

PRE-REFERRAL WORKSHEET

Child's Name _____ Birthdate _____ Grade _____
Completed by: _____

ATTENDANCE:

Date student started school: _____
How many schools has the student attended since he/she started? _____
Does student have history of excessive absenteeism (in excess of 15 absences a year for the last three years)?
 Yes No
Has attendance been a problem during the current year? Yes No

EDUCATIONAL HISTORY:

Has student been referred to special education? Yes No
If yes, what services were provided: _____
Have grades been consistently below average? Yes No
Have there been performance inconsistencies among subject areas? Yes No

MOST RECENT easyCBM scores

Reading Fluency _____
Mathematics _____
Reading Comprehension _____
Vocabulary _____
Writing Samples _____

Has the student's performance on Statewide Assessments been consistent for the last three years? Yes No
 N/A

List Statewide Assessment scores for the past 3 years (if applicable)

HEALTH ISSUES:

Does student appear to have vision problems which interfere with classroom performance? Yes No
Does student wear glasses? Yes No
Does student appear to have hearing problems which interfere with classroom performance? Yes No
Does the student wear a hearing aid? Yes No
Does the student have any health concerns? Yes No
If yes, please explain: _____
Is the student suspected of using drugs or alcohol? Yes No

SOCIAL/BEHAVIORAL CONCERNS:

Has there recently been acute stress or an isolated traumatic event in the student's life (e.g. divorce, death in the family)? Yes No
If yes, please explain: _____
Give examples of the student's main behavioral problems: _____

Behavior during instruction: _____

Harney ESD Region XVII
Department of Special Education

Behavior with peers: _____

ACADEMIC CONCERNS:

Give examples of the student's main academic problems: _____

Which of the following interventions have been implemented? Please describe.

| Intervention | Duration/Data Collected | Describe Outcome |
|-----------------------------------|-------------------------|------------------|
| Alternative instructional method | | |
| Behavior intervention plan (CICO) | | |
| Academic Intervention Plan | | |
| Specialist Consultation | | |
| Closer home/school cooperation | | |
| Change in classroom location | | |
| Parent volunteer | | |
| Other-Specify | | |

Repeated assessments used to identify the area(s) of concern: _____

Dates contacted parents about concerns: _____

What was discussed/decided: _____

