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 address 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:____________________________________________________________________

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 (3rd language): _____________________________________________

Please complete the information below (All students):

<table>
<thead>
<tr>
<th>Where?</th>
<th>Many absences?</th>
<th>Learning problems?</th>
<th>Instruction was provided in which language(s)</th>
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<tbody>
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<td>Preschool</td>
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<td>Kindergarten</td>
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<td>3rd grade</td>
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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: __________________________________________________________________