

FANNIN COUNTY SPECIAL EDUCATION SSA

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Serving Bonham, Dodd City, Ector, Fannindel, Honey Grove, Leonard, Sam Rayburn, Savoy & Trenton ISDs

Referral Packet

Student: _____ Grade: _____ Date: _____

SSN#: _____ School: _____ Teacher: _____

Name/Signature of Referring Teacher: _____

Name of Parent/Guardian: _____

Home Language (attach copy of Home Language Survey): _____

Has student ever been retained? If so, in what grade? _____

Has child ever been home schooled or attended a private school? _____ If so, when? _____

Directions: Fill out sections A-D for all students. **Fill out section E only if behavior is an area of concern.**

A. Mark only areas of concern that significantly affect student’s classroom experiences.

Rate your concern as (H) High or (S) Some. If you are not sure, do not mark it.

- | | |
|-----------------------------------|--------------------------------------|
| _____ physical attributes | _____ attention span |
| _____ attendance | _____ memory skills |
| _____ activity level | _____ ability to follow directions |
| _____ language development | _____ listening skills |
| _____ language fluency | _____ response to questions |
| _____ problem-solving ability | _____ ability to focus on task |
| _____ vocabulary | _____ self-expression |
| _____ organizational skills | _____ self-discipline |
| _____ easily confused | _____ gross motor skill/coordination |
| _____ social/interpersonal skills | _____ fine motor skills |
| _____ self-awareness | _____ disorientation |
| _____ over-aggression | _____ passive/non-responsive |
| _____ low self-esteem | _____ lack of responsibility |

_____ academic progress (skills/areas of concern) _____

_____ medical/health (manifestation/areas of concern) _____

_____ behavior (observations, areas of concern) _____

_____ emotional/social (specify and describe) _____

_____ OTHER (specify and describe) _____

B. Add any other information you can to help the team better understand your concerns. Also describe the student's strengths.

C. PRIOR ACTIONS TO ADDRESS THE CONCERN

1. Include the Response to Intervention data for the student with this referral packet.
2. Of the four areas listed below, which have you changed in some way in an attempt to address the concern? Check the area(s) and describe what you manipulated.

_____ Presentation: How lessons are delivered and materials are displayed

_____ Physical Environment: The classroom arrangement and learning environment.

_____ Materials: Changing student and teacher materials

_____ Instruction: Ways student acquire skills in the classroom

2. Below is a partial list of possible interventions. Check any that have been used prior to this point to address the concern. Add other specific interventions that have been tried.

_____ using tape recorder; overhead projector

_____ previewing; rephrasing

_____ using graphic organizers

_____ posting charts, labeling

_____ contracts

_____ giving visual/verbal clues

_____ peer tutoring

_____ use of alternative materials

_____ memory drills (math facts)

_____ memory drills (sight words)

_____ pattern books and work families

_____ manipulatives for math, other subjects

_____ modified discipline plan

_____ attendance follow-up

_____ observation by another staff member

_____ ESL (English as a Second Language)

- | | |
|---|---|
| <input type="checkbox"/> cooperative learning | <input type="checkbox"/> ECL (Early Childhood Literacy) |
| <input type="checkbox"/> tailored assignments | <input type="checkbox"/> Title I reading |
| <input type="checkbox"/> reinforcement schedules | <input type="checkbox"/> Bilingual Education |
| <input type="checkbox"/> parent involvement | <input type="checkbox"/> tutoring |
| <input type="checkbox"/> preferential seating | <input type="checkbox"/> counseling |
| <input type="checkbox"/> acknowledging correct responses | <input type="checkbox"/> point out relevance to student's lives |
| <input type="checkbox"/> dividing tasks into smaller portions | <input type="checkbox"/> giving opportunities for success |
| <input type="checkbox"/> offer strategies | <input type="checkbox"/> giving opportunities for leadership |
| <input type="checkbox"/> incorporating cultural differences | <input type="checkbox"/> promoting family involvement |
| <input type="checkbox"/> incorporating socio-economic differences | <input type="checkbox"/> building on student's strengths |
| <input type="checkbox"/> environmental differences | <input type="checkbox"/> providing bilingual signs/labels |
| <input type="checkbox"/> accessing prior knowledge | <input type="checkbox"/> using music, art, drama |
| <input type="checkbox"/> Reading Recovery | <input type="checkbox"/> Open Court |
| <input type="checkbox"/> Study Island online software | <input type="checkbox"/> Lexia software |
| <input type="checkbox"/> other Research-Based Intervention _____ | |
| <input type="checkbox"/> other Research-Based Intervention _____ | |
| <input type="checkbox"/> other Research-Based Intervention _____ | |
| <input type="checkbox"/> other Research-Based Intervention _____ | |

3. Describe the student's response to the intervention.

(Optional) If they were ineffective, what do you think was the possible reason?

D. Attachments

If the student is having **academic difficulties**, please attach a sample(s) of the student's work that reflects your *specific concerns*.

sample(s) attached n/a

If there is a **medical concern**, please attach any known relevant information or history.

information attached n/a

If there is a **behavioral concern**, please attach any disciplinary action taken or other documentation and fill out section E: *Teacher Input for Addressing Problem Behaviors*.

documentation attached teacher input completed (section E) n/a

E. Teacher Input for Addressing Problem Behaviors

(Teacher **fills out** this section **only** if student is being referred to the Referral Team **for behavioral concerns**. If behavior is not an issue, there is no need to complete this section.)

1. Describe the behavior(s) of concern. Use measurable terms. *Example: Rather than "Lisa picks fights, : describe the actions and frequency: "Lisa demonstrates aggressive behavior toward other children at least 2-3 times a day, often more. She shows her aggression by such actions as pushing, grabbing materials from others, and by using verbal commands and name-calling."*

3. When is the behavior most and least likely to occur?

Mark each as **M** (More Likely), **L** (Less Likely), **U** (Unlucky)

_____ On a particular day or days of the week, such as Fridays. If so, which? _____

_____ At a particular time or times of the day, such as lunch or transitions. If so, when? _____

_____ When interacting with certain people – individuals or groups. If so, who? _____

_____ Under specific environmental conditions, such as in crowds or outdoor recess. If so, what? _____

_____ When physically tired, hungry, or sick. If so, which? _____

4. What do you think the student gains or avoids by demonstrating the behavior?

Get attention? _____ What kind? From whom? _____

Avoid attention? _____ What kind? From Whom? _____

Get control? _____ Of what? _____

Avoid embarrassment? _____ Regarding what? _____

Get relief? _____ From what? _____

Avoid task? _____ Which? _____

(Lazy is not an appropriate response)

OTHER? _____

5. Describe the specific expectations you have for the student that are not being met.

6. How have you conveyed your expectations to the student? _____

7. Do you think the student **can't** (is unable to) or **won't** (is unwilling to) demonstrate the appropriate/desired behavior? Why? _____

8. What appropriate/acceptable behavior(s) could the student use as a substitute for the behavior regarded an unacceptable? _____

9. What have you already tried to change about the situations in which the behavior occurs?
_____ modified tasks/assignments to align better with student's skills
_____ changed the student's schedule or order of activities
_____ changed the curriculum for this student
_____ provided extra assistance
_____ changed the student's physical environment (seating, room arrangement, grouping)
_____ other _____
_____ other _____

10. What techniques have you already tried to help the student meet behavioral expectations?
_____ posted rules for the whole class _____ denied desired items/activities
_____ immediate feedback _____ notes/phone calls to parents
_____ teacher – student contract _____ loss of privileges
_____ met with parents _____ reprimands
_____ reward system _____ ignored the behavior
_____ hand or other signals _____ detention
_____ offered options/choices _____ referral to office
_____ consistency of enforcement _____ referral to school counselor
_____ other _____
_____ other _____

Student Observation (to be completed by qualified personnel)

Student _____ Grade _____ Date _____

School _____ Teacher _____

Name of Referring Teacher or Parent/Guardian _____

Circumstances of Observation (subject, teacher, time of day, reason for observation, etc.)

