

## **Pre-referral Team Discussion Guide**

### Child Find Process:

The purpose of Child Find is to locate, evaluate, and identify children with suspected disabilities in need of special education services including those who are not currently receiving special education and related services and who may be eligible for those services.

### Activities are to reach:

1. Children residing in the school district boundaries including preschool-aged children;
2. Children attending approved, nonprofit private elementary and secondary schools located within the district boundaries.
3. Highly mobile children (such as children experiencing homelessness, in foster care, and living in migrant conditions);
4. Children who have a disability and may need special education services even though they are advancing from grade to grade; and
5. Children at home or home-schooled.

### Remember...

\*No single person should gather this information. The team may wish to assign tasks to multiple people.

\*The student's parents must be included in the referral process and invited to meetings when decisions are being made.

\*A child's cumulative file needs to be thoroughly reviewed by the team prior to referral.

\*If this student has a current IEP, please contact the case manager. A referral form is not necessary in this case, but the team may wish to bring the child to the building's student study team.

### **Student factors to consider:**

- Attendance. Anything over 15 absences in a year will have a significant impact on education.
- How often has the student changed schools or homes since he/she began kindergarten?
- What portion of this student's schooling was at home?
- Vision and hearing information. Has the student passed? If the student needs glasses, does he/she wear them consistently?
- Are there medications or other medical treatments prescribed? Are they consistently used and what has been the effect on the student?
- Other medically relevant information: any history of severe illnesses, chronic conditions such as asthma, head injuries, etc.? What diagnoses does he/she currently have?
- Psychological or social factors. Have there been any significant events in the student's life that may have impacted him or her? (Divorce, death in family, etc.)

- A classroom observation may be beneficial and may be done without parent permission. If a student observation is needed, obtain parent permission first and keep record of that and the date received.
- Review discipline history – Majors/Minors, suspensions?
- Cumulative file review. Note historical trends in test scores (NWEA, WELPA, state tests, DIBELS) and grades. When were concerns first noted?
- Has this student had any formal behavior plans, 504's, previous Special Education evaluations or IEPs?

**Documentation of Interventions:**

- Do interventions addresses specific area(s) of need?
- Is there data showing exactly where a student was pre- and post – intervention?
- Please identify additional phases of intervention. For example, a phase may be a specific period of time the intervention increased in duration or intensity.

**Determine intervention effectiveness:**

- Review the data on current performance.
- Review **rate** of growth over time: Although a student may continue to perform below standard, if he/she is responding with an adequate rate of learning, he/she may not be a good candidate for eligibility under the category, Specific Learning Disability.

**ELL student factors to consider** (use attached ELL Student Profile and Intervention Log to gather some of this information):

- Has the student been able to learn one language well but is struggling currently with English?
- Does the student have the expected number of years of education in the primary language? For ex., if he/she moved to the United States in grade 5, did they have 5 years education prior to moving?
- How many years has the student participated in an ELL program?
- What approach was taken with regard to ELL services? Direct? Indirect? Bilingual? GLAD?
- What is the growth rate on the WELPA? Is it similar to peers'?
- Conduct an ELL peer group analysis. This includes comparing this student's levels and rate of growth with other students who began school with similar background/language skills.

**WSD SPECIAL EDUCATION REFERRAL**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

Date: \_\_\_\_\_ School: \_\_\_\_\_

Referred by: \_\_\_\_\_ Title: \_\_\_\_\_

Was parent notified of and invited to a meeting about the referral? Y N Date: \_\_\_\_\_

Outcome: \_\_\_\_\_

Home language: \_\_\_\_\_ Parent(s) needs interpreter? Y N

**AREA(S) OF CONCERN:** \_\_\_\_\_

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**ATTENDANCE** (circle those grades for which there were more than 15 absences):

K 1 2 3 4 5 6 7 8 9 10 11 Has this student been retained? Y N If yes, which grade? \_\_\_\_\_

Excessive tardies during any of these years? Y N Years of continuous enrollment in school? \_\_\_\_\_

- **Teams should be concerned about the reason(s) for a student's absences and determine whether he/she has a permanent or temporary condition related to a disability that caused the absences.**

**HEALTH/MEDICAL:** Date of most recent vision and hearing screen: \_\_\_\_\_

Vision Passed? Y N With Glasses? Y N Hearing Passed? Y N

List any health concerns: \_\_\_\_\_

Does the student receive medical treatment or other services outside school? Y N Don't know

