



Teacher Input for Initial Referral

(To be completed by each teacher who provides instruction to the student)

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

Name of Student: _____ School: _____
 Teacher: _____ Subject/Program: _____
 Period of Time Covered by this Report: From: _____ To: _____ Date: ____ / ____ / ____

1. Based on your observations of the student, select areas of concern: (Please check all that apply and complete only those corresponding sections below.)

- | | |
|---|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Memory |
| <input type="checkbox"/> Writing Expression | <input type="checkbox"/> Attention/Learning Behaviors |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Social/Emotional |
| <input type="checkbox"/> Communication | |

2. When compared to his or her classmates, the student frequently displays difficulties in the following areas:

READING

- Basic skills
- Comprehension
 - Literal
 - Inferential
 - Narrative
 - Expository
- Reading fluency
- Reading assigned texts or materials

WRITTEN EXPRESSION

- Spelling
- Mechanics of writing
- Organizing sentences and ideas into paragraphs

MATHEMATICS

- Basic calculations
- Multi-step calculations
- Reasoning
- Problem solving

COMMUNICATION

SPEECH

- Fluency
- Articulating speech sounds
- Voice quality

LISTENING COMPREHENSION

- Understanding spoken language
- Following verbal directions

ORAL EXPRESSION

- Expressing thoughts and ideas
- Speaking vocabulary

MEMORY

- Retaining information over time
- Short term recall of information

ATTENTION/LEARNING BEHAVIORS

- Sustaining attention
- Distractibility
- Organization
- Turning in assignments
- Losing or forgetting work or materials
- Arriving to class on time
- Lethargic
- Overactive
- Attending class regularly
- Completing homework assignments
- Test performance
- Completing class assignments
- Participating in class

SOCIAL/EMOTIONAL

- Mood changes
- Self-control
- Consistent performance
- Self-reliance
- Aggression toward others
- Shyness or withdrawal
- Interpreting social cues
- Making and keeping friends
- Accepting responsibility for own behavior
- Easily influenced by others
- Sadness
- Fears
- Following established rules or procedures
- Disregarding other's rights

Distribution: Student Record (Special Education Folder for IEP Team Meeting Documents)



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3. If you instruct the student in any of the following content areas, please rate the student's level of achievement as compared to curriculum expectations:

	Working towards curriculum standard	Meets curriculum standards	Exceeds curriculum standards
Reading			
Mathematics			
Written Expression			

4. List the attempted interventions for the area(s) of concern and the outcome(s) of each.

Area(s) of Concern	Attempted Intervention(s)	Outcome(s)/Result(s)

5. List **strengths, including any positive learning behaviors** the student demonstrates related to the Howard County Curriculum:

Signature and Date