A. Compare this student's performance with that of the majority of other students in the class.

1. How the student works ___ more slowly ___ more quickly ___ about the same
2. Focus & attention span ___ better ___ poorer ___ about average
3. Activity level of the student ___ more active ___ less active ___ about the same
4. Language skills ___ better ___ poorer ___ about average
5. Demonstration of interest ___ disinterested ___ very interested ___ about average
6. Subject matter difficulty/frustration ___ high ___ low ___ about average
7. Emotional/social maturity ___ less than ___ greater than ___ about average
8. Other (specify) _____

B. Teacher Behavior Observed: check all that apply.

Teaching Methods Observed: ___ visual ___ auditory ___ large group ___ small group
___ peer ___ one-to-one ___ other (specify) _____

Conceptual Content: ___ concrete ___ abstract ___ both

Behavioral Reinforcement: ___ positive ___ negative ___ ignored ___ isolation
___ other (specify) _____

Teacher's Style

1. How much movement/activity is allowed? ___ a great deal ___ some ___ minimal ___ none
2. How much talking/noise is tolerated? ___ a great deal ___ some ___ minimal ___ none
3. What type(s) of feedback were given? ___ praise ___ criticism ___ reward ___ punishment
4. What tone/manner was used to communicate? ___ supportive ___ matter-of-fact ___ harsh
5. During this observation, how did the teacher spend most of his or her time? (e.g. at the board, with a small group, at the teacher's desk, circulating among students at work...)

6. What, if anything, about the teacher or classroom seemed to have a positive or negative effect on the students in general, or on this student in particular? _____

C. Student Behavior Observed: Write Yes or No with regard to the student being observed.

1. _____ The student performs with the group.
2. _____ The student voluntarily participates in activities.
3. _____ The student is responsive to the teacher.
4. _____ The student is responsive to other students.
5. _____ The student starts and stays on task.
6. _____ The student finishes what is started.
7. _____ The student answers when called on.
8. _____ The student shows independence.
9. _____ the student seems alert (not sleepy or lethargic).

D. Based on this observation, check any area that may be an issue.

(Additional comments helpful, but optional)

- ___ English proficiency _____
- ___ Instructional level _____
- ___ Environment _____
- ___ Developmental _____
- ___ Motor skills _____
- ___ Emotional _____
- ___ Psychological _____
- ___ Giftedness _____
- ___ Family _____
- ___ Cultural _____
- ___ Health/Medical _____
- ___ Other (specify) _____

E. Student Strengths: What strengths were observed in this student that could be drawn upon in designing interventions? _____

F. Summary: Please provide a narrative summary of the student's learning/behavior. (Use and attach a separate sheet if necessary).

Intervention Team Meeting Summary Form

This form needs to be filled out DURING the review meeting AFTER the Tier 3 Intervention Plan has been implemented. This form is designed to gather more information to assist in the evaluation process.

Student _____ Grade _____ Date _____

District/Campus _____ Teacher _____

Referred by: _____ teacher _____ parent/guardian _____ other

Teacher _____ Parent/Guardian _____

Date of Meeting _____ initial _____ follow-up to meeting on _____

In **Attendance at the Meeting** (*INTERVENTION TEAM chairperson, administrator/principal, general education teacher(s), nurse counselor, resource specialist, bilingual, parent/guardian, student*)

___ Intervention Team chairperson	Name: _____
___ administrator	Name: _____
___ teacher	Name: _____
___ parent/guardian	Name: _____
___ parent/guardian	Name: _____
___ student	Name: _____
___ other	Name: _____
___ other	Name: _____
___ other	Name: _____

Part 1: Check all that apply.

