

**ELEMENTARY SCHOOL
CST Referral Form
Return to Principal**

Student's Name: _____ D.O.B. _____

Grade: _____ Has student attended Discovery Kindergarten? _____ OR Been retained? _____ Grade level _____

Parent(s) Name: _____ Phone: _____

Address: _____

Referring Person: _____ Date of Referral: _____

PARENT CONTACT: Have you contacted the parents regarding your concerns and the fact that you are submitting a referral for special education evaluation? Yes or No Provide the date of contact, means of contact and their response.

REASON FOR REFERRAL: Give a concise statement of your educational concerns for this student.

INTELLECTUAL ABILITY: Do you think this student is working up to his/her ability?

ACADEMIC PERFORMANCE: Please review the student's academic performance and provide the following information:

Academic difficulties:

Classroom data:

Anecdotal information:

MCA (Scale Score & Achievement Level):

COMMUNICATION STATUS: Describe the student's speech and language in the following areas:

Understanding the vocabulary used in directions and classroom instruction:

Completeness and clarity of expression when participating in oral discussions/relating events/telling story:

Understanding and use of appropriate non-verbal/social language with both peers and adults:

MOTOR ABILITY: Does the student have difficulties with cutting, tracing, and writing activities? Is handwriting legible? Is the student able to keep up with the rest of the class with written work? Is the student able to assemble an art project easily? Reversals?

Does the student have difficulty with large muscle activities? (Is the student awkward or clumsy?)

SENSORY AND HEALTH STATUS: To eliminate the possibility of any sensory problems, have the school nurse obtain current hearing and vision screens (including near vision) on this student. Are there any known health or physical problems which could be affecting the student's school performance/attendance?

ATTENDANCE: Provide data about the student's attendance.

EMOTIONAL/SOCIAL: Explain any inappropriate, undesirable or internalizing behavior(s) that are being exhibited in the school setting.

How would you describe this student's socialization with peers?

Adults?

BEHAVIOR/FUNCTIONAL SKILLS/PERSONAL DATA: Is there any parent/home information that would be helpful to share?

Does the student function in an organized and efficient manner? (Assignments neat, personal effects / work area orderly?)

Have other school personnel or agencies been involved to your knowledge?

In the past? _____ Present? _____

Names(s):

Involvement:

Directions: Place a check mark next to each item that accurately describes the student.

Cognitive

- poor comprehension of material
- poor short-term memory for verbal stimuli
- poor short-term memory for non-verbal stimuli
- poor long-term memory
- limited attention span
- difficulty understanding oral directions
- difficulty understanding written directions
- difficulty following a sequence of directions
- difficulty recalling story sequences
- difficulty reasoning abstractly
- difficulty conceptualizing material
- misunderstands material presented at a fast rate
- delayed oral response time
- uses problem strategies inefficiently
- learns very slowly
- forgets newly learned skills
- forgetful/loses assignments often
- requires excessive re-teaching

Social/Behavioral

- avoids doing work in class
- gives up easily
- difficulty beginning tasks on time
- difficulty completing tasks on time
- asks questions constantly
- is impulsive
- trouble starting and continuing tasks
- trouble with transitions
- lacks focus
- difficulty working independently
- difficulty playing quietly
- is easily distracted
- doesn't seem to listen
- shows aggressive behaviors
- shows disruptive behaviors
- talks excessively
- interrupts others often
- speaks out of turn
- difficulty remaining seated
- doesn't participate in class
- difficulty interacting with peers
- few friends
- overly emotional
- needs frequent encouragement
- difficulty organizing materials/desk
- trouble being accepted by peers
- withdraws from group
- inappropriate emotional response to social situation
- isolates self ~ on the fringe

Language/Academic

- difficulty decoding words
- poor reading comprehension
- difficulty rapidly naming words/objects
- difficulty recognizing words
- poor listening comprehension
- difficulty with oral reading and substituting one word for another
- uses gestures instead of words
- difficulty producing rhymes
- poor spelling
- difficulty writing compositions
- poor grammar/sentence structure (oral or written)
- difficulty naming common objects (word retrieval)
- articulation errors
- poor expressive language
- uses non-verbal language
- understands non-verbal language
- does not retain math facts
- poor math computation skills
- limited math problem solving skills
- fluctuating academic performance
- does not perform academically when exposed to conventional teaching strategies

Perceptual/Motor

- poor auditory perception (appears not to hear or understand directions)
- poor handwriting (labored, illegible)
- has clumsy or awkward movements
- right/left confusion
- poor gross-motor coordination
- poor fine-motor coordination
- difficulty putting objects in correct sequence
- difficulty remembering sequence
- difficulty transferring information onto paper
- reversals of letters (beyond 2nd grade)
- reversals of numbers (beyond 2nd grade)
- bumps into or touches others more than is typical
- difficulty remaining seated at a desk
- poor desk posture
- disorganized art projects
- inaccurate copying
- poor page organization
- difficulty staying on or between lines

DOCUMENTATION OF INTERVENTIONS/MODIFICATIONS

Intervention/Modification #1: _____ **Date:** _____

How was it measured? _____

What were the results/outcome? _____

Duration of intervention/modification: _____

Intervention/Modification #2: _____ **Date:** _____

How was it measured? _____

What were the results/outcome? _____

Duration of intervention/modification: _____

Comments: _____

*When a parent referral is made the school is still responsible to provide the student with documented interventions/modifications. These interventions/modifications can be take place while a special education evaluation is being conducted but they **MUST** still be documented.

Sensory/Health Information

Submit to School Nurse

Date: _____

To: School Nurse

Teacher's Name: _____

Re: Prereferral Information

Student Name: _____

Grade: _____

Please review this student's health records and list any important medical information/facts.

Please conduct hearing screen (puretone, tympanometry, and if warranted otoscopic screen) and vision screen (near and far).

Date: _____

Hearing: _____

Vision: _____