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| **SpEd Referral Checklist** | | | | |
| **Name of Student** | **Teacher** | **Grade** | **School** | **Start Date** |
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| **Please Date, Initial and attach related documentation for each item.** | |
|  | 1. Student shows a consistent pattern of performance below what would be expected for their grade level.  Two or more of the following criteria should be used:  - performance below the 25th percentile on the NWEA test for **two or more** semesters.  - two or more levels behind on F&P measures.  - basic or below basic range on PAWS testing.  - classroom performance B or BB for a period of 2 or more months.  - four or more FAST data points that show:  a. below expected performance when compared to peers.  b. less than expected rate of growth when compared to peers (Teacher SST Form). |
|  | 2. Student has undergone/passed both vision and hearing screenings. (Teacher SST Form) |
|  | 3. Lack of school attendance has been ruled out as reason for poor school performance. Lack of school  attendance is defined as 10% of school days for the current year missed. (Teacher SST Form) |
| NA | 4. If student is an ELL, scores, interventions and programing have been reviewed. (ELL Checklist) |
|  | **5. Parent contact(s) made and documented by Regular Ed. Teacher.** Teacher reviews student  performance and data from #’s 1 through 4 (above). Medical and/or cultural influences are discussed and  ruled out. |
| **\*Checklist items 1-5 must be completed and reviewed before moving on to next items.** | |
|  | 6.Parent is informed that concern regarding their son or daughter’s educational performance is being brought  to the Student Support Team. |

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| **Within 3**  **days** | 7. SST Chairperson is informed by teacher of need for SST meeting. |
| **Within 2**  **weeks** | 8. SST convenes to review data and complete the Student Abilities Checklist, and Speech and Behavior  Concerns questionnaires. SST develops strategies and interventions for teacher implementation. |
| **Within 4 weeks\*** | 9. 1st Intervention cycle completed by teacher (if not already done). |
| **\*** | 10. If student does not show reasonable growth as a result of the 1st Intervention cycle, the SST meets to  **either**: - Review and modify strategies and interventions for teacher implementation.  **Or** - Recommend drafting of Special Education Referral Form (E-1) – Steps 13-15. |
| **\*** | **11. Parent contact made and documented by Regular Ed. Teacher to discuss student’s progress and**  **Intervention plan developed by SST.** |
| **Within 4 weeks** | 12. 2nd Intervention cycle and completed by teacher. |
| **Within 1 week** | 13. If student does not show reasonable growth, SST Chair, SST members (at the discretion of the Chair) and  teacher draft Special Education Referral form (E-1) obtained from the UCSD#1 Intranet. |

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|  | 14. **Parent contact made to meet with teacher and SST Chair**. Intervention results and Parental  Safeguards are reviewed. Special Education Referral Form (E-1) is formalized and parent signature is  obtained acknowledging referral to Special Services. |
|  | 15. SST Chairperson attaches all documentation from steps 1 through 12; gives Referral Form and all  attachments to building Principal for review and signature; and forwards documents to building Consulting  Teacher ***within one week of parent meeting***. |