become better each year.
- have stayed about the same each year.
- have become worse each year.
- district mean not available.

State of Texas Assessments of Academic Readiness (STAAR)

YES NO Copy of student's report is attached. Date: _____

SUBJECT	TOTAL TEST MASTERY (YES/NO)	SCALED SCORE
Mathematics		
Reading		
Writing		

SIGNATURE OF PERSON COMPLETING THIS SECTION

POSITION

DATE

REFERRAL FOR SPECIAL SERVICES

Information from Classroom Teacher

NAME: _____	DOB: _____
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Attach samples of student's work.

What instructional concerns do you have about this student?

- | | |
|--|--|
| <input type="checkbox"/> poor progress acquiring basic reading skills
<input type="checkbox"/> poor progress acquiring basic math skills
<input type="checkbox"/> difficulty in spelling | <input type="checkbox"/> difficulty producing written work
<input type="checkbox"/> few appropriate cognitive learning strategies
<input type="checkbox"/> other: _____
<input type="checkbox"/> none |
|--|--|

What behavioral concerns do you have about this student?

- | | |
|---|---|
| <input type="checkbox"/> poor attention and concentration
<input type="checkbox"/> noncompliance with teacher directives
<input type="checkbox"/> excessively high/low activity level
<input type="checkbox"/> difficulty following directions
<input type="checkbox"/> easily frustrated | <input type="checkbox"/> extreme mood swings
<input type="checkbox"/> difficulty working with peers
<input type="checkbox"/> difficulty staying on task
<input type="checkbox"/> other: _____
<input type="checkbox"/> none |
|---|---|

RATE STUDENT'S BEHAVIOR IN EACH OF THE FOLLOWING AREAS:

Circle one: 1=POOR 2=BELOW AVERAGE 3=AVERAGE 4=ABOVE AVERAGE 5=SUPERIOR N=NOT OBSERVED
 For Sections A, B, C, and D: Rate student's behavior in relation to other students of the same AGE.

A. Receptive Language Skills

	English						Other: _____					
1. Comprehends word meanings	1	2	3	4	5	N	1	2	3	4	5	N
2. Follows oral instructions	1	2	3	4	5	N	1	2	3	4	5	N
3. Comprehends classroom discussion	1	2	3	4	5	N	1	2	3	4	5	N
4. Remembers information just heard	1	2	3	4	5	N	1	2	3	4	5	N

B. Expressive Language Skills

1. Displays adequate vocabulary	1	2	3	4	5	N	1	2	3	4	5	N
2. Uses adequate grammar for general understanding	1	2	3	4	5	N	1	2	3	4	5	N
3. Expresses self fluently when called upon to speak	1	2	3	4	5	N	1	2	3	4	5	N
4. Relates a sequence of events in order (telling a story)	1	2	3	4	5	N	1	2	3	4	5	N
5. Organizes and relates ideas and factual information	1	2	3	4	5	N	1	2	3	4	5	N

C. Emotional/Behavioral/Social

1. Generally cooperates or complies with teacher requests	1	2	3	4	5	N
2. Adapts to new situations without getting upset	1	2	3	4	5	N
3. Accepts responsibility for own actions	1	2	3	4	5	N
4. Makes and keeps friends at school	1	2	3	4	5	N
5. Works cooperatively with others	1	2	3	4	5	N
6. Has an even, usually happy, disposition	1	2	3	4	5	N
7. Is pleased with good work	1	2	3	4	5	N
8. Initiates activities independently	1	2	3	4	5	N
9. Responds appropriately to praise and correction	1	2	3	4	5	N
10. Resists becoming discouraged by difficulties or minor setbacks	1	2	3	4	5	N

D. Motor Coordination

1. Exhibits adequate gross motor coordination (walking, running, etc.)	1	2	3	4	5	N
2. Displays adequate fine motor coordination (writing, drawing, manipulation of equipment, etc.)	1	2	3	4	5	N

E. Academic Characteristics--Compared to students on same GRADE LEVEL.

1. Reads aloud material (estimated grade level: _____)	1	2	3	4	5	N
2. Comprehends material read (estimated grade level: _____)	1	2	3	4	5	N
3. Performs math computations at expected proficiency (estimated grade level: _____)	1	2	3	4	5	N
4. Spells material adequately (estimated grade level: _____)	1	2	3	4	5	N
5. Writes legibly (estimated grade level: _____)	1	2	3	4	5	N
6. Retains instruction from week to week	1	2	3	4	5	N
7. Exhibits organization in accomplishing tasks	1	2	3	4	5	N
8. Completes tasks on time	1	2	3	4	5	N

Student services and special programs provided or considered in response to student's problem(s):

	HOW LONG?	CURRENTLY?	RESULTS
<input type="checkbox"/> Counseling			
<input type="checkbox"/> School health services			
<input type="checkbox"/> Title 1/Part A (Must be provided or considered for students before referral.)			
<input type="checkbox"/> Bilingual program			
<input type="checkbox"/> English as a second language strategies			
<input type="checkbox"/> Local remedial program (specify)			
<input type="checkbox"/> RtI (specify Tier I, Tier II)			
<input type="checkbox"/> Others (specify)			

