

SAU#3 – Berlin, NH
Referral for Special Education Services

STUDENT NAME: _____

BIRTH DATE: ____ / ____ / ____ SEX: _____ RACE: _____

TEACHER: _____ GRADE: _____

SCHOOL: _____

REFERRED BY: _____

RELATIONSHIP: _____

REASON FOR REFERRAL: (please circle) DD OHI(ADHD) SLI SLD Other: _____

SASID #: _____

PRIMARY LANGUAGE: _____

TO BE FILLED OUT WHEN PARENT CONTACTED

Date Parent Contacted (Prior to Referral Completion): _____

MOTHER/GUARDIAN: _____

ADDRESS: _____

HOME PHONE: _____

FATHER/GUARDIAN: _____

ADDRESS: _____

HOME PHONE: _____

If child is not living with his/her biological family or is in divorce/separated situation, where is/are family members(s)?

Family Emotional Concerns: Describe any concerns relating to the emotional issues which may be affecting this child, (i.e. divorce, recent move, retention, military....)

Has or is this child being treated for a diagnosed medical condition by a physician? YES NO

If yes, what diagnosis does this child have? _____

SUPPORTIVE SERVICES IN SCHOOL OR THROUGH OTHER SOCIAL AGENCIES:

| Supportive Service or Social Agency | YES / NO | Name of Case Manager, Service Provider, or type of service |
|-------------------------------------|----------|--|
| DCYF | | |
| NHS Mental Health | | |
| School Guidance Counselor | | |
| | | |

THE FOLLOWING SECTIONS ARE TO BE FILLED OUT BY PERSON REFERRING

1) Has this child ever been referred for special education services or been on a Section 504 Plan in the past?

YES

NO

2) If Yes, when and where was the child referred?

(Please attach previous tests and reports.)

3) What are your concerns about this child?

4) List the child's academic strengths and non-academic strengths:

5) Is the student significantly below grade level? YES NO

If Yes, in what areas? _____

6) What classroom accommodations have you tried?

7) Has attendance or tardiness been an issue? YES NO

(If YES, please **attach MMS print out**)

8) BEHAVIOR ISSUES: (Please complete the following chart by circling your response.)

| | WEAK | AVERAGE | STRONG | SUPERIOR |
|---------------------------|------|---------|--------|----------|
| Socialization with adults | 1 | 2 | 3 | 4 |
| Socialization with peers | 1 | 2 | 3 | 4 |
| Self control | 1 | 2 | 3 | 4 |
| Self concept | 1 | 2 | 3 | 4 |

9) Does this child's behavior significantly interfere with:

- | | | |
|---|-----|----|
| a. His/Her ability to achieve academically? | YES | NO |
| b. Other children's ability to learn? | YES | NO |
| c. The teacher's ability to teach? | YES | NO |

10) **ACADEMIC LEVEL:** (Please complete the following chart by circling the appropriate number for each category.)

| | 1 = Substantially Below Proficient | 2 = Partially Proficient | 3 = Proficient | 4 = Proficient with Distinction |
|--|------------------------------------|--------------------------|----------------|---------------------------------|
| Ability to stay on task | 1 | 2 | 3 | 4 |
| Listening Comprehension | 1 | 2 | 3 | 4 |
| Oral Language | 1 | 2 | 3 | 4 |
| Reading Level: _____ (Fountas & Pinnell or Lexile) | | | | |
| Decoding Skills | 1 | 2 | 3 | 4 |
| Comprehension Skills | 1 | 2 | 3 | 4 |
| Writing Level: _____ (Writing Prompt) | | | | |
| Mechanics | 1 | 2 | 3 | 4 |
| Handwriting | 1 | 2 | 3 | 4 |
| Content | 1 | 2 | 3 | 4 |
| Spelling | 1 | 2 | 3 | 4 |
| Mathematics Level | | | | |
| Computation | 1 | 2 | 3 | 4 |
| Application | 1 | 2 | 3 | 4 |
| General Knowledge | 1 | 2 | 3 | 4 |
| Science | 1 | 2 | 3 | 4 |
| Social Studies | 1 | 2 | 3 | 4 |

11) **Attach SmarterBalanced, NWEA, AIMSWEB or any other district assessment scores.**

12) Check all that apply to the child being referred:

Speech:

_____ Articulation (disorders, omits, or substitutes one sound for another. List sounds misarticulated: _____)

_____ Cannot be understood

_____ Fluency: Blocks or repeats sounds/words

_____ Speaks too fast/too slow

Oral Language:

_____ Uses words inappropriately (i.e. I/me, her/she, confuses tense endings..)

_____ Leaves syllables out of words or words out of sentences

_____ Often gives inappropriate answers

Hearing:

_____ Appears to be hard of hearing

_____ Has frequent colds/earaches

Auditory Skills:

_____ Auditory discrimination (i.e. p/d/b)

_____ Frequently misinterprets or forgets instructions

_____ Does not follow multi step oral directions

Visual Skills:

_____ Visual discrimination (i.e. p/d/b)

_____ Visual memory (remembering what has been seen)

_____ Poor figure ground (does not see some letters in words, words in sentences)

Written Language:

_____ Oral skills appear stronger than written communication

_____ Unable to sequence events, words, or letters when writing

Reading Skills:

_____ Does not use word attack skills strategies at grade level

_____ Does not attack words logically

_____ Does not follow multiple step written directions

Math Skills:

_____ Does not know basic age appropriate math facts

_____ Has difficulty understanding new concepts

_____ Has difficulty comprehending problems

Motor Skills:

_____ Has confused handedness and/or directionality

_____ Weak motor development

_____ Poor spatial planning