If yes, briefly list: \_\_\_\_\_

**STUDENT IS CURRENTLY PARTICIPATING IN THE FOLLOWING PROGRAMS** (please circle):

Bilingual ESL Imagine Learning Title 1/ LAP Enrichment Other: \_\_\_\_\_

**Please sign below and send the following to the Special Education office:**

1. **Pre-Referral Team Discussion Guide**
2. **Special Education Referral form**
3. **Intervention Log (include history of interventions, Behavior Plans, etc.)**
4. **Student Profile form**
5. **Attach copies of : other data as they relate to referral concerns**

Signature of person completing form \_\_\_\_\_ Title: \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Special Education Records Clerk \_\_\_\_\_ Date: \_\_\_\_\_

Special Education District Representative \_\_\_\_\_ Date: \_\_\_\_\_

### **STUDENT PROFILE**

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date of interview: \_\_\_\_\_

#### **Home Language Survey - For English Learners:**

1. What is the student's country of origin? \_\_\_\_\_
2. Is a language other than English spoken in your home? \_\_\_\_\_
3. What language did your child learn when first beginning to talk? \_\_\_\_\_
4. What language do you most frequently speak to your child in? \_\_\_\_\_
5. What language does the primary caregiver speak to your child in? \_\_\_\_\_
6. Describe the language understood by your child  
\_\_\_ Understands only home language and NO ENGLISH  
  
\_\_\_ Understands mostly home language and SOME ENGLISH  
  
\_\_\_ Understands home language and English EQUALLY  
  
\_\_\_ Understands some home language and MOSTLY ENGLISH  
  
\_\_\_ Understands ONLY ENGLISH  
  
\_\_\_ Other (3<sup>rd</sup> language): \_\_\_\_\_

#### **Please complete the information below (All students):**

	Where?	Many absences? Moves?	Learning problems?	Instruction was provided in which language(s)
Preschool				
Kindergarten				
1 <sup>st</sup> grade				
2 <sup>nd</sup> grade				
3 <sup>rd</sup> grade				

4 <sup>th</sup> grade				
5 <sup>th</sup> grade				
6 <sup>th</sup> grade				
7 <sup>th</sup> grade				
8 <sup>th</sup> grade				
9 <sup>th</sup> High Sch				
10 High Sch				
11 High Sch				

**Educational and Speech/Language History – For All Students:**

7. Has your child ever had an IEP or IFSP?

Explain: \_\_\_\_\_  
 \_\_\_\_\_

8. Has the student had any behavior problems at home or at school? \_\_\_\_ Y \_\_\_\_ N

Explain \_\_\_\_\_

9. Has this student ever repeated a grade? If so, when and where? \_\_\_\_\_

10. Does this student have siblings who have gone to school in the U.S.? \_\_\_\_\_

Names:	Age:	School:
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. How does this student's learning compare to the other children in the family? (Faster? Slower?) \_\_\_\_\_

12. Does your child have problems pronouncing any sounds? Which ones? \_\_\_\_\_

13. Can your child follow 2 and 3 step directions in their home language? (Ex? Get the milk out of the refrigerator and put it on the table.) \_\_\_\_ Yes \_\_\_\_ No

14. Can most adults understand what your child is saying to them? \_\_\_\_\_
15. Did your child have experience with books, letters, counting or sorting games before starting school? Explain \_\_\_\_\_

**Health History – For All Students:**

16. Who does the student live with? \_\_\_\_\_
17. Has your child had any illnesses involving high fevers? If so, when? \_\_\_\_\_  
What was the temperature? \_\_\_\_\_
18. Has your child had any head injuries? If so, when? \_\_\_\_\_ What happened? \_\_\_\_\_
19. Were there any problems - with the pregnancy? \_\_\_\_\_  
-with the delivery? \_\_\_\_\_ -during the first few weeks of the child's  
life? \_\_\_\_\_
20. Did your child have ear infections? \_\_\_\_\_ Over what time period? \_\_\_\_\_
21. Has your child experienced any emotional trauma (family death, abuse, car accident etc.)  
\_\_\_\_ Yes Explain \_\_\_\_\_ \_\_\_\_ No
22. Do you have any concerns about your child's mental health? \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_\_
23. Other Concerns: \_\_\_\_ Vision \_\_\_\_ Hearing \_\_\_\_ shyness \_\_\_\_ drugs  
\_\_\_\_ running, strength, coordination \_\_\_\_ sleep problems \_\_\_\_ eating problem \_\_\_\_ gangs  
\_\_\_\_ allergies/asthma \_\_\_\_ memory \_\_\_\_ anxiety \_\_\_\_ depression \_\_\_\_ behavior  
\_\_\_\_ mood swings \_\_\_\_ anger \_\_\_\_ alcohol \_\_\_\_ doesn't like change  
\_\_\_\_ Other: \_\_\_\_\_