

**REFERRAL FOR SPECIAL ED EVALUATION  
(LD-READING) GRADES K-3**

*revised 6.2014*

Student: \_\_\_\_\_ Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

1. Evidence that the student is not achieving adequately in a content area:

Galileo Benchmark assessment results significantly below grade level:            **Y**        **N**

\_\_\_\_\_ (most recent) \_\_\_\_\_ (second most recent) \_\_\_\_\_ (third most recent)

History of classroom reading assessments below grade level                            **Y**        **N**

List measures, dates and scores

History of DIBELS Benchmark scores in the “well below benchmark” range:    **Y**        **N**

List previous 3 DIBELS Benchmark ranges

\_\_\_\_\_ (most recent) \_\_\_\_\_ (second most recent) \_\_\_\_\_ (third most recent)

WIDA longitudinal scores indicate no change or drop in proficiency level year to year:

No change or drop    **Y**        **N**        **N/A**

Describe what the student receives and from whom during the following portions of classroom instruction:

30 min. small group:

30 min targeted instruction:

2. Evidence that intensive interventions are not resulting in the student making sufficient progress *to reach grade level standards*:

**Intervention:** \_\_\_\_\_ Early Steps    \_\_\_\_\_ Next Steps    \_\_\_\_\_ Reading Mastery    \_\_\_\_\_ Barton

Date initiated: \_\_\_\_\_ Group Size: \_\_\_\_\_ # of sessions completed: \_\_\_\_\_ min/days/wk: \_\_\_\_\_

Progress Monitoring data: Insufficient Progress    **Y**        **N**

**Increased Intervention:** *How was the intervention increased or intensified?*

min/days/wk: \_\_\_\_\_ Group Size: \_\_\_\_\_ other: \_\_\_\_\_

Progress Monitoring data: Insufficient Progress    **Y**        **N**

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3. Parent notified of interventions

Date: \_\_\_\_\_

4. The inadequate achievement and insufficient progress are the primary result of one or more the following:

Vision            **Y**        **N**

VISION SCREENING REPORT            \_\_\_\_\_ Pass        \_\_\_\_\_ Fail        Date: \_\_\_\_\_  
*(please attach results)*

Hearing            **Y**        **N**

HEARING SCREENING REPORT            \_\_\_\_\_ Pass        \_\_\_\_\_ Fail        Date: \_\_\_\_\_  
*(please attach results)*

Cultural, environmental, economic factors            Primary factors    **Y**        **N**

PARENT INTERVIEW Date completed: \_\_\_\_\_

Limited English proficiency            **Y**        **N**

USE UALPA DATA *(students testing pre-emergent have not had adequate opportunity for language development)*

Grade Level Team Participants

Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DOCUMENTATION TO BE ENCLOSED:

Student Detail Report (PowerSchool)

Parent Interview

Progress Monitor/Intervention Graph

Vision/Hearing Screening Results

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SPECIAL ED ADMIN REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REFERRAL/DOCUMENTATION FORWARDED TO SPECIAL ED : \_\_\_\_\_ DATE: \_\_\_\_\_