Instructional accommodations/modifications attempted in response to student's problem(s) include:

	HOW LONG?	CURRENTLY?	RESULTS
<input type="checkbox"/> Individual tutoring			
<input type="checkbox"/> Alternate materials			
<input type="checkbox"/> Ability grouping			
<input type="checkbox"/> Changed seat			
<input type="checkbox"/> Small group instruction			
<input type="checkbox"/> Behavior management			
<input type="checkbox"/> Grading on basis of individual growth			
<input type="checkbox"/> Oral tests			
<input type="checkbox"/> Peer tutoring			
<input type="checkbox"/> Modified or shortened assignments			
<input type="checkbox"/> Extra time for completion of work			
<input type="checkbox"/> Taping written materials			
<input type="checkbox"/> Spell checkers			
<input type="checkbox"/> Calculators			
<input type="checkbox"/> Taped textbooks			
<input type="checkbox"/> Others (specify)			
<input type="checkbox"/> English as a second language strategies			
<input type="checkbox"/> Hands on activities			

YES NO Does this student exhibit any behaviors in the classroom which might indicate vision or hearing problems? If YES, cite specific observations:

YES NO Does this student exhibit any signs of a health or medical problem in the classroom? If YES, cite specific observations:

What type of assistance which cannot be provided in the regular classroom do you feel this student needs?

REFERRAL FOR SPECIAL SERVICES

Health Information

NAME: _____ DOB: _____

VISION

Date of most recent screening: _____ Type of screening: _____
Name and position of person conducting screening: _____
Results: _____

As a result of the screening, is there any indication of a need for further assessment or adjustment?
If YES, explain:
YES NO

Has any follow-up treatment been recommended? If YES, explain:
YES NO

HEARING

Date of most recent screening: _____ Type of screening: _____
Name and position of person conducting screening: _____
Results: _____

As a result of the screening, is there any indication of a need for further assessment or adjustment?
If YES, explain:
YES NO

Has any follow-up treatment been recommended? If YES, explain:
YES NO

HEALTH

Does student exhibit any signs of health or medical problems? If YES, cite observations:
YES NO

Is there a need for further assessment or referral of a medical problem? If YES, explain:
YES NO

Is student receiving any medication at school? If YES, specify:
YES NO

Does this student require adaptive equipment or facility adaptation? If YES, specify:
YES NO

SIGNATURE OF PERSON COMPLETING THIS SECTION

POSITION

DATE

REFERRAL FOR SPECIAL SERVICES

Information from Parents

NAME: _____	DOB: _____
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YES NO Student's parents have been contacted. Method of contact:
 LETTER TELEPHONE CONFERENCE

Contacted by: _____ Position: _____ Date: _____

The following information was obtained from: _____

GENERAL INFORMATION (If additional space is needed, please use the back of this page.)

FATHER'S NAME	OCCUPATION	MOTHER'S NAME	OCCUPATION
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Who has legal authority to make educational decisions for this child? _____

With whom does the child live? Please specify: _____

OTHER CHILDREN IN THE HOME		
Name	Age	Relationship

OTHER ADULTS IN THE HOME		
Name	Age	Relationship

What are some of your child's strengths?

Please describe your child's behavior at home.
 (For example, is he/she generally well-behaved? Have there been any recent changes in behavior? How does he/she get along with other family members, neighbors, playmates?)

What does your child do when not in school?
 (For example, watch TV, read, part-time job, play with other children.)

What activities does the family do together?
 (For example, watch TV, go camping, and participate in hobbies or sports.)

Have any family members had learning problems? Please explain:

Primary language spoken at home: _____

What time does your child go to bed at night? _____

Does your child eat breakfast? _____

Have there been any important changes within the family during the last three years? (For example, job changes, moves, births, deaths, illnesses, separations, divorce.)

What methods of discipline are used with your child at home? (For example, spanking, extra chores, early bedtime, rewards for good behavior.)

What is your child's reaction to discipline?

Do you feel that your child is experiencing problems in school? What kinds of problems?

When were you first aware of a problem?

What do you think is causing the problem?

Has your child mentioned problems with school? How does he/she feel about the problem?

Briefly discuss any other important information about your child:

HEALTH HISTORY

Were there any problems before, during, or immediately
YES NO after birth? If YES, please explain:

Compared to other children in the family, this child's development has been:

SLOWER ABOUT THE SAME FASTER

Briefly describe any serious illnesses, accidents, or hospitalizations. Please give your child's age at the time of the illness, accident, or hospitalization.

