

Referral Review Form

St. Cloud Area School District 742

Student Name _____ Grade _____
Parent(s) Name _____ DOB _____
Address _____ Phone _____
Referring Person _____ Date of Referral _____
Classroom Teacher _____ School _____

Read each statement below. Check “yes” if there is a concern and “no” if there is not a concern for each particular item. For the item(s) checked “yes,” briefly elaborate in the space provided.

Intellectual/Cognitive

	<u>YES</u>	<u>NO</u>
Student demonstrates verbal abilities below age mates	<input type="checkbox"/>	<input type="checkbox"/>
Student demonstrates overall development below age mates	<input type="checkbox"/>	<input type="checkbox"/>
Student demonstrates problem-solving, reasoning abilities below age mates	<input type="checkbox"/>	<input type="checkbox"/>
Student demonstrates knowledge base of the world below age mates	<input type="checkbox"/>	<input type="checkbox"/>
Student sound blending abilities and phonemic awareness below age mates	<input type="checkbox"/>	<input type="checkbox"/>
Student demonstrates abilities with visual-perceptual tasks below age mates	<input type="checkbox"/>	<input type="checkbox"/>
Student requires a long wait time before responding verbally	<input type="checkbox"/>	<input type="checkbox"/>
Student requires cues in order to recall information	<input type="checkbox"/>	<input type="checkbox"/>
Student demonstrates difficulty retrieving learned information over a period of time	<input type="checkbox"/>	<input type="checkbox"/>
Student demonstrates difficulty recalling directions just after hearing them	<input type="checkbox"/>	<input type="checkbox"/>

Communication Skills

	<u>YES</u>	<u>NO</u>
Student has unusual (hoarse, nasal, etc.) voice quality	<input type="checkbox"/>	<input type="checkbox"/>
Student displays non-fluent speech (stuttering)	<input type="checkbox"/>	<input type="checkbox"/>
Student’s speech is hard to understand	<input type="checkbox"/>	<input type="checkbox"/>
Student exhibits a limited vocabulary	<input type="checkbox"/>	<input type="checkbox"/>
Student shows immature sentence structure	<input type="checkbox"/>	<input type="checkbox"/>
Student has difficulty getting his/her point across	<input type="checkbox"/>	<input type="checkbox"/>
Student lacks specificity (over uses words such as “this, that, thing”)	<input type="checkbox"/>	<input type="checkbox"/>
Student is unable to retell a story	<input type="checkbox"/>	<input type="checkbox"/>
Student seldom speaks at school	<input type="checkbox"/>	<input type="checkbox"/>
Student is unable to paraphrase classroom instructions	<input type="checkbox"/>	<input type="checkbox"/>
Student often misunderstands directions	<input type="checkbox"/>	<input type="checkbox"/>
Student has trouble asking questions when needing help	<input type="checkbox"/>	<input type="checkbox"/>
Student has trouble answering questions	<input type="checkbox"/>	<input type="checkbox"/>
Student has difficulty understanding/using multiple meaning words or figurative speech	<input type="checkbox"/>	<input type="checkbox"/>
Student has poor topic maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Student has difficulty interpreting/using nonverbal cues	<input type="checkbox"/>	<input type="checkbox"/>
Student often makes odd or irrelevant comments	<input type="checkbox"/>	<input type="checkbox"/>
Student has difficulty making eye contact/limited eye contact	<input type="checkbox"/>	<input type="checkbox"/>

Academic Skills**YES** **NO**

This student has difficulty mastering skills taught in the following area(s):

- | | | |
|---|--------------------------|--------------------------|
| a. Reading comprehension | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Reading – decoding skills | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Reading – unable to follow written directions accurately | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Reading fluency | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Mathematics Calculation – memorizing math facts | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Math Calculation – utilizing manipulatives | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Math Reasoning – knowing how to solve problem | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Spelling | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Writing – difficulty with forming letters | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Writing – difficulty putting thoughts into written form | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Content areas (Social Studies, Science, Health) | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Specialist Areas (Art, Music, Phy. Ed.) | <input type="checkbox"/> | <input type="checkbox"/> |
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Health & Physical Status**YES** **NO**

- | | | |
|---|--------------------------|--------------------------|
| Student is often absent due to illness | <input type="checkbox"/> | <input type="checkbox"/> |
| Student often seems lethargic or fatigued | <input type="checkbox"/> | <input type="checkbox"/> |
| Student seems to have frequent colds | <input type="checkbox"/> | <input type="checkbox"/> |
| Student often complains of illness | <input type="checkbox"/> | <input type="checkbox"/> |
| Student has difficulty maintaining appropriate hygiene & grooming | <input type="checkbox"/> | <input type="checkbox"/> |
| Student wears glasses or contacts | <input type="checkbox"/> | <input type="checkbox"/> |
| Student wears hearing aid(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| Student has braces for his arms or legs | <input type="checkbox"/> | <input type="checkbox"/> |
| Student uses a walker/cane/crutches | <input type="checkbox"/> | <input type="checkbox"/> |
| Student is in a wheelchair | <input type="checkbox"/> | <input type="checkbox"/> |
| Student has artificial limb(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| Student seems overweight or obese | <input type="checkbox"/> | <input type="checkbox"/> |
| Student has a diagnosed chronic health condition (ex. Asthma, ADHD) | <input type="checkbox"/> | <input type="checkbox"/> |
| Student has a diagnosed physical disability (ex. Cerebral Palsy) | <input type="checkbox"/> | <input type="checkbox"/> |
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Social, Emotional or Behavioral Skills**YES** **NO**

Are there concerns with this student's behavior in any of the following areas:

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|---|--------------------------|--------------------------|
| a. ability to acquire and maintain peer relationships/friends | <input type="checkbox"/> | <input type="checkbox"/> |
| b. with authority figures at school | <input type="checkbox"/> | <input type="checkbox"/> |
| c. with authority figures in the community | <input type="checkbox"/> | <input type="checkbox"/> |
| d. with authority figures at home | <input type="checkbox"/> | <input type="checkbox"/> |
| e. in structured settings (classroom, specialist areas) | <input type="checkbox"/> | <input type="checkbox"/> |
| f. in unstructured settings (playground, hallways, lunch | <input type="checkbox"/> | <input type="checkbox"/> |
| g. in response to frustration | <input type="checkbox"/> | <input type="checkbox"/> |
| h. attending to task | <input type="checkbox"/> | <input type="checkbox"/> |
| i. taking responsibility to complete and return assignments | <input type="checkbox"/> | <input type="checkbox"/> |
| j. demonstrating ability to control emotions | <input type="checkbox"/> | <input type="checkbox"/> |
| k. appropriately asking for assistance when needed | <input type="checkbox"/> | <input type="checkbox"/> |
| l. has difficulty respecting own or other's property | <input type="checkbox"/> | <input type="checkbox"/> |
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Motor Skills**YES****NO**

