Date:

## WARE COUNTY SCHOOL SYSTEM Response-to-Intervention & Student Support Team Referral for Tier 4 Evaluation

## **Directions**

- 1. The student's classroom teacher or other educational professional familiar with the student should complete this form *upon referral to the System RtI Review Team*.
- 2. Read the questions listed under "Items" and respond by checking the appropriate box listed under "Yes" or "No."
- 3. Be sure to attach the required documentation for these items as indicated by <u>underlined statements</u> listed with the item or in the row below the item. (**Note:** If documentation is currently located in other areas of the student's RtI file, *remove it* for purposes of this referral and *attach* it to this form. Maintain attachments in the order of items listed on this form.)

4. All items must be addressed accurately prior to referral. If clarification is needed, check with the school's psychologist.

Student's Name:								
School:								
Grade:								
Primary Language:		English Spanish Other						
GTID:								
Reason for Referral:		Initial R	eevaluatio	n (check only	if student is alı	eady enrolled in Speech	Impaired services)	
Check each area of concern:		Reading	Math	Writing	Behavior	Speech/Language	Developmental	
For each area	or concern and <u>or</u>	i a separate s	neet for ed	<i>ich area</i> , at	tach the pro	ogress monitoring	results [chart	
Yes	No	Items						
		Has the student attended or is the student attending a preschool program?						
	If yes, name the program or school:							
	Is the student age appropriate for grade level?							
		If no, check	If no, check all of the following that apply:					
				fy grade(s):		]		
		Started school late Held out by parents						
		Is vision and hearing within normal limits? If so, record the date(s) [must be						
	within the previous 12 months].							
	Date passed: or if dates are different: V- H-							
		Attach vision/hearing screening form. If student is under the care of a specialist for either of these areas, attach current [within last 12 months] medical records & briefly explain the reason the student is under a specialist's care:						
						ns, major illness/d cords and briefly ex		

Student's Name:

	Does the student take medication on a reg dosage, and frequency & attach medical r is in the same records required for the pre	records (Note: Usually this information			
	Does the student have motor/coordination/mobility needs? If yes, explain (input from Physical and/or Occupational therapists required):				
	Does the student have adaptive or medical needs (e.g., eye glasses, wheelchair, walker, hearing aids, leg braces, feeding tube, etc.)? If yes, please explain (i.e., identify specific aids):				
	Does the child have other significant issu questions? If yes, please explain:	es not covered in the previous			
	Does the student receive ESOL services? If yes, please explain (i.e., discuss involvement of ESOL instructor in referral process and include records):				
	Does the student have an atypical educational history (e.g., attendance at multiple schools [especially move during mid-year and/or between districts and/or states], poor attendance, frequent tardies, frequent ISS and/or OSS, etc.)? If yes, please explain & discuss what has been done to correct concerns in this area along with supporting documentation (e.g., social worker or counselor contacts):				
Review the student's history of interventions, and check all that apply:	Academy of Reading Academy of Math Fast ForWord A+ Reading A+ Math Study Island CLASSWORKS	Number Worlds Stepping Stones Sound Partners Direct Instruction Speech Therapist (required documentation maintained by therapist)			
	List additional interventions below:				