Is your child under the care of a physician for a
YES NO medical problem? **If YES, please explain:**

Is your child now taking any medicines?
YES NO **If YES, please explain:**

Does your child appear to have any other physical
YES NO health problems, including allergies? **If YES, please explain:**

Has your child ever taken medicine for a long period of
YES NO time? **If YES, please explain:**

Do you know of any side effects the medicine might
YES NO have? **If YES, please explain:**

Does your child use any special equipment or technology
YES NO to improve functioning? **If YES, please explain:**

Are there any family health concerns you would like
YES NO us to be aware of? **If YES, please explain:**

Would you like to talk to the person coordinating your
YES NO child's assessment?

Is your child receiving services from another
YES NO agency? **If YES, please explain:**

SIGNATURE OF PARENT

DATE

SIGNATURE OF PERSON COMPLETING THIS SECTION
(If information was obtained by parent interview)

POSITION

DATE

*DATE SENT:

ROBERTSON COUNTY PUBLIC SCHOOLS

- Initial Assessment
- Reevaluation
- Special Request by ARD Committee

NOTICE OF FULL AND INDIVIDUAL EVALUATION

NAME: _____	DOB: _____
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We have carefully reviewed your child's/your school records, information from his/her/your teachers, and information you have shared with us. More information is needed to determine his/her/your needs and to plan an appropriate school program. If this is the first time your child has/you have been assessed, you will also receive a form requesting your permission for the testing.

*We want to do a comprehensive assessment of your child/you for the following reasons:

*Before recommending this assessment, we considered the following alternatives:

*OPTIONS CONSIDERED	*WHY REJECTED

We want to test your child/you in all the areas listed below. These tests will help us learn more about his/her/your educational needs. *Your child may be audio or video recorded during the assessment process.*

****LANGUAGE (COMMUNICATIVE STATUS)**

Speech and language skills, voice, and fluency are assessed through informal observation and formal evaluation for articulation, language dominance, expressive language, and receptive language. We will employ multiple procedures and tests, examples of which follow, depending on the referral question:

- Goldman-Fristoe Test of Articulation 2; Kahn-Lewis Phonological Analysis; Assessment of Phonological Processes-Revised; Children's Speech Intelligibility Measure; Oral Speech Mechanism Screening Examination – Revised; Preschool Language Scale 5; Comprehensive Assessment of Spoken Language; Clinical Evaluation of Language Fundamentals 4; Language Processing Test–3; The Non-Speech Test Receptive/Expressive Language; Expressive Vocabulary Test-2; Peabody Picture Vocabulary Test 4; Test of Narrative Language;
- SCAN-3 Test for Auditory Processing disorders in Children – Revised; SCAN-3 Test of Auditory Processing Disorders in Adolescents & Adults; Test of Auditory Perceptual Skills – Revised; Stuttering Severity Instrument-4; Preschool Language Scale 5 – Spanish; CELF-4 Spanish; Spanish Test for Assessing Morphologic Production; Spanish Articulation Measures; Dos Amigos Verbal Language Scales; Test de Vocabulario en Imagenes Peabody; CELF preschool 2 Spanish; Receptive Expressive Emergent Language Test 3; Hodsons Test of Phonological Processes; Language Curriculum Referenced Assessment-Spanish; Social Language Development Test-Elem.; Pragmatic Language Skills Inventory; Test of Adolescent and Adult Language 3; Auditory Skills Assessment; Kaufman Speech Praxis Test for Children; Social Language Development Test – Elementary; Social Language Development Test - Adolescent

****PHYSICAL (MOTOR ABILITIES, HEALTH, VISION, HEARING)**

Health histories, medical reports, test, and rating scales are used to evaluate the student's health and physical status, motor coordination, and visual/motor integration. We will employ multiple procedures and tests, examples of which follow, depending on the referral question:

- Vision and Hearing Tests; Medical Examination by a Physician; Gross and Fine Motor Inventories; Beery Visual-Motor; Bender Gestalt; Bruninks-Oseretsky Test of Motor Proficiency-2; Peabody Developmental Motor Scales-2; H.E.L.P. Charts; School Functional Assessment; Clinical Observation; Sensory Profile; Developmental Test of Visual Perception 2; Test of Visual – Perceptual Skills (non-motor); Test of Visual – Motor Skills (Revised); Test of Gross Motor Development; AT Assessment; Sensory Processing Measure; Screener of Handwriting Proficiency

*DENOTES REQUIRED ITEMS

**STUDENT MUST BE ASSESSED IN ALL AREAS RELATED TO THE SUSPECTED DISABILITY, INCLUDING THE REQUIREMENTS OF 34 CFR §300.532(F), IF APPROPRIATE.

