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| **STUDENT NAME:** | | | **SIMS:** |
| **PARENT/GUARDIAN NAME:** | | | **PHONE:** |
| **ADDRESS:** | | | **WK PHONE:** |
| **SCHOOL DISTRICT:** | | **SCHOOL:** | |
| **DOB:** | **AGE:** | | **GRADE:** |
| **GENDER:** \_\_\_\_\_\_\_\_\_\_\_ | **RACE:** \_\_\_\_\_\_\_\_\_\_\_ | | |
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| --- | --- |
| Name of Referring Person:  Signature: | Date of referral: |

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| --- | --- |
| Is the student’s current teacher/teachers Highly Qualified?  No  Yes | Does the student receive Title I services?  No  Yes  Subject area(s)  Reading  Math Date Services Began: |
| List the strategies/interventions that have been implemented in the classroom prior to this referral (may attach documentation): | |
| Is the child on medication?  No  Yes  Medical Concerns(ex. Has the child been diagnosed with a medical condition, such as vision or hearing loss?): | |

**Please check those items below that further describe your area(s) of concern:**

**READING COMPREHENSION**

Identify Main Idea & Related Details  Cause and Effect  Sequence of Events

Make Inferences  Make Predictions  Summarize

Describe Setting, Character, Plot, and Theme  Visualizing/Mental Picture

Vocabulary/Meaning of Words or Phrases in Selection  Construct Meaning from Text

**BASIC READING SKILLS**

Reading Readiness  Blend Sounds to Make Words  Consonant Sounds

Identify Letters of the Alphabet  Identify Sounds in Words  Vowel Sounds-Long/Short

Letter-Sound Correspondence  Omission of Letter Sounds in Words  Decoding

Syllabication  Addition of Letter Sounds in Words  Multisyllabic Word Reading

**READING FLUENCY SKILLS**

Accuracy  Voice Inflection

Words Per Minute/Rate  Sight Word Identification

**MATH CALCULATION**

Number Names and Count Sequence  Subtraction Facts  Division Operations

Identify Numbers  Regrouping in Addition-Carrying  Fractions-add/sub/mult/div

Counting Objects  Regrouping in Subtract-borrowing  Decimals- add/sub/mult/div

Addition Facts  Multiplication Operations  Consumer Math Skills

**MATH PROBELEM SOLVING**

Measurement/Estimation of Time, Volume, and Objects Understanding Fractions

Applying Appropriate Concepts to Solve Problems  Interpreting Data on Charts/Maps/Graphs

Word Problems with More Than One Math Function

**WRITTEN EXPRESSION**

Incorrect Pencil Grasp  Letter/Word Reversals  Grammar: subject-verb agreement

Legibility  Punctuation/Capitalization  Abbreviations

Upper/Lower Case Letters  Spelling

Sentence Structure-Writing Complete Thoughts

**ORAL EXPRESSION**

Expressive Vocabulary  Synonyms  Syntax (sentence structure)

Reasoning/Problem Solving  Antonyms  Pragmatics (functional use)

Grammar  Analogies

**LISTENING COMPREHENSION**

Auditory Attention Span  Receptive Vocabulary  Understanding Directions

Auditory Discrimination  Sequences of Events  Answers Questions Inappropriately

Auditory Memory  Needs Questions/Directions Repeated

**COMMUNICATION**

Articulation: may omit, substitute or distort certain speech sounds  Sentence Structure

Voice: may be hoarse, breathy or nasal, may talk to loud or soft  Concepts/Vocabulary

Fluency: may stutter, repeat words, hesitate, or prolong words  Conversational Skills

Expressive Language  Receptive Language  Other (Specify)

**BEHAVIOR/EMOTIONAL (Extreme or Excessive)**

Independent Activity  Group Activity  Peer Relationships

Attention Span  Overactive  Home Relationships

Passive/Shy  Verbally Aggressive  Unresponsive

Withdrawn  Disruptive  Physically Aggressive

Mood Swings  Motivation  Other (specify)

Non-Compliant  Teacher Relationships

MUST comment on areas checked and include frequency and duration:

**EARLY CHILDHOOD** (Children 3-5 years old)

Gross Motor  Fine Motor  Expressive Language

Adaptive Behavior  Social/Behavior  Cognitive Skills

Receptive Language

Comments:

**HEALTH**

Hearing (Specify Concerns)

Vision (Specify Concerns)

Fine Motor (Specify Concerns

Gross Motor (Specify Concerns)

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| --- |
| **(District Use Only)**  Date of conference held with person making the referral:        Method  Teacher Information:  Review of student record (i.e. attach current grades, attendance record, enrollment gaps, various school enrollments, retention information, State and District-wide Assessment data, etc.): |
| Based upon a review of all referral information, potential areas of disability to evaluate are:  0500-D/B  0505 -ED  0510-CD  0515-HL  0525-SLD  0530-MD  0535-OI  0540 –VL  0545 –D  0550-S/L  0555-OHI  0560-A  0565-TBI  0570-DD  Refer to the South Dakota Eligibility Guide for testing areas required to determine eligibility. |
| Parent Contacted: (Date)  Parent information:  If this was a parent referral, and the district determines evaluation is **not** necessary, Prior Notice was sent to parents: (Date) |