School Referral to the Individualized Education Program (IEP) Team

HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

Department of Special Education and Student Services
HOWARD COUNTY PUBLIC SCHOOL SYSTEM
Ellicott City, MD 21042

Name of Student _____ Date of Birth ____ / ____ / ____ Grade _____

School _____ Student ID Number _____

Referral Completed by _____ Date Referral Completed ____ / ____ / _____

Suspected Disability _____

REFERRAL

1. <u>Referral Source:</u>   School Problem Solving Team   Other, specify: _____

2. <u>Areas of Concern:</u> (Please check all that apply.)

   - ❑ Reading
   - ❑ Writing Expression
   - ❑ Mathematics
   - ❑ Attention/Learning Behaviors
   - ❑ Other, specify
   - ❑ Communication

   - ❑ Memory
   - ❑ Social/Emotional
   - ❑ Vision
   - ❑ Fine Motor (control of small muscles in the body)
   - ❑ Gross Motor (control of large muscles in the body)

3. <u>Descriptions of Concerns:</u>

EDUCATIONAL HISTORY

1. <u>School History Information:</u> Retained   No   Yes (Grade ____) Number of Schools Attended: _____
   Services Provided:
   - ❑ Early Beginnings Program
   - ❑ Preschool-Kindergarten Program
   - ❑ Title I
   - ❑ ESOL
   - ❑ Reading Services
   - ❑ Math Services

   - ❑ Special Education Services
   - ❑ Speech or Language Services
   - ❑ Evening School
   - ❑ Home or Hospital Services
   - ❑ Other: _____

   Attendance Record for the Current Year: _____ Absent   _____ Present

   Grades in which absences exceeded 20 days:

Grade	Absent	Present	Grade	Absent	Present

2. <u>Test Information:</u>   Copy of test card is attached.   No test information available in the student record.

3. <u>Report Cards and Teacher Comments</u> (Attach report cards from the previous two years. List concerns identified in the student's educational records.)

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EDUCATIONAL HISTORY (CONT'D)

4. <u>Previous School Evaluations</u>:   Educational   Psychological   Speech-Language   Medical
Other, specify:

5. <u>Classroom Performance</u>:
   - ❑ All of the student's current teachers have completed the *Teacher Report*, and the reports are attached.
   - ❑ The *Teacher Report*, has been requested from each of the student's teachers and will be available at the time of the IEP meeting.

PARENTAL INFORMATION

1. <u>Parent Questionnaire</u>:   Date Sent/Given to Parent: ___/___/____   Date Returned to School: ___/___/____

2. <u>Brief Summary of Parent Concerns</u>:

3. <u>Private Evaluation Reports Provided by the Parent to the School</u>:   Yes   No   (If yes, attach reports.)

ADDITIONAL DATA:

1. <u>Health and Medical Screening</u>

   Hearing Screening (most recent) _____

   Vision Screening (most recent) _____

   If student has failed a screening prior to results listed above, indicate which screening and results:

   _____

   Scoliosis or Other Screening _____

   Medication(s)   Yes   No   (If Yes, describe) _____

   Other Concerns (Please describe):

2. <u>Academic Instructional Levels</u>:

Math Calculation	Reading Skills	Written Expression
Math Reasoning	Reading Comprehension	Other, specify: _____

3. <u>Pertinent Data</u>: For each area of concern identified in the referral section, summarize pertinent data gathered by the school team: