



Referral for Special Education Services

Maine Unified Special Education Regulations (MUSER IV.2.D.&E.)

Child's Name:		
Date of birth:		Grade:
Parent/guardian name:		
Parent/guardian address:		
Parent/Guardian City, State Zip:		
Parent/Guardian Phone Number:		

SAU:	MSAD 49
School:	
School Phone:	
School Address City, State, Zip:	
School Contact:	

A) Referral Initiated By: _____ Indicate Title
 Staff Parent Other

B) Referral Question(s):

C) Parent Input (including date):

D) Other Input:

E) Previous referral for special education services? YES NO

I. If yes, were special education services previously received: YES NO

II. If yes, date and qualifying eligibility category: _____

F) Hearing Screening Results (including date):

G) Vision Screening Results (including date):

H) Describe areas of strength and weakness using the checklists and space below:

ACADEMIC			
Reading		Mathematics	
<u>Strength</u>	<u>Weakness</u>	<u>Strength</u>	<u>Weakness</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Decoding (accuracy)		Computation (basic math facts and procedures)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading fluency		Conceptual (ideas, language of instruction)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sight word reading		Problem solving
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading comprehension (language, vocabulary)		Math reasoning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other:		Other:
Written Language		Oral Language	
<u>Strength</u>	<u>Weakness</u>	<u>Strength</u>	<u>Weakness</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Penmanship (letter formation, placement)		Ability to comprehend language presented
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fluency/speed of production		Expressing ideas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Encoding/spelling		Articulation/intelligibility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Conventions/mechanics		Receptive/expressive language
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Developing an idea		Vocabulary Knowledge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Organization		Abstract conceptualization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other:		Other:
General Academic Areas			
<u>Strength</u>	<u>Weakness</u>	<u>Strength</u>	<u>Weakness</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ability to retain information		Sensory sensitivities/defensiveness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Using visual information		Following directions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adaptive skills (independent functioning)		Task Initiation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gross/Motor skills		Other:

All supporting documents should be attached to this form

SPEECH OR LANGUAGE																																		
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I) Student Attendance:

Current Year	Absent:	Tardy:
Previous Year(s)	Absent:	Tardy:

J) Recent Academic Assessments

Reading (NWEA, DRA, Dibels, QRI, SRI, Running Record, etc.)			
Name of Assessment	Date Administered	Score	Grade Level Benchmark(s)
Writing (AIMSweb, Lucy Calkins rubrics, writing probes, etc.)			
Name of Assessment	Date Administered	Score	Grade Level Benchmark(s)
Mathematics (NWEA, Dibels, SMI, easyCBM, etc.)			
Name of Assessment	Date Administered	Score	Grade Level Benchmark(s)

All supporting documents should be attached to this form

- K) In-Class Interventions (Tier 1)**
 i. Leave blank if not attempted.

Presentation of Materials

<u>Successful</u>	<u>Unsuccessful</u>		<u>Successful</u>	<u>Unsuccessful</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Break assignment into shorter segments	<input type="checkbox"/>	<input type="checkbox"/>	Highlight important concepts in text
<input type="checkbox"/>	<input type="checkbox"/>	Use concrete examples of concepts before teaching the abstract	<input type="checkbox"/>	<input type="checkbox"/>	Use repetition, simpler explanation, more examples, modeling
<input type="checkbox"/>	<input type="checkbox"/>	Relate information to child's experiential base	<input type="checkbox"/>	<input type="checkbox"/>	Require verbal response to indicate comprehension
<input type="checkbox"/>	<input type="checkbox"/>	Reduce number of concepts presented at one time	<input type="checkbox"/>	<input type="checkbox"/>	Assign tasks at appropriate reading level
<input type="checkbox"/>	<input type="checkbox"/>	Pre-teach concepts	<input type="checkbox"/>	<input type="checkbox"/>	Check for comprehension prior to task initiation
<input type="checkbox"/>	<input type="checkbox"/>	Monitor comprehension of language used for instruction	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	Break assignment into shorter segments			

Duration of Tier 1 Interventions:

Modifying the Environment

<u>Successful</u>	<u>Unsuccessful</u>		<u>Successful</u>	<u>Unsuccessful</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Seat in area with minimal distractions	<input type="checkbox"/>	<input type="checkbox"/>	Utilize checklist to promote organization
<input type="checkbox"/>	<input type="checkbox"/>	Preferential seating	<input type="checkbox"/>	<input type="checkbox"/>	Frequently check the organization of notebooks
<input type="checkbox"/>	<input type="checkbox"/>	Help maintain a work area free of unnecessary materials	<input type="checkbox"/>	<input type="checkbox"/>	Other:

Duration of Tier 1 Interventions:

All supporting documents should be attached to this form

Modifying Time Demands

<u>Successful</u>	<u>Unsuccessful</u>		<u>Successful</u>	<u>Unsuccessful</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Increase time allowed for completion of tests or assignments	<input type="checkbox"/>	<input type="checkbox"/>	Consistently follow a routine
<input type="checkbox"/>	<input type="checkbox"/>	Reduce amount of work or length of tests	<input type="checkbox"/>	<input type="checkbox"/>	Alternate quiet and active tasks
<input type="checkbox"/>	<input type="checkbox"/>	Prioritize assignments and/or steps to completing assignments	<input type="checkbox"/>	<input type="checkbox"/>	Set time limits for specific task completions
<input type="checkbox"/>	<input type="checkbox"/>	Space short work periods with breaks	<input type="checkbox"/>	<input type="checkbox"/>	Other:

Duration of Tier 1 Interventions:

Modifying Assignments and Tests

<u>Successful</u>	<u>Unsuccessful</u>		<u>Successful</u>	<u>Unsuccessful</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Read tests/assignment orally to child	<input type="checkbox"/>	<input type="checkbox"/>	Give open book or notebook test
<input type="checkbox"/>	<input type="checkbox"/>	Allow child to take test orally or dictate answers	<input type="checkbox"/>	<input type="checkbox"/>	Provide opportunity for retakes
<input type="checkbox"/>	<input type="checkbox"/>	Provide short answer, multiple choice, matching, or true/false formats for test	<input type="checkbox"/>	<input type="checkbox"/>	Allow spelling errors
<input type="checkbox"/>	<input type="checkbox"/>	Allow the use of word processor	<input type="checkbox"/>	<input type="checkbox"/>	Chunk assignments
<input type="checkbox"/>	<input type="checkbox"/>	Provide copies of notes	<input type="checkbox"/>	<input type="checkbox"/>	Pair written and verbal directions
<input type="checkbox"/>	<input type="checkbox"/>	Utilize visual aids (charts, graphs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Avoid abstract language
<input type="checkbox"/>	<input type="checkbox"/>	Provide due date on written assignment	<input type="checkbox"/>	<input type="checkbox"/>	Get child's attention before expressing key points
<input type="checkbox"/>	<input type="checkbox"/>	Provide list of all steps necessary to complete tasks	<input type="checkbox"/>	<input type="checkbox"/>	Other:

Duration of Tier 1 Interventions:

Maintaining Focus and Appropriate Behaviors

<u>Successful</u>	<u>Unsuccessful</u>		<u>Successful</u>	<u>Unsuccessful</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Provide direct reinforcement (praise or immediate feedback)	<input type="checkbox"/>	<input type="checkbox"/>	Provide alternatives when appropriate
<input type="checkbox"/>	<input type="checkbox"/>	Seat child close to teacher	<input type="checkbox"/>	<input type="checkbox"/>	Designate a "cool off" location
<input type="checkbox"/>	<input type="checkbox"/>	Make positive, personal comment every time child shows interest	<input type="checkbox"/>	<input type="checkbox"/>	Avoid power struggles
<input type="checkbox"/>	<input type="checkbox"/>	Provide frequency check-ins	<input type="checkbox"/>	<input type="checkbox"/>	Without attention from attention-seeking behaviors for a short time
<input type="checkbox"/>	<input type="checkbox"/>	Give advanced warning of transitions	<input type="checkbox"/>	<input type="checkbox"/>	Communicate frequently with parents
<input type="checkbox"/>	<input type="checkbox"/>	Use physical proximity to promote refocus	<input type="checkbox"/>	<input type="checkbox"/>	Speak privately to child about inappropriate behaviors
<input type="checkbox"/>	<input type="checkbox"/>	Provide clear, concise classroom expectations and consequences	<input type="checkbox"/>	<input type="checkbox"/>	Allow opportunities for controlled movement (trip to office, get drink, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Consistently reinforce classroom rules	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	Monitor tolerance and be mindful of signs of frustration			

Duration of Tier 1 Interventions:

L) Targeted Pre-Referral Interventions (Tier 2) – *Provided within the last year*

I. Initiation Date of Tier 2 Interventions: _____

Area of Concern	Intervention Provided	Frequency and duration	Baseline data	Post-intervention data	Adequate Progress	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No

M) Other Factors and Interventions:

Has the child been retained? Yes, grade(s): _____ No

Please list any other factors (including medical) relevant to this referral:

Other Regular Education Related Services		
Service	Dates	Duration and Frequency

English Language Learners	
ACCESS scores:	
Year 1:	Year 2:
ELL Instruction:	
Dates:	Frequency:

N) Dates and Signature

Date Received by SAU:

Date Parent Notified of Receipt of Referral and Provided
Procedural Safeguards Through Written Notice:

If needed, Date Consent to Evaluate Sent Through Written
Notice (Within **15 school days** of Date Received by SAU):

I. Signature (if needed):

Name: _____

Position: _____

Date: _____

II. Special Education Director/Administrative Designee Signature:

Name: _____

Date: _____

<input type="checkbox"/> Approved
<input type="checkbox"/> Denied
<input type="checkbox"/> Insufficient Documentation
<input type="checkbox"/> Other: _____