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

|  |  |
| --- | --- |
| Name of Referring Person:        Signature:         | Date of referral:        |

|  |  |
| --- | --- |
| Is the student’s current teacher/teachers Highly Qualified? ☐ No ☐ Yes | Does the student receive Title I services? ☐ No ☐ YesSubject area(s) ☐ Reading ☐ MathDate Services Began:        |
| List the strategies/interventions that have been implemented in the classroom prior to this referral (may attach documentation): |
| Is the child on medication? ☐ No ☐ YesMedical Concerns(ex. Has the child been diagnosed with a medical condition, such as vision or hearing loss?):  |

**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)

|  |
| --- |
| **(District Use Only)** Date of conference held with person making the referral:        Method        Teacher Information:        Review of student record (i.e. attach current grades, attendance record, enrollment gaps, various school enrollments, retention information, State and District-wide Assessment data, etc.):         |
| 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-DDRefer to the South Dakota Eligibility Guide for testing areas required to determine eligibility. |
| Parent Contacted: (Date)       Parent information:        If this was a parent referral, and the district determines evaluation is **not** necessary, Prior Notice was sent to parents: (Date)        |