



Special Education Case Study Referral

Franklin-Jefferson Special Education Dist. #801

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INITIAL EVALUATION

RE-EVALUATION

Student Information

Name: _____ DOB: _____ Age in yrs: _____ mo: _____ Grade: _____ Gender: _____

Classroom Teacher: _____ Medicaid # _____ Student ID # _____

Resident District: _____ Serving School: _____ Case Manager: _____

Custodial Parent Information Name: _____	2 nd Parent Information Name: _____
Address: _____	Address: _____
Email Address: _____	Email Address: _____
Phone 1: _____ Phone 2: _____	Phone 1: _____ Phone 2: _____

Ethnicity: _____ Student's mode of communication: _____ student retained? Y N

If retained, when? _____ Languages spoken by student: _____ Interpreter needed? _____

Date and result (pass/fail?) of most recent hearing screening: _____ vision: _____

Current related services: OT PT SLP Other? _____

List student's current grades: _____

Attendance: # of days present this school year: _____ # days present last school year: _____ years in current dist. _____

Areas of Concern – Please Describe

<input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Early Math Skills <input type="checkbox"/> Math Application / Problem Solving <input type="checkbox"/> Additional Areas (Please Describe): _____	<input type="checkbox"/> Reading Fluency <input type="checkbox"/> Written Expression and/or Spelling <input type="checkbox"/> Math Calculation <input type="checkbox"/> Speech Articulation <input type="checkbox"/> Receptive Language <input type="checkbox"/> Expressive Language
<input type="checkbox"/> Hyperactivity/Impulsivity <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Defiance <input type="checkbox"/> Lack of Motivation <input type="checkbox"/> Atypical Behavior <input type="checkbox"/> Emotional Regulation	<input type="checkbox"/> Inattention <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Noncompliance <input type="checkbox"/> Depression / Withdrawal <input type="checkbox"/> Social Skills <input type="checkbox"/> Medical <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Motor Skills <p>Does the student have any known medical or psychiatric diagnosis? If so, please list: _____</p> _____

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Required Rtl Data and Procedures Prior to Referral:

Benchmark Percentile Scores: Fall _____ Winter _____ Spring _____ Assessment used? _____

In which subject areas is the student receiving tier 2 and/or tier 3 interventions? (list the subject areas and tiers):

When did the student begin receiving intervention(s) in each subject? _____

Complete the chart below to list interventions that were administered. Interventions should match the student's specific area of concern. An example is provided for you. Please provide any relevant Rtl records along with this forms. This may include test scores, intervention information, or Rtl meeting documentation.

Target skill (area of concern)	Intervention	Setting	Length & Frequency	Date began & ended	Results, method, & frequency of progress monitoring (attach data)
-ex. Reading comprehension	-ex. ask, read, tell strategy	-ex. small group, 3 students, with Reading interventionist	-ex. 30 min, 4x week	-ex. 8-20-19 to present (10-10-19)	-ex. Story question probes showed little to no improvement over 8 weeks of intervention. 3% correct 8-15-19; 5% correct 10-10-19.
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Domain Meeting Invitee List

LEA: _____ General Ed Teacher: _____

Interventionist: _____ Special Ed Teacher (if applicable): _____

Person Completing Form: _____ Title: _____ Date: _____

Administrator Signature: _____ Title: _____ Date: _____

(form 8-19-2019)