Student falls easily	<input type="checkbox"/>	<input type="checkbox"/>
Student is clumsy when walking, running, using stairs, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Student cannot perform hop or skip as expected for age	<input type="checkbox"/>	<input type="checkbox"/>
Student fatigues easily and appears to be weak	<input type="checkbox"/>	<input type="checkbox"/>
Student moves stiffly, and/or has rigid or tense movements	<input type="checkbox"/>	<input type="checkbox"/>
Student has poor rhythmical response (ex. When clapping rhythms)	<input type="checkbox"/>	<input type="checkbox"/>
Student has difficulty with ball skills	<input type="checkbox"/>	<input type="checkbox"/>
Student has difficulty with gymnastic activities	<input type="checkbox"/>	<input type="checkbox"/>
Student has poor balance (standing/sitting)	<input type="checkbox"/>	<input type="checkbox"/>
Student holds a pencil, crayon, or chalk awkwardly	<input type="checkbox"/>	<input type="checkbox"/>
Student strokes too heavily or too lightly	<input type="checkbox"/>	<input type="checkbox"/>
Student has difficulty using scissors	<input type="checkbox"/>	<input type="checkbox"/>
Student has difficulty with printing or writing	<input type="checkbox"/>	<input type="checkbox"/>
Student has inconsistent hand preference – switches hands	<input type="checkbox"/>	<input type="checkbox"/>
Student has difficulty with shoe tying, buttons, zippers, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Student has difficulty drawing continuous lines and shapes	<input type="checkbox"/>	<input type="checkbox"/>
Student compensates or covers motor failures with silliness or other inappropriate behavior	<input type="checkbox"/>	<input type="checkbox"/>
Student exhibits unusual motor behaviors (tremor, tics, shakiness, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Student moves impulsively with little judgment	<input type="checkbox"/>	<input type="checkbox"/>
Student runs into person or things	<input type="checkbox"/>	<input type="checkbox"/>
Student avoids certain motor activities whenever possible	<input type="checkbox"/>	<input type="checkbox"/>
Student has poor attention and is easily distracted	<input type="checkbox"/>	<input type="checkbox"/>
Student exhibits an excessive activity level for age	<input type="checkbox"/>	<input type="checkbox"/>
Student has difficulty remembering movement sequences	<input type="checkbox"/>	<input type="checkbox"/>
Student has difficulty following motor directions	<input type="checkbox"/>	<input type="checkbox"/>
Student has difficulty with directional concepts (left/right, front/back)	<input type="checkbox"/>	<input type="checkbox"/>
Student has difficulty recognizing shapes/letters	<input type="checkbox"/>	<input type="checkbox"/>
Student has difficulty with drawing/copying shapes	<input type="checkbox"/>	<input type="checkbox"/>
Student reverses letters and words such as “b” for “d” or “saw” for “was”	<input type="checkbox"/>	<input type="checkbox"/>
Student is unusually sensitive to odors	<input type="checkbox"/>	<input type="checkbox"/>
Student is unusually sensitive to noises or sound	<input type="checkbox"/>	<input type="checkbox"/>
Student seems to need to feel or touch things before reacting	<input type="checkbox"/>	<input type="checkbox"/>
Student overreacts to touch or physical contact, may hit out or withdraw	<input type="checkbox"/>	<input type="checkbox"/>
Student is bothered by certain clothing textures or tags	<input type="checkbox"/>	<input type="checkbox"/>
Student has unexplained aversion or gag reflex to certain foods or textures	<input type="checkbox"/>	<input type="checkbox"/>
Student avoids eye contact	<input type="checkbox"/>	<input type="checkbox"/>

Functional Skills

	<u>YES</u>	<u>NO</u>
Student has poor self-care skills	<input type="checkbox"/>	<input type="checkbox"/>
Student has trouble adjusting to change	<input type="checkbox"/>	<input type="checkbox"/>
Student has limited social skills	<input type="checkbox"/>	<input type="checkbox"/>
Student lacks age appropriate independence	<input type="checkbox"/>	<input type="checkbox"/>
Student has difficulty keeping track of materials	<input type="checkbox"/>	<input type="checkbox"/>
Student has difficulty organizing self	<input type="checkbox"/>	<input type="checkbox"/>
Student does not use independent work time effectively	<input type="checkbox"/>	<input type="checkbox"/>

What family contacts have occurred, decisions made, and when?

Nature of contact (P/T Conference, phone, etc.)	Date	Decision(s)

	<u>YES</u>	<u>NO</u>
Is student currently receiving Title I services in Reading?	<input type="checkbox"/>	<input type="checkbox"/>
Is student currently receiving Title I services in Math?	<input type="checkbox"/>	<input type="checkbox"/>

If student is not eligible to receive Title I services, why? _____

	<u>YES</u>	<u>NO</u>
Is student involved with any of the following?		
○ School Counselor	<input type="checkbox"/>	<input type="checkbox"/>
○ Private Counselor	<input type="checkbox"/>	<input type="checkbox"/>
○ Day Care/Kidstop	<input type="checkbox"/>	<input type="checkbox"/>
○ Social Services	<input type="checkbox"/>	<input type="checkbox"/>

	<u>YES</u>	<u>NO</u>
Has student been referred for evaluation before?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when? _____		