



Middle Country Central School District  
Office of Special Education  
Referral to the Committee of Special Education

**I. Student Information**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ I.D #: \_\_\_\_\_

School Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Gender: Male ☐ Female ☐

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Primary Language: \_\_\_\_\_

**II. Parent/Guardian Information (If other than parent, specify relationship below)**

Mother/Guardian: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Translation: Yes ☐ No ☐

Translation: Yes ☐ No ☐

**III. Referred by?** \_\_\_\_\_

Why do you suspect this student has a disability? Explain.

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#### IV. Attendance History

Attendance History for the past 3 school years:

School Year                      Grade                      Days Absent                      Days Tardy

Current Year			

#### V. Disciplinary History

Date	Incident	Consequence

#### VI. Previous interventions:

Interventions/Modifications	Date of implementation, duration, and comments
Remedial/Academic Support Reading	
Remedial/Academic Support Math	
Remedial/Academic Support Writing	
Alternative Programs (Summer School etc.)	
Classroom Management Plan	
Adjusted Assignments	
Schedule Adjustments	
Individualized Curriculum Based Skills	

Alternative Approach to Learning	
Counseling (In or Out of School)	
Private Tutoring	
FBA/BIP	
504 Plan	
<u><b>Consultation With:</b></u> <input type="checkbox"/> Principal/Asst. Principal <input type="checkbox"/> Psychologist <input type="checkbox"/> Speech Therapist <input type="checkbox"/> Guidance Counselor <input type="checkbox"/> Social Worker <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> S.S.T (Attach Minutes from S.S.T/RtI Meetings)	<u><b>Additional Comments</b></u>

## VII. Work Habits

Work Habits	Always	Usually	Sometimes	Rarely
Organizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Class Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivated to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attentive to Task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can Transition Between Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generalizes Learning to New Situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustrates Easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distractible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inconsistent Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires Parental Supervision to Complete Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### VIII. Indicate the Student's Performance Levels:

- A. Please record levels of academic achievement (reading, math, written language). *Attach relevant report cards, standardized test results, and transcripts.*

Rigby Level	
Math State Assessment	
ELA State Assessment	
Reading Decoding	
Reading Comprehension	
Math Computation	
Math Concepts/Problem Solving	
Written Language	

- B. Describe this student as a learner. (i.e: auditory, visual, work habits, working cooperatively with peers, etc.):

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- C. Please describe the student's level of social/emotional development. Include the quality of the student's relationship with peers and adults and the adjustment to the school and community. Indicate any behaviors that interfere with learning or may impede the student's learning process:

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### IX. Parent Involvement

List the dates of meeting with parents for the student (Attach the summary of each meeting listed):

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### X. For Students Whose Language is Other Than English

The language of the student is\_\_\_\_\_.

Student's ESL level? ☐Beginner ☐Intermediate ☐Advanced

How long has the student been going to school in the USA? \_\_\_\_\_

Has the student ever had instruction in English as a Second Language? Yes☐ No☐

If yes, indicate test results with the dates and intensity of services provided.

NYSLAT

Listening/Speaking scores \_\_\_\_\_

Reading/Writing scores \_\_\_\_\_

ESL Teacher Signature\_\_\_\_\_

## **XI. To be completed by school nurse**

Are there any medical conditions that may be contributing to reason for referral? Yes ☐ No ☐

If yes, describe below.

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Indicate any medication the student is receiving.

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Date of last physical examination \_\_\_\_\_ School Nurse Signature \_\_\_\_\_

## **XII. Signatures**

A. Person completing form:

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Name

Position

Date

**Your signature indicates that you have reviewed the referral.**

Signature	Print name	Title	Date
		Principal	
		Psychologist	
		General Education Teacher	

November 2011