



Special Education
INITIAL Evaluation Referral
Phone: (218)-741-9201 ext.0
Address: 1201 13th Ave. S. Virginia MN, 55792
School Psychologist Fax: (218)-471-1055

Directions: When a student needs an **INITIAL** evaluation, complete cover page A along with forms B, C, and D. When forms are completed, fax, mail or scan & e-mail them to the NSEC School Psychologist Office.

A. Cover Page (Important Information)

Date:		MARSS #:	
Student's Name:		Student's Gender:	
Student's Date of Birth:	Age:	Grade:	
Parent'(s) Name:		Address:	
Phone:	E-Mail:		
Name of Referring Person:			Title:
Phone #:	E-Mail:		
Resident District:	Providing District:	Providing School:	
Has this child been assessed in another district, state or by a private provider?			Yes or No
Does this student have a 504 Plan?			Yes or No
Does this student have a medical diagnosis/ health condition?			Yes or No

B. Child Study Team Referral (Please Complete & Attach NSEC Child Study Team Referral Form or Your Own District's Child Study Team Referral Form).

C. Pre-Referral Interventions (Please Complete & Attach NSEC Child Study Team Pre-Referral Intervention Form).

D. Child Study Team Documentation (Please Complete & Attach NSEC Child Study Team Documentation Form; With Signatures).

B. NSEC Child Study Team Referral Form

Student's Name:		DOB:	Grade:
Referral Made By:		Title:	
Parent(s)/Guardian Name(s):			Phone #:
Are Parents Aware Of Concerns:	Yes:	No:	Date Parent(s) Contacted:
Previous Referral/ SpEd Evaluation:	Yes:	No:	*If Yes, When:

Areas Of Concern (Check All That Apply):

Academic Skills

- Basic Reading Skills
- Reading Fluency
- Reading Comprehension
- Vocabulary
- Basic Math Skills
- Math Calculations
- Math Concepts/ Math Problem Solving
- Spelling
- Written Expression
- Other: _____

Performance/Work Production

- Attention
- Organizational Skills
- Study Skills
- Time Management
- Task Initiation
- Task Completion
- Motivation
- Attendance
- Fatigue
- Other: _____

Behavior

- Verbally Aggressive
- Physically Aggressive
- Disruptive
- Non-Compliance
- Peer Relations
- Hyperactive/ Impulsive
- Withdrawn
- Anxiety
- Existing Mental Health Diagnosis
- Other: _____

Other

- Vision Or Hearing
- Motor Skills (i.e. Handwriting)
- Low Cognitive Ability
- Communication Skills
- Daily & Independent Living Skills
- Social & Interpersonal Skills
- Difficulty With Changes In Routine
- Restricted/ Repetitive Behaviors or Interests
- Difficulty Maintaining Friendships
- Other: _____

Medical Concerns-Health History

Date Talked To School Nurse:	Hearing Concerns:	Vision Concerns:	Other:
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State Any Medical Information (Medical Diagnosis, Medications, Hospitalizations, etc.):

Parental Concerns (If Any):

Current Academic Performance (Grades)

Reading:	Math:	English:	Spelling:	Science:	Other:
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MCA State Testing Data

NWEA State Testing Data

Grade:	Reading:	Math:	Writing:	Grade:	Reading:	Math:	Language:
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Other Present Performance Data

(Office-Discipline Referrals, STAR Testing Data, CBM Data, RTI Data, etc.)

Services Currently Or Previously Received (Check All That Apply)

- | | | | | |
|--|--|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Title I | <input type="checkbox"/> ADAPT | <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Social Work | <input type="checkbox"/> PT/OT |
| <input type="checkbox"/> Peer Tutoring | <input type="checkbox"/> Speech/
Language | <input type="checkbox"/> Targeted
Services | <input type="checkbox"/> Counseling | <input type="checkbox"/> Other: _____ |

Summarize Your Concerns About The Student

NSEC Socio-Cultural Checklist

(Must be completed; check all that apply)

1. Race/Cultural Factors

- | | |
|---|--|
| a. The student is racially different from the majority of peers and staff in this school. | |
| b. The student's family participates regularly in events within their race/cultural group and/or the family is an enrolled member of a recognized American Indian tribe. | |
| c. The student seldom interacts with peers or staff of other racial/cultural backgrounds or has poor relations with peers and staff of other racial/cultural backgrounds. | |
| d. The student's cultural values support family or group over individual effort. | |
| e. The student recently moved from another town, city, district or state. | |
| f. These issues do not apply to this student. | |

2. Communication/Language Factors

- | | |
|---|--|
| a. There is a language, dialect, or communication style other than Standard English spoken by the family members in the student's home. | |
| b. The student has a language, dialect, or communication style other than Standard English. | |
| c. These issues do not apply to this student. | |

3. Other Factors

- | | |
|---|--|
| a. The student's family has moved more than once during the current school year or has a pattern of moving at least once a year over several years. | |
| b. The student's previous education has been sporadic, limited, or very different from the current school. | |
| c. The student's primary caregiver has changed within the last year. | |
| d. The student has recently experienced a crisis or trauma. | |
| e. The student expresses or displays a sense of stress, anxiety, or isolation. | |
| f. These issues do not apply to this student. | |

C. NSEC Pre-Referral Intervention Documentation Form

After the Child Study Team Referral Form has been completed, bring the form to the next Child Study Team meeting where the team should meet to identify a **specific area of concern** and derive a pre-referral intervention plan addressing the concerned area. **Two pre-referral interventions (not accommodations) for the specific area are required before making an initial special education referral.** Each pre-referral intervention must be conducted by a general education teacher, within the general education setting and must take place over an extended period of time (at least 4 weeks). The two interventions can be run concurrently to help save time.

A minimum of 3 baseline (pre-intervention) data points must be collected **before** interventions are implemented. The method for collecting data in the baseline phase and throughout the intervention phases should be the same in order to examine the effectiveness of each intervention. Once the interventions are implemented, 2 data points per week need to be collected on each intervention during the 4 week phase. These data points should be quantifiable and can be represented by means of **percentage points, tallies, numbers, etc.** The team should discuss **what** interventions are going to be done, **when** the interventions will be conducted and **how** data is going to be collected throughout the process.

AREA OF CONCERN:

Baseline Phase	1 st Data Point	2 nd Data Point	3 rd Data Point

INTERVENTION #1

Date Begun:

Date Ended:

Describe 1st Intervention Strategy:

Intervention #1	1 st Data Point	2 nd Data Point
Week 1		
Week 2		
Week 3		
Week 4		

INTERVENTION #2

Date Begun:

Date Ended:

Describe 2nd Intervention Strategy:

Intervention #2	1 st Data Point	2 nd Data Point
Week 1		
Week 2		
Week 3		
Week 4		

Interventions Were Implemented By:

Name:

Title:

Signature:

Phone:

D. NSEC Child Study Team Documentation Form
(Signatures Required)

	Team Member Name	Team Member Signature	Team Member Title
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
Date:			

TEAM Decision (Mark the appropriate box with an “x”)

<p>The TEAM <u>does not</u> feel that an assessment is needed. (The referral should be filed in the student’s cumulative school record).</p>	<input type="checkbox"/>
<p>The TEAM <u>does</u> feel that an assessment is needed. (A copy of all 5 NSEC Initial Referral Forms should be faxed to school psychologist’s office for review and assignment of appropriate assessment team members).</p>	<input type="checkbox"/>

IEP Manager Assigned	Name:
	Phone:
	E-mail:
Child Study Team Chairperson:	Name:
	Signature:
	Date:
Building Administrator:	Name:
	Signature:
	Date: