|  |
| --- |
|  |
| **STUDENT NAME:**       | **SIMS:**       |
| **PARENT/GUARDIAN NAME:**       | **PHONE:**       |
| **ADDRESS:**       | **WK PHONE:**       |
| **SCHOOL DISTRICT:**       | **SCHOOL:**      |
| **DOB:**      | **AGE:**      | **GRADE:**      |
| **GENDER:** \_\_\_\_\_\_\_\_\_\_\_ | **RACE:** \_\_\_\_\_\_\_\_\_\_\_ |
|  |

**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 [ ] Expressing 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)

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-DD

Refer to the South Dakota Eligibility Guide for testing areas required to determine eligibility.

***Comments:***

Consent Received:

25 School Day Timeline:

30 Calendar Day Timeline:

Annual IEP Date:

3 Year Re-Eval Date: