

# JOHNSON COUNTY SCHOOLS

## Checklist of Pre-Referral Documentation

Student (Last, First, Middle):	DOB:
--------------------------------	------

**CHECK AS COMPLETED:**

Areas of Concern
Educational Process (Documentation indicated is attached)
Documentation of Previous Adaptations/Modifications (Beginning/Ending dates and results indicated for each checked item)
<b>"IF"</b> suspected of SLD, Complete RTI Steps. (Progress Monitoring data should be charted and attached to SST documentation)
<b>"IF"</b> suspected of SLD, Complete Specific Learning Disabilities, Assessment Documentation <a href="http://tennessee.gov/education/speced/doc/6110sldpacket.pdf">http://tennessee.gov/education/speced/doc/6110sldpacket.pdf</a>
Attendance Records (info reported and list of schools attended)
Environmental, Cultural, or Economic Factors (do not leave blank... can put "No concerns at this time")
Vision, Hearing, or Motor Impairments (Make sure to have vision and hearing screened within a year, 6 months would be great)
Intellectually Disabled/Emotional Disturbance/Primary Language/Motivational Factors/Situational Trauma/Medical Info. (check all the statements that apply)
Permanent Record (has been reviewed)
Discipline Record (attach if a concern)
Benchmark Assessment (what?)
Work Samples (copies attached to show deficits)

PLEASE NOTE: For areas of concern other than LD, please refer to the Tennessee Disability Eligibility Standards as needed. Another good resource is the Disability Standards Monitoring Reference Sheet.

Other Comments Pertaining to Record:
--------------------------------------

Signature:	Date Reviewed:
------------	----------------

Date SST Referral Completed:
------------------------------

Name of Student: \_\_\_\_\_

**JOHNSON COUNTY SCHOOLS**  
**Student Support Team**  
**Pre-Referral Documentation**

Student (Last, First, Middle):	Date of Birth:
Parents/Guardians:	School:
Address (Include complete address including City/State/Zip):	Teacher:
Telephone:	Grade:

**STUDENT HAS BEEN EVALUATED PREVIOUSLY?** (INCLUDE COPY OF REPORT)

**AREAS OF EDUCATIONAL CONCERN** (CHECK ALL THAT APPLY. FOR EACH AREA CHECKED, PLEASE INCLUDE DOCUMENTS THAT ARE SPECIFIC TO THAT CONCERN)

READING		MATH	
<input type="checkbox"/>	Sight Word Recognition	<input type="checkbox"/>	Basic Facts/Skills
<input type="checkbox"/>	Fluency	<input type="checkbox"/>	Computation
<input type="checkbox"/>	Comprehension	<input type="checkbox"/>	Reasoning
WRITTEN LANGUAGE		ORAL LANGUAGE	
<input type="checkbox"/>	Sentence Structure	<input type="checkbox"/>	Oral Expression of Ideas
<input type="checkbox"/>	Vocabulary	<input type="checkbox"/>	Comprehension of Oral Language
<input type="checkbox"/>	Organization	<input type="checkbox"/>	Following oral directions
<input type="checkbox"/>	Grammar		
BEHAVIORAL			
(Prior to referral for Special Education, a FBA/BIP needs to be developed and implemented for a period of time.)			
<input type="checkbox"/>	Aggression		
<input type="checkbox"/>	Withdrawn		
<input type="checkbox"/>	Peer Relationships		
<input type="checkbox"/>	Attention to Task		
<input type="checkbox"/>	Task Completion		

**EDUCATIONAL PROGRESS**

Attach **current** and **past** records/documents that reveal the specific area of concern and demonstrates that the deficit is chronic (that it has existed over time and evidenced itself in several settings/classrooms). **PLEASE DATE ALL EXHIBITS.**

Mark all that are attached (MUST SHOW DATE):

<input type="checkbox"/>	Standardized Assessments (TCAP)	<input type="checkbox"/>	K-2 Test Results
<input type="checkbox"/>	Reading Assessment	<input type="checkbox"/>	Writing Assessments
<input type="checkbox"/>	Math Assessment	<input type="checkbox"/>	Work Samples
<input type="checkbox"/>	Previous teachers' reports	<input type="checkbox"/>	Parent Report
<input type="checkbox"/>	Discipline Record	<input type="checkbox"/>	504 Plan
<input type="checkbox"/>	Copy of Current Grades/Grade Card	<input type="checkbox"/>	Other:

