



Records Review

Student Name:

DOB:

Date:

Parent/Guardian:

Grade:

HR Teacher:

Identify Student Strengths:

Identify area(s) of concern (reason for referral):

- | | | |
|--|--|--|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Written Expression |
| <input type="checkbox"/> Basic Reading | <input type="checkbox"/> Reading Fluency | <input type="checkbox"/> Reading Comprehension |
| <input type="checkbox"/> Mathematics Calculation | <input type="checkbox"/> Mathematics Problem Solving | <input type="checkbox"/> Behavior |

Comments:

Educational History:

Did the student attend 4K? Yes No

Grade	District	Services Received	Assessment Results	Attendance
K	<input type="checkbox"/> Manawa <input type="checkbox"/> Other:	<input type="checkbox"/> Counseling <input type="checkbox"/> Tier 2: (area) <input type="checkbox"/> Special Ed: (area)	Literacy: Math: Other:	
1	<input type="checkbox"/> Manawa <input type="checkbox"/> Other:	<input type="checkbox"/> Counseling <input type="checkbox"/> Tier 2: (area) <input type="checkbox"/> Special Ed: (area)	Literacy: Math: Other:	
2	<input type="checkbox"/> Manawa <input type="checkbox"/> Other:	<input type="checkbox"/> Counseling <input type="checkbox"/> Tier 2: (area) <input type="checkbox"/> Special Ed: (area)	Literacy: Math: Other:	
3	<input type="checkbox"/> Manawa <input type="checkbox"/> Other:	<input type="checkbox"/> Counseling <input type="checkbox"/> Tier 2: (area) <input type="checkbox"/> Special Ed: (area)	Reading: Math: Forward:	
4	<input type="checkbox"/> Manawa <input type="checkbox"/> Other:	<input type="checkbox"/> Counseling <input type="checkbox"/> Tier 2: (area) <input type="checkbox"/> Special Ed: (area)	Reading: Math: Forward:	
5	<input type="checkbox"/> Manawa <input type="checkbox"/> Other:	<input type="checkbox"/> Counseling <input type="checkbox"/> Tier 2: (area) <input type="checkbox"/> Special Ed: (area)	Reading: Math: Forward:	
6	<input type="checkbox"/> Manawa	<input type="checkbox"/> Counseling	Reading:	

	<input type="checkbox"/> Other:	<input type="checkbox"/> Tier 2: (area) <input type="checkbox"/> Special Ed: (area)	Math: Forward:	
7	<input type="checkbox"/> Manawa <input type="checkbox"/> Other:	<input type="checkbox"/> Counseling <input type="checkbox"/> Tier 2: (area) <input type="checkbox"/> Special Ed: (area)	Reading: Math: Forward:	
8	<input type="checkbox"/> Manawa <input type="checkbox"/> Other:	<input type="checkbox"/> Counseling <input type="checkbox"/> Tier 2: (area) <input type="checkbox"/> Special Ed: (area)	Reading: Math: Forward:	

Consider Other Factors:

Medical History (diagnosis/medications):	
Vision Screening Date:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Hearing Screening Date:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Motor Concerns:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:
Cognitive Concerns:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:
Emotional/Behavior Concerns:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:
Free/Reduce Lunch:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Language:	Ethnicity:
Lack of appropriate instruction in the area of referral:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:

Comments:

Intervention History:

Tier 2:

Area of Need:	Intervention Used:
Progress Monitoring Tool:	Baseline Data:
Goal:	Beginning date:
Ending Date:	% of Time Student Participated:
Outcome of Intervention: (attach progress monitor chart)	

Tier 3:

Specific Area of Need:	Intervention Used:
Interventionist:	Progress Monitoring Tool:
Baseline Data:	Goal:
Beginning date:	Ending Date:
% Fidelity of Implementation: (attach checklist)	% of Time Student Participated:
Were there difficulties that substantially interfered with carrying out this intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:	
Outcome of Intervention: (attach progress monitor chart)	

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Date(s) of parent contact regarding the general education services that would be provided, progress-monitoring data collected, the strategies for increasing their child’s rate of learning, including the intensive interventions used, and their right to request an evaluation:

Specific Area of Need:	Intervention Used:
Interventionist:	Progress Monitoring Tool:
Baseline Data:	Goal:
Beginning date:	Ending Date:
% Fidelity of Implementation: (attach checklist)	% of Time Student Participated:
Were there difficulties that substantially interfered with carrying out this intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:	
Outcome of Intervention: (attach progress monitor chart)	

Date(s) of parent contact regarding the general education services that would be provided, progress-monitoring data collected, the strategies for increasing their child’s rate of learning, including the intensive interventions used, and their right to request an evaluation:

Staff member who will share meeting information with parents and make special education referral:

Date of parent contact:

Date referral made for special education:

(Referral is made by giving this completed form to the Director of Special Education.)