Revised 6/2017
FIE NOT 1

****EMOTIONAL/BEHAVIORAL**

We want to assess your child's emotional/behavioral functioning and determine whether such functioning has a significant (negative) influence on educational performance. We will employ multiple procedures and tests, examples of which follow, depending on the referral question: Clinical observation of child in school settings; child, teacher, and/or parent interviews; review of previous records/evaluations; Vineland Adaptive Behavior Scales II; Behavior Assessment System for Children-2 Scales; Connor's Rating Scales – 3; Trauma Symptoms Checklist; Adolescent Psychopathology Scale; Jessness Inventory Revised; Piers-Harris 2 Self-Concept Scale; Minnesota Multiphasic Personality Inventory – A; Luria Nebraska Neuropsychological Screening Battery; Bell Object Relations and Reality Testing Inventory; Children's Depression Inventory; Revised Children's Manifest Anxiety Scales-2; Reynolds Adolescent Depression Scale -2; Childhood Autism Rating Scale-2; Gilliam Autism Rating Scale-2; Gilliam Asperger's Disorder Scale; Rotter Incomplete Sentence Blank; Children's Apperception Test; Thematic Apperception Test; Kinetic Drawing System for Family and School; House-Tree-Person Drawings; Differential Test of Conduct and Emotional Problems; Parenting Stress Index; Social Responsiveness Scale; Behavior Rating Inventory of Executive Function; Children's Self-Report Projective Inventory; Autism Spectrum Rating Scales; Five Factor Personality Inventory; Tell Me A Story; Human Figures Drawing

****SOCIOLOGICAL**

A parent interview is conducted and a parent questionnaire is completed to obtain information about the student's social and developmental history, the child's role in the family and community, adaptive behavior, and parental expectation.

****INTELLECTUAL/ADAPTIVE BEHAVIOR**

Test and rating scales are used to assess the student's development in verbal abilities, and/or nonverbal abilities and adaptive social behavior in the community. We will employ multiple procedures and tests, examples of which follow, depending on the referral question: Wechsler Intelligence Scales; Stanford-Binet; Kaufman Brief Intelligence Test 2; Universal Nonverbal Intelligence Test; Kaufman Assessment Battery for Children 2; Comprehensive Test of Nonverbal Intelligence 2; Woodcock Johnson III Normative Update; Vineland Adaptive Behavior Scales 2; Adaptive Behavior Assessment System (ABAS); Developmental Assessment of Young Children (DAYC)

****EDUCATIONAL LEARNING COMPETENCIES (ACADEMIC PERFORMANCE)**

Group achievement test, criterion reference tests, samples of classroom work, classroom observations, and individual tests are studied to determine abilities and skills in academic and vocationally related areas. We will employ multiple procedures and tests, examples of which follow, depending on the referral question:

Woodcock-Johnson Test of Achievement III Normative Update; Kaufman Test of Educational Achievement 2; Wechsler Individual Achievement Test III; Wide Range Achievement 4; Woodcock Johnson III Diagnostic Reading Battery

****ADAPTIVE/ASSISTIVE TECHNOLOGY**

Collect information from teachers, related service providers and others to determine the needs and services to access areas and function within the educational environment. We will employ multiple procedures and tests, examples of which follow, depending on the referral question:

Wisconsin Assistive Technology Initiative

*Describe any other factors relevant to this proposal to assess (if applicable):

*Your rights were explained to you when you were/your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards (rights) in their native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of you or your child or the provision of a free appropriate public education (FAPE) to you or your child. A copy of the procedural safeguards (rights) is attached to this form.

Date given: _____ To: _____
NAME

If you want more information or if you have any questions, please call: _____
at: _____

*SIGNATURE OF INTERPRETER, IF USED

DATE

*DENOTES REQUIRED ITEMS
**STUDENT MUST BE ASSESSED IN ALL AREAS RELATED TO THE SUSPECTED DISABILITY, INCLUDING THE REQUIREMENTS OF 34 CFR §300.532(F), IF APPROPRIATE.

Revised 6/2017
FIE NOT 2

*DATE SENT:

ROBERTSON COUNTY PUBLIC SCHOOLS

DATE RECEIVED BY LEA
(PLEASE INITIAL)

CONSENT FOR FULL AND INDIVIDUAL EVALUATION

NAME: _____ DOB: _____

You have received the NOTICE OF FULL AND INDIVIDUAL EVALUATION.

We need your permission to test your child/you to find out what your child's/your educational needs are.

Please check the appropriate box by each statement, sign your name, and date and return this form to the school as soon as possible.

YES NO *I have been fully informed and understand the assessment process and why it has been recommended for my child/me. If NO, please explain:

YES NO I have been given the name and telephone number of a school staff member whom I may call if I want more information or if I have any questions. If NO, please explain:

YES NO *I give my permission for the testing that has been recommended for my child/me. If NO, please explain:

YES NO *I understand that my consent for assessment is voluntary and may be revoked at any time. If NO, please explain:

YES NO *I have been informed in my native language or other mode of communication.

YES NO *I give permission for the testing to begin immediately by waiving the required five school day waiting period between notice of assessment and initiation of the assessment.

*SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT

*DATE

*SIGNATURE OF INTERPRETER, IF USED

*DATE

Please return this form as soon as possible to:

_____ at _____
School Staff Person School

If you have any questions, please contact: Brian Hemphill at (979) 279-3507

* DENOTES REQUIRED ITEMS

Revised 6/2017
FIE CON

ROBERTSON COUNTY SPECIAL SERVICES
Classroom Observation

Student Name _____ Student ID _____

Age _____ Date of Birth _____ Gender _____ Academic Year _____

Current Campus _____ Grade _____ Observer _____

Date _____ Location of Observation _____ Length of Observation _____

Type(s) of Activities Observed (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Individual Seatwork | <input type="checkbox"/> Small Group | <input type="checkbox"/> Large Group |
| <input type="checkbox"/> Direct Teacher | <input type="checkbox"/> One-to-One Instruction | <input type="checkbox"/> Unstructured Activity |

Does the student take medication for behavior?

- No Yes, on medication during observation Yes, not on medication during observation

Does the student have glasses?

- No Yes, worn during observation Yes, not worn during observation

Does the student have hearing aids?

- No Yes, worn during observation Yes, not worn during observation

Motor abilities:

- Average fine motor skills Average gross motor skills Concerns noted: _____

Psychological/emotional behaviors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Displayed normal organized activity patterns | <input type="checkbox"/> Displayed emotions appropriate to situation |
| <input type="checkbox"/> Behaviors appear age appropriate in classroom | <input type="checkbox"/> Behaviors appear age appropriate on playground |
| <input type="checkbox"/> Positive interactions with classmates | <input type="checkbox"/> Relates to adults in the school settings |
| <input type="checkbox"/> Appears to prefer individual activities | <input type="checkbox"/> Engages in attention-seeking behaviors |

Communication (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Displayed average receptive language | <input type="checkbox"/> Displayed average expressive language |
| <input type="checkbox"/> Appears to talk a normal amount | <input type="checkbox"/> Uses appropriate volume |
| <input type="checkbox"/> Speaks very softly | <input type="checkbox"/> Speaks loudly |
| <input type="checkbox"/> Dysfluent speech noted | <input type="checkbox"/> Misarticulations noted |

ROBERTSON COUNTY SPECIAL SERVICES

Assessment of Learning Competencies – Stage II

Student: _____ Grade: _____ Campus: _____

DOB: _____ Age: _____ Date of Evaluation: _____

Reason for Assessment of Learning Competencies:

____ New Referral ____ Re-evaluation Appears to meet eligibility criteria as: _____

Sources of Data Used to Assess Learning Competencies:

- ____ Woodcock-Johnson Psycho-Educational Battery: Tests of Achievement
- ____ Woodcock Language Proficiency Battery
- ____ Brigance Diagnostic Inventory
- ____ Information from the teacher (student work samples, teacher-made tests, observation)
- ____ Other: _____

RESULTS AND INTERPRETATIONS

+ Strengths +

- Weaknesses -

I. Language

- ____ Picture vocabulary
- ____ Vocabulary (word knowledge)
- ____ Antonyms/Synonyms
- ____ Analogies
- ____ Grammar
- ____ Syntax
- ____ Articulation
- ____ Fluency
- ____ Listening comprehension
- ____ Follows oral directions
- ____ Other _____

- ____ Picture vocabulary
- ____ Vocabulary (word knowledge)
- ____ Antonyms/Synonyms
- ____ Analogies
- ____ Grammar
- ____ Syntax
- ____ Articulation
- ____ Fluency
- ____ Listening comprehension
- ____ Follows oral directions
- ____ Other _____

II. Reading

- ____ Letter identification
- ____ Basic sight vocabulary
- ____ Word identification (____ grade level)
- ____ Oral reading (fluent)
- ____ Phonetic analysis
- ____ Syllabication concepts
- ____ Reading comprehension
- ____ Reference skills
- ____ Other _____

- ____ Letter identification
- ____ Basic sight vocabulary
- ____ Word identification (____ grade level)
- ____ Oral reading (fluent)
- ____ Phonetic analysis
- ____ Syllabication concepts
- ____ Reading comprehension
- ____ Reference skills
- ____ Other _____

III. Written Language

- ____ Writes manuscript/cursive letters
- ____ Quality of handwriting
- ____ Spelling (____ grade level)
- ____ Sentence writing (____ grade level)
- ____ Capitalization
- ____ Punctuation
- ____ Grammatical usage
- ____ Other _____

- ____ Writes manuscript/cursive letters
- ____ Quality of handwriting
- ____ Spelling (____ grade level)
- ____ Sentence writing (____ grade level)
- ____ Capitalization
- ____ Punctuation
- ____ Grammatical usage
- ____ Other _____

+ Strengths +

- Weaknesses -

IV. Math

- Recognizes numbers
- Writes numbers
- Addition of whole numbers (___ facts, ___ without renaming, ___ with renaming)
- Subtraction of whole numbers (___ facts, ___ without renaming, ___ with renaming)
- Multiplication of whole numbers (___ facts, ___ without carrying, ___ with carrying)
- Division of whole numbers (___ facts, ___ digits by ___ digits)
- Word problems (___ 1 ___ 2 ___ 3 steps)
- Addition of fractions & mixed numbers (___ like denominators, ___ unlike denominators)
- Subtraction of fractions & mixed numbers (___ like denominators, ___ unlike denominators)
- Multiplication of fractions & mixed numbers
- Division of fractions & mixed numbers
- Decimals (___ addition, ___ subtraction, ___ multiplication, ___ division)
- Percents
- Measurement
- Money (___ adds coins, ___ makes change)
- Time (___ tells time by hour, ___ schedules events by time)
- Other _____