Name of Student: \_\_\_\_\_

**DOCUMENTATION OF PREVIOUS ADAPTATIONS/MODIFICATIONS**

Check Box if Listed <u>Adaptation/Modifications</u> Have Been Implemented	Dates To/From	Results
Abbreviated Assignments		
Preferential Seating		
Limited Distractions (e.g., study carrels, reduction of clutter/wall art in environment)		
Time Extensions on Homework, Class Work, etc.		
Proximity to Teacher		
Pre-Testing		
Oral Testing		
One-to-One Oral Practice		
Peer Tutoring		
Re-Teaching		
Pre-Teaching		
Learning Labs		
Reducing Visual Stimuli		
Computer Programs		
Repeat Directions		
Allowing Student to Rephrase Directions		
Allowing Time to Process Information		
Behavior Consultation (School Counselor, Behavior Specialist, Alternative School Counselor)		
Parent Contacts (Conferences)		
Assignment Book		
Provide Copies of Notes/Board Work		
Behavior/Performance Contract		
Highlighted Text		
Books/Materials Recorded on Tape		
Study Guides		
Extra Grade Opportunities		
Use of Calculator		
Modified Test Format		
Other (Please explain):		

**Have additional modifications? Please write on separate page.**

**SERVICES CURRENTLY RECEIVING:**

\_\_\_ OT

\_\_\_ PT

\_\_\_ SPEECH

\_\_\_ OTHER (specify): \_\_\_\_\_

\_\_\_ NONE

Name of Student: \_\_\_\_\_

## RESPONSE TO INTERVENTIONS

(Required for students who are suspected of having a Specific Learning Disability)

### Step 1:

#### Principal's Statement

This student has been provided scientifically validated instruction in reading and math by an appropriately trained teacher.

\_\_\_\_\_  
Principal's Signature

### Step 2:

Name of Intervention program or curriculum provided to student to address area(s) of weakness(es) (Scientifically-validated instruction/interventions such as Sidewalks, Corrective Reading, My Reading Coach, etc.)	
Times per week intervention is provided: (minimum of 3 – 5 sessions)	
Minutes per intervention session: (minimum of 30 minutes per session)	

### Step 3:

What grade level benchmark assessment has been used for all students?	
---	--

### Step 4:

What assessment was used for Progress Monitoring? (minimum of 6 – 9 weeks of Progress Monitoring) ( <u>Attach examples</u> )	
---	--

### Step 5:

Has Progress Monitoring data been shared with parent at a minimum of once every 4.5 weeks? ( <u>Attach copies</u> )	
---	--

### Step 6:

Has Progress Monitoring data been charted to show student achievement toward grade level standards? ( <u>Attach to referral</u> )	
---	--

\*\*You may wish to use the Reading and Mathematics Instruction Worksheets (Interventions Prior to Referral). These will assist in your documentation efforts.

<http://tennessee.gov/education/speced/doc/12209rdingpdf.pdf>

<http://tennessee.gov/education/speced/doc/12209MathPDF.pdf>

Name of Student: \_\_\_\_\_

### ATTENDANCE RECORDS

	Total School Days	Absences
Current School Year		
Prior Year		
2 Years Prior		

IF student has transferred, list schools attended and dates of attendance.

School Attended	Dates of Attendance

Is the student age-appropriate for grade level?       Yes       No

If **NO**, check all that apply:       Retained (specific grade) \_\_\_\_\_       Started school late  
    Held out of school by parent       Unknown

### ENVIRONMENTAL, CULTURAL, OR ECONOMIC FACTORS

Describe any specific home factors that might affect the student's performance in school (e.g., parental education, economic deprivation, single parent home, cultural differences, or any other factor you think are important).
____ None

### REVIEW OF OTHER CONCERNS

Visual, Hearing, or Motor Impairments:

AREA	Date	Results
Vision Screening		
Hearing Screening		

Fine Motor Difficulties     Yes       No  
Gross Motor Difficulties  Yes       No  
Sensory Issues             Yes       No

If any of the motor or sensory areas are marked <b>YES</b> , please provide explanation:

