

CHILD STUDY TEAM REFERRAL PACKET: Elementary

Student: _____ Date: _____

The Referral Packet must include the following:

- _____ Referral Form
- _____ Health History Form completed by school nurse
- _____ Attendance and Discipline records
- _____ Copy of I&RS Action Plan and/or 504 Plan including outcome statements
- _____ Copy of current report card grades (at least three marking periods)
- _____ Copy of MAP test results (individual and class)
- _____ Two work samples in area(s) of concern
- _____ Copy of state test scores (i.e., PARCC, NJ-ASK Science) -- three years if possible
- _____ Copy of classroom-based assessment(s) in area(s) of concern

** Principal reviews, initials, dates, and submits Referral Packet to Child Study Team (see last page of Referral Form)

ALL MATERIAL IS TO BE SUBMITTED AT THE SAME TIME.

HADDON HEIGHTS PUBLIC SCHOOLS
Haddon Heights, New Jersey
CHILD STUDY TEAM REFERRAL PACKET

Student's Name: _____ D.O.B.: _____

Grade: _____ Age: _____

Gender: _____ Racial/Ethnic Group: _____ NJ Smart ID #: _____

Place of Birth: _____ F/R Lunch Status: _____

Address: _____ Phone (H): _____

Parent/Legal Guardian: _____ Cell (F): _____

Cell (M): _____

School: _____ Work (F): _____

Work (M): _____

Teacher: _____

I&RS: Circle one: Y / N 504: Circle one: Y / N **If yes, attach plan.

Referred by: _____

Signature of referring teacher: _____

State main area(s) of concern, noting the **suspected area(s) of disability**: _____

State academic/personal **strengths and interests** of student: _____

State academic/personal **concerns**: _____

STUDENT NAME: _____

1. List dates of parent conferences held to discuss concerns:

Who attended conference(s): _____

Outcome(