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| **STUDENT NAME:**         | **SIMS:**      |
| **PARENT/GUARDIAN NAME:**         | **PHONE:**      |
| **ADDRESS:**         | **WK PHONE:**      |
| **SCHOOL DISTRICT:**      | **SCHOOL:**      |
| **DOB:**      | **AGE:**      | **GRADE:**      |
| **GENDER:** \_\_\_\_\_\_\_\_\_\_\_ | **RACE:** \_\_\_\_\_\_\_\_\_\_\_ |
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| Name of Referring Person:        Signature:         | Date of referral:        |

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| --- | --- |
| Is the student’s current teacher/teachers Highly Qualified? [ ]  No [ ]  Yes | Does the student receive Title I services? [ ]  No [ ]  YesSubject area(s) [ ]  Reading [ ]  MathDate Services Began:        |
| List the strategies/interventions that have been implemented in the classroom prior to this referral (may attach documentation): |
| Is the child on medication? [ ]  No [ ]  YesMedical Concerns(ex. Has the child been diagnosed with a medical condition, such as vision or hearing loss?):  |

**Please check those items below that further describe your area(s) of concern:**

**READING COMPREHENSION**

[ ]  Identify Main Idea & Related Details [ ]  Cause and Effect [ ]  Sequence of Events

[ ]  Make Inferences [ ]  Make Predictions [ ]  Summarize

[ ]  Describe Setting, Character, Plot, and Theme [ ]  Visualizing/Mental Picture

[ ]  Vocabulary/Meaning of Words or Phrases in Selection [ ]  Construct Meaning from Text

**BASIC READING SKILLS**

[ ]  Reading Readiness [ ]  Blend Sounds to Make Words [ ]  Consonant Sounds

[ ]  Identify Letters of the Alphabet [ ]  Identify Sounds in Words [ ]  Vowel Sounds-Long/Short

[ ]  Letter-Sound Correspondence [ ]  Omission of Letter Sounds in Words [ ]  Decoding

[ ]  Syllabication [ ]  Addition of Letter Sounds in Words [ ]  Multisyllabic Word Reading

**READING FLUENCY SKILLS**

[ ]  Accuracy [ ]  Voice Inflection

[ ]  Words Per Minute/Rate [ ]  Sight Word Identification

**MATH CALCULATION**

[ ]  Number Names and Count Sequence [ ]  Subtraction Facts [ ]  Division Operations

[ ]  Identify Numbers [ ]  Regrouping in Addition-Carrying [ ]  Fractions-add/sub/mult/div

[ ]  Counting Objects [ ]  Regrouping in Subtract-borrowing [ ]  Decimals- add/sub/mult/div

[ ]  Addition Facts [ ]  Multiplication Operations [ ]  Consumer Math Skills

**MATH PROBELEM SOLVING**

[ ]  Measurement/Estimation of Time, Volume, and Objects [ ] Understanding Fractions

[ ]  Applying Appropriate Concepts to Solve Problems [ ]  Interpreting Data on Charts/Maps/Graphs

[ ]  Word Problems with More Than One Math Function

**WRITTEN EXPRESSION**

[ ]  Incorrect Pencil Grasp [ ]  Letter/Word Reversals [ ]  Grammar: subject-verb agreement

[ ]  Legibility [ ]  Punctuation/Capitalization [ ]  Abbreviations

[ ]  Upper/Lower Case Letters [ ]  Spelling

[ ]  Sentence Structure-Writing Complete Thoughts

**ORAL EXPRESSION**

[ ]  Expressive Vocabulary [ ]  Synonyms [ ]  Syntax (sentence structure)

[ ]  Reasoning/Problem Solving [ ]  Antonyms [ ]  Pragmatics (functional use)

[ ]  Grammar [ ]  Analogies

**LISTENING COMPREHENSION**

[ ]  Auditory Attention Span [ ]  Receptive Vocabulary [ ]  Understanding Directions

[ ]  Auditory Discrimination [ ]  Sequences of Events [ ]  Answers Questions Inappropriately

[ ]  Auditory Memory [ ]  Needs Questions/Directions Repeated

**COMMUNICATION**

[ ]  Articulation: may omit, substitute or distort certain speech sounds [ ]  Sentence Structure

[ ]  Voice: may be hoarse, breathy or nasal, may talk to loud or soft [ ]  Concepts/Vocabulary

[ ]  Fluency: may stutter, repeat words, hesitate, or prolong words [ ]  Conversational Skills

[ ]  Expressive Language [ ]  Receptive Language [ ]  Other (Specify)

**BEHAVIOR/EMOTIONAL (Extreme or Excessive)**

[ ]  Independent Activity [ ]  Group Activity [ ]  Peer Relationships

[ ]  Attention Span [ ]  Overactive [ ]  Home Relationships

[ ]  Passive/Shy [ ]  Verbally Aggressive [ ]  Unresponsive

[ ]  Withdrawn [ ]  Disruptive [ ]  Physically Aggressive

[ ]  Mood Swings [ ]  Motivation [ ]  Other (specify)

[ ]  Non-Compliant [ ]  Teacher Relationships

MUST comment on areas checked and include frequency and duration:

**EARLY CHILDHOOD** (Children 3-5 years old)

[ ]  Gross Motor [ ]  Fine Motor [ ]  Expressive Language

[ ]  Adaptive Behavior [ ]  Social/Behavior [ ]  Cognitive Skills

[ ]  Receptive Language

Comments:

**HEALTH**

[ ]  Hearing (Specify Concerns)

[ ]  Vision (Specify Concerns)

[ ]  Fine Motor (Specify Concerns

[ ]  Gross Motor (Specify Concerns)

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| **(District Use Only)** Date of conference held with person making the referral:        Method        Teacher Information:        Review of student record (i.e. attach current grades, attendance record, enrollment gaps, various school enrollments, retention information, State and District-wide Assessment data, etc.):         |
| Based upon a review of all referral information, potential areas of disability to evaluate are:[ ]  0500-D/B [ ]  0505 -ED [ ]  0510-CD [ ]  0515-HL [ ]  0525-SLD [ ]  0530-MD [ ]  0535-OI [ ]  0540 –VL [ ]  0545 –D [ ]  0550-S/L [ ]  0555-OHI [ ]  0560-A [ ]  0565-TBI [ ]  0570-DDRefer to the South Dakota Eligibility Guide for testing areas required to determine eligibility. |
| Parent Contacted: (Date)       Parent information:        If this was a parent referral, and the district determines evaluation is **not** necessary, Prior Notice was sent to parents: (Date)        |