Name of Student: \_\_\_\_\_

**Intellectually Disabled** (observation of behaviors and not a diagnosis of any disability)

- No observable characteristics of Intellectually Disabled
- Observable characteristics  
Please mark characteristics the student exhibits that you believe are a significant weakness and explain:
  - Communication \_\_\_\_\_
  - Self-Care \_\_\_\_\_
  - Social Skills \_\_\_\_\_
  - Physical Development \_\_\_\_\_
  - Home Living Skills \_\_\_\_\_
  - Community Use Skills \_\_\_\_\_
  - Self-Direction Skills \_\_\_\_\_
  - Health and Safety Skills \_\_\_\_\_
  - Functional Academic Skills \_\_\_\_\_
  - Leisure Skills \_\_\_\_\_
  - Work Skills \_\_\_\_\_
  - Cognitive Affect \_\_\_\_\_

**Emotional Disturbance** (observation of behaviors and not a diagnosis of any disability)

- No observable characteristics of Emotional Disturbance
- Characteristics of Emotional Disturbance  
Please mark significant characteristics the student exhibits over an extended period of time, to a marked degree, and adversely affects educational performance:
  - Inability to learn which cannot be explained by limited school experience, cultural differences, or inadequate intellectual, sensory, or health factors \_\_\_\_\_
  - Inability to build or maintain satisfactory interpersonal relationships with peers and school personnel \_\_\_\_\_
  - Inappropriate types of behavior or feelings when no major or unusual stressors are evident \_\_\_\_\_
  - General pervasive mood of unhappiness or depression \_\_\_\_\_
  - Tendency to develop physical symptoms or fears associated with personal or school problems \_\_\_\_\_

**Primary Language**

- English as a first language
- English as a second language \_\_\_\_\_
  - Obtained English proficient scores on assessment administered by ELL teacher

**Motivational Factors**

- Student is making an effort to learn.
- Student wants to succeed in school.
- Student seeks assistance (from teachers, peers, or others).
- Parent or child reports efforts made at home to progress in the identified academic deficit.
- Student appears unmotivated due to a pattern of failure.
- Student shows no evidence of substance abuse.
- Student is sufficiently challenged.
- Student does not exhibit significant personal problems or issues.
- Student is involved in school.
- Student attempts classroom assignments and/or homework.
- Student's grades are consistent with group achievement scores.

**Situational Trauma**

- Student's academic performance has fallen dramatically within the last 6-12 months. \_\_\_\_\_
- Student has experienced a recent trauma. \_\_\_\_\_
- Student's parents have recently separated or divorced. \_\_\_\_\_
- Student has experienced any situation that could create stress or emotional upset (e.g. death of a close family member or pet, parents remarrying, etc.). \_\_\_\_\_
- Student's classroom performance has changed significantly within a short period of time. \_\_\_\_\_

**Medical Information**

Please address any educationally relevant medical findings and attach any medical documentation or history.

Name of Student: \_\_\_\_\_

**To be completed at the Student Support Team meeting  
(once all information has been collected)**

After reviewing the results of the pre-referral interventions, the following decision was reached by the Student Support Team:

	Interventions are successful and will be continued. No referral for special education will be made.
--	---

	Interventions are partially successful and need to be continued for a longer period of time or modified. Please document modifications and <b>set next date for SST meeting below.</b>
--	--

<b>Date of Next SST Meeting</b>	
---------------------------------	--

	<b><u>Suspected SLD only.</u></b> After reviewing the student's charted Progress Monitoring data, the SST members' signatures indicate that they have determined that the student's progress is not enough to close the academic gap between the student's current level of performance and expected grade level norms. Interventions are not successful and a referral will be made for a comprehensive evaluation.
--	--

	<b><u>Not Suspected SLD.</u></b> Interventions are not successful and a referral will be made for a comprehensive evaluation
--	--

Comments/Meeting notes:

SST Members	Title	Date

Name of Student: \_\_\_\_\_

**FOLLOW-UP MEETINGS (To be completed if additional meetings scheduled)**

Comments/Meeting notes:	Date:
<u>Recommendation:</u>	

S-Team Members	Title	Date

Comments/Meeting notes:	Date:
<u>Recommendation:</u>	

S-Team Members	Title	Date