Vision: _____ Poor _____ Corrected _____ Good _____ Excellent
Impact on learning: _____

Hearing: _____ Poor _____ Amplified/Aided _____ Good _____ Excellent
Impact on learning: _____

Speech/Language:
___ Poor ___ Rapid/Rambling ___ Slow/Slurred ___ Somewhat Unintelligible
___ Unintelligible
Impact on learning: _____

General Physical Health
___ Fragile or Impairment ___ Chronic Illness ___ Good ___ Excellent
Impact on learning: _____

Mental/Behavioral Health Concerns
___ None ___ Conduct ___ Anxiety ___ Depression ___ Phobia
___ Substance Abuse ___ Other _____
Impact on learning: _____

Attitude Toward Self

Poor Normal/Positive Confident Overconfident Unrealistic

Impact on learning: _____

Cultural Background

Describe: _____

Level of Acculturation (the gradual process of adaptation to a new cultural environment)

Bicultural – Integration with a new culture without the deterioration, or loss, of the cultural norms, languages, and beliefs of the first culture.

Assimilated – Rejection of the original culture and has full acceptance of the new culture in which one now lives and operates.

Traditionalists – Exposure to and rejection of the second culture, which leads one to cling to the original culture’s values and beliefs

Marginalists – Rejection of both the new and original cultures’ norms and belief systems, thereby ostracizing oneself from society

Impact on learning: _____

Languages Spoken

None English only Bilingual: _____ and _____

Other: _____

English Language Proficiency

Little/None Basic Social Language

Mastered Social Language

Emerging Cognitive Academic Language

Fluent/Proficient

Socioeconomic Status

Low Middle Upper Changing: Up Down

Impact on learning: _____

Academic Progress for Grade Level

Reading: Significantly Below Below At Above

Impact on learning: _____

Written Language: Significantly Below Below At Above

Impact on learning: _____

Math: Significantly Below Below At Above

Impact on learning: _____

School Attendance

Poor/Infrequent Truant Tardy Frequent Moves Good/Excellent

Impact on learning: _____

Evidence of Lack of Instruction

No schooling Periods of no schooling Ineffective instruction

Not a concern

Attention and Interest in School

___ Poor/Indifferent ___ Distracted/Bored ___ Alert/Engaged ___ Over-responsive

Impulse Control

___ Poor ___ Fair ___ Good ___ Excellent

School Social Relationships

___ No Friends ___ Few/Adequate Friends ___ Many Friends ___ Too Many Friends

Relationship With Teacher

___ Distant/Reluctant ___ Normal ___ Needs Closeness/Frequent Contact

Learning Style

___ Visual ___ Auditory/Verbal ___ Tactile/Kinesthetic ___ Combination
___ Active ___ Reflective

Classroom Environment

___ Highly Structured ___ Structured ___ Unstructured
___ Highly Unstructured ___ Combination

Teaching Style

Primary Teacher

___ Authoritarian ___ Authoritative ___ Liberal ___ Apathetic ___ Overlapping

Other Teacher: Subject: _____

___ Authoritarian ___ Authoritative ___ Liberal ___ Apathetic ___ Overlapping

Other Teacher: Subject: _____

___ Authoritarian ___ Authoritative ___ Liberal ___ Apathetic ___ Overlapping

Student's Strengths

Part 2. Summary of Previous Interventions Tried and Their Effectiveness

Describe each intervention and rate its effectiveness 1-5, with 1 as lowest.

Interventions Tried in the Classroom

Rating 1 – 5

Interventions Tried at Home

Rating 1 – 5

Part 3. Summary of Screening and Recent Test Results _____

Part 4. Additional Information (brought to light at the meeting) _____

Part 5. Insights/Hypothesis

Based on a review of the information above, note the reason(s) why this student seems to be struggling school. _____

Part 6. Conclusion and Next Steps

___ The student appears to need no interventions at this time.

___ No further action is required.

___ Follow up on date(s): _____

___ The student's challenges suggest that a RtI STRATEGIES Intervention Plan is warranted.

___ Existing data is insufficient for a complete determination. More information needs to be collected.
The INTERVENTION TEAM will meet again on (date): _____

Attach all RtI documentation to this referral