- Recognizes numbers
- Writes numbers
- Addition of whole numbers (___ facts, ___ without renaming, ___ with renaming)
- Subtraction of whole numbers (___ facts, ___ without renaming, ___ with renaming)
- Multiplication of whole numbers (___ facts, ___ without carrying, ___ with carrying)
- Division of whole numbers (___ facts, ___ digits by ___ digits)
- Word problems (___ 1 ___ 2 ___ 3 steps)
- Addition of fractions & mixed numbers (___ like denominators, ___ unlike denominators)
- Subtractions of fractions & mixed numbers (___ like denominators, ___ unlike denominators)
- Multiplication of fractions & mixed numbers
- Division of fractions & mixed numbers
- Decimals (___ addition, ___ subtraction, ___ multiplication, ___ division)
- Percent
- Measurement
- Money (___ adds coins, ___ makes change)
- Time (___ tells time by hour, ___ schedules events by time)
- Other _____

V. Behavioral

- Works cooperatively with peers
- Compliant with teacher requests
- Accepts responsibility
- Exhibits positive attitude
- Takes pride in good work
- Initiates activities independently
- Does not seem to be easily distracted
- Pays attention well
- Completes assignments
- Exhibits good organizational skills
- Retains instruction
- Other _____

- Does not work cooperatively with peers
- Noncompliant with teacher requests
- Does not accepts responsibility
- Exhibits negative attitude
- Does not seem to care about quality of work
- Does not initiate activities independently
- Easily distracted
- Difficulty paying attention
- Does not complete assignments
- Difficulty with organizational skills
- Difficulty retaining instruction
- Other _____

VI. Physical

- Vision within normal limits (___ with glasses, ___ without glasses)
- Hearing within normal limits (___ with hearing aid, ___ without hearing aid)
- No health problems indicated
- Exhibits adequate perceptual skills
- Exhibits adequate gross motor skills
- Exhibits adequate fine motor skills
- Exhibits adequate psycho-motor speed
- Other _____

- Visual impairment (___ with glasses, ___ without glasses)
- Hearing impairment (___ with hearing aid, ___ without hearing aid)
- Health problems indicated: _____
- Exhibits difficulty with perceptual skills
- Exhibits difficulty with gross motor skills
- Exhibits difficulty with fine motor skills
- Exhibits difficulty with psycho-motor speed
- Other _____

VII. Recommendations for modifications of instructional content, setting, methods, or materials in regular education classes and compensatory education that are necessary for this student to achieve and maintain satisfactory progress include:

- Modifications not needed
- Appears to understand best when information is presented orally, in written form, orally and in written form together (while handling the material or looking at a meaningful visual format)
- Provide preferential seating (near teacher to help focus attention, near chalkboard, study carrel)
- Teach concepts and rules in context, rather than rote facts in isolation
- Use visual aids (films, pictures, maps, illustrated texts, etc...) to aid memory
- Repetition may be needed to ensure recall
- Require student to report instructions/directions orally to ensure that he/she has a clear understanding of what is expected
- Appears to learn best by experience (learns by doing)
- Adjust assignment length (shorten the task) or allow more time to complete assignments
- Divide assignment into parts; give one part at a time
- Provide taped textbooks, worksheets, library books, etc...
- Provide highlighted textbooks, worksheets, library books, etc...
- Read written material to student
- Provide a study sheet or summary of important facts
- Provide vocabulary files
- Provide laminated materials for student to handle, label, etc...
- Type handwritten teacher materials
- Duplicated worksheets should be neat, well-organized, and legible; adapt worksheets and/or packets so that the amount of work on each page is appropriate for the student (i.e., do not crowd too much narrative or too many arithmetic problems on the page)
- Use supplementary materials
- Use materials geared to ability level (below grade level placement)
- When an assignment for the class conflicts with the capabilities of this student, provide an alternative assignment
- Read test directions and questions to student
- Allow student to tape and/or dictate his/her answers to test questions
- Encourage student to use content mastery services as needed
- Appears in need of assistive technology devices and services
- Other _____
- Other _____

VIII. Recommendations for modifications of instructional content, setting, methods, or materials in the special education program that are necessary for this student to achieve and maintain satisfactory progress include:

- Apply above recommendations as appropriate
- Provide as much individualized instruction as possible in areas of deficiency
- Provide content mastery services as needed
- Counseling may be indicated _____
- Emphasis appears to be needed on functional academic skills, daily living skills, social skills, and vocational preparation
- Appears in need of assistive technology and services
- Other _____
- Other _____

IX. Other recommendations

- The district's mastery criteria for the T.E.K.S. may not be appropriate for this student in the following areas due to the handicapping condition:

<input type="checkbox"/> English/Language Arts	<input type="checkbox"/> Math	<input type="checkbox"/> Computer Literacy
<input type="checkbox"/> Social Studies	<input type="checkbox"/> Voc. Educ.	<input type="checkbox"/> Health
<input type="checkbox"/> Physical Education	<input type="checkbox"/> Science	<input type="checkbox"/> Fine Arts
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
- The district's grading criteria may be appropriate
- The student may need to be graded according to functional level
- The student should be allowed to participate in extracurricular activities as follows:
 - Student should maintain same mastery level as required by regular program
 - Student should satisfactorily meet the goals and objectives as outlined in the IEP
- Functional implications for the educational programs should include: _____

X. Recommended goals and objectives for the IEP are attached. Yes No

Signature

Position

Date

**Robertson County Special Services
Consideration for Assistive Technology (CAT)**

Student: _____

ID Number: _____

I. Is the student able to function independently in this area?	Yes If all areas are Yes, go to Part III	No Go to Part II	II. Is the student able to complete task at his/her ability with any special strategies, accommodations or technology already being used?	
			If Yes, check or list accommodations/technology currently used below.	If no, list the environment (E) and task (T) with which the student needs assistance. When completed, go to Part III
Mobility (Move about on the campus)			<input type="checkbox"/> Walker <input type="checkbox"/> Grab rails <input type="checkbox"/> Wheelchair-manual/powered <input type="checkbox"/> Assistance from aide/peers <input type="checkbox"/> Other:	E: T:
Positioning (Maintain a stable position while participating in various activities)			<input type="checkbox"/> Non-slip surface on chair <input type="checkbox"/> Foot rest modifications <input type="checkbox"/> Adapted chair/wheelchair <input type="checkbox"/> Alternate positioning-side-lyer/stander <input type="checkbox"/> Other:	E: T:
Activities of daily living (Manage routine self-care and daily living activities required at school)			<input type="checkbox"/> Adapted eating utensils <input type="checkbox"/> Adapted drinking devices <input type="checkbox"/> Adapted dressing equipment <input type="checkbox"/> Assistance from aides/peers <input type="checkbox"/> Other:	E: T:
Communication (Communicate needs/wants in a variety of school settings)			<input type="checkbox"/> Communication board/book <input type="checkbox"/> Voice output Communication Aide <input type="checkbox"/> Eye gaze board <input type="checkbox"/> Speech Generating Device <input type="checkbox"/> Other:	E: T:
Hearing (Process verbal instructions in a variety of school settings)			<input type="checkbox"/> Hearing aid <input type="checkbox"/> FM system <input type="checkbox"/> Personal/Classroom amplification system <input type="checkbox"/> Signaling device <input type="checkbox"/> Computer/portable word processor <input type="checkbox"/> Closed captioning or TDD/TTY for phone <input type="checkbox"/> Interpreter <input type="checkbox"/> Other:	E: T:
Vision (Process visual stimuli in a variety of school settings)			<input type="checkbox"/> Accessible Instructional Materials (AIM) <input type="checkbox"/> Eye glasses <input type="checkbox"/> Magnifier <input type="checkbox"/> Large print books <input type="checkbox"/> CCTV <input type="checkbox"/> Braille accessories <input type="checkbox"/> Screen magnifier/color contrast/reader <input type="checkbox"/> Alternate keyboard <input type="checkbox"/> Other:	E: T:

Student:

I. Is the student able to function independently in this area?	Yes If all areas are Yes, go to Part III	No Go to Part II	II. Is the student able to complete task at his/her ability with any special strategies, accommodations or technology already being used?	
			If Yes, check or list accommodations/technology currently used below.	If no, list the environment (E) and task (T) with which the student needs assistance. When completed, go to Part III
Environmental Control (Exercise control over the environment)			<input type="checkbox"/> Proximity to teacher <input type="checkbox"/> Reduce noise level <input type="checkbox"/> Alternate lighting <input type="checkbox"/> Use of electronic control unit/switch <input type="checkbox"/> Remote control appliances <input type="checkbox"/> Other:	E: T:
Mechanics of Writing (Produce legible written work)			<input type="checkbox"/> Accessible Instructional Materials (AIM) <input type="checkbox"/> Adaptive grip for pencil/pen <input type="checkbox"/> Adapted paper <input type="checkbox"/> Slant board <input type="checkbox"/> Portable word processor <input type="checkbox"/> Computer <input type="checkbox"/> Other:	E: T:
Computer Access			<input type="checkbox"/> Keyboard using accessibility options <input type="checkbox"/> Alternate keyboard <input type="checkbox"/> Alternate mouse e.g. rollerball/headmouse <input type="checkbox"/> Switch/scanning/On-screen keyboard <input type="checkbox"/> Headpointer/Mouthstick <input type="checkbox"/> Keyguard <input type="checkbox"/> Arm support <input type="checkbox"/> Voice recognition software <input type="checkbox"/> Word prediction software <input type="checkbox"/> Other:	E: T:
Academics A. Compose written material			<input type="checkbox"/> Accessible Instructional Materials (AIM) <input type="checkbox"/> Concept Mapping/outlining software <input type="checkbox"/> Word cards/book <input type="checkbox"/> Pocket dictionary/thesaurus <input type="checkbox"/> Electronic/talking dictionary <input type="checkbox"/> Word Processor w/spell/grammar check <input type="checkbox"/> Word prediction <input type="checkbox"/> Talking word processor <input type="checkbox"/> Multimedia software <input type="checkbox"/> Voice recognition software <input type="checkbox"/> Other:	E: T:
B. Read			<input type="checkbox"/> Accessible Instructional Materials (AIM) <input type="checkbox"/> Changes in text size/spacing/color <input type="checkbox"/> Background color <input type="checkbox"/> Use of pictures w/text <input type="checkbox"/> Book adapted for page turning <input type="checkbox"/> Electronic/talking dictionary <input type="checkbox"/> Scanner <input type="checkbox"/> Electronic books <input type="checkbox"/> Text-to-speech software for web/electronic text <input type="checkbox"/> Concept Mapping/outlining software <input type="checkbox"/> Other:	E: T:

Student:

I. <u>Is the student able to function independently in this area?</u>	<u>Yes</u> <u>Yes</u> If all areas are Yes, go to Part III	<u>No</u> Go to Part II	II. <u>Is the student able to complete task at his/her ability with any special strategies, accommodations or technology already being used?</u>	
			If Yes, check or list accommodations/technology currently used below.	If no, list the environment (E) and task (T) with which the student needs assistance. When completed, go to Part III
C. Study			<input type="checkbox"/> Accessible Instructional Materials (AIM) <input type="checkbox"/> Print or picture schedule <input type="checkbox"/> Aides to find/organize materials <input type="checkbox"/> Highlight text <input type="checkbox"/> Software for manipulation of objects/concept <input type="checkbox"/> Software for organization of ideas <input type="checkbox"/> Recorded materials <input type="checkbox"/> Other:	E: T:
D. Perform mathematical calculations			<input type="checkbox"/> Accessible Instructional Materials (AIM) <input type="checkbox"/> Abacus/math line <input type="checkbox"/> Calculator-talking/large keys/On-screen <input type="checkbox"/> Software with cueing for math calculations <input type="checkbox"/> Tactile/voice output measuring devices <input type="checkbox"/> Electronic math/concept manipulatives <input type="checkbox"/> Other:	E: T:
Recreation/Leisure (Participate in recreational/leisure activities)			<input type="checkbox"/> Adapt toys/games/battery interrupter/switch <input type="checkbox"/> Adapted sporting equipment <input type="checkbox"/> Universal cuff <input type="checkbox"/> Modified utensils <input type="checkbox"/> Arm support <input type="checkbox"/> Software-drawing/games/music <input type="checkbox"/> Other:	E: T:

III. Select one of the following and proceed as described:

- AT is required. The IEP team knows the nature and extent of the AT devices/services needed and will address AT in the student's IEP.
- AT may be required. The IEP team determines that additional information is needed and will conduct additional AT assessment/evaluation.
- AT is not required at this time as the student is able to function independently in all areas.

Additional comments/concerns:

Signature & Title of Person Completing Form

Date

**Robertson County Special
Services**

**Receipt for Notice of Procedural Safeguards
Rights of Parents of Students with Disabilities**

as required by Individuals with Disabilities Education Act (IDEA)

Name: _____ **D.O.B.:** _____

Note: Each time the *Notice of Procedural Safeguards: Rights of Parents of Students with Disabilities* is distributed receipt must be documented.

This is to verify that I have received a copy of the **Notice of Procedural Safeguards: Rights of Parents of Students with Disabilities**, which informs me of my rights throughout the child/student-centered educational process. The rights and procedural safeguards have been explained to me by the below listed staff.

I understand that my rights include the right to receive:

- this and all other notices in the language I understand (primary language) or if needed, a translation of such orally, in sign language or in Braille as appropriate, and
- answers from school personnel to additional questions I may have.

My signature below also indicates that I received a copy of *The Guide to the Admission, Review and Dismissal Process* provided by the district on the date specified.

Complete this section for initial distribution only.

Staff Name

Signature of Parent/Guardian/Adult Student

Position

Date Signed

on, _____
Date Issued

Signature of Interpreter (if used)

Name of Student's Current Campus

Date Signed

**ROBERTSON COUNTY
SPECIAL SERVICES**

Permission to Photograph / Video Record / Audio Record

Student: _____ Grade: _____

DOB: _____ School: _____

I grant permission to have my child photographed, video recorded and/or audio recorded during assessments, curricular, and/or extracurricular activities. I understand my consent is voluntary and may be withdrawn in writing at any time, and if not earlier revoked, it shall terminate upon completion of services without expressed revocation.

Signature of Parent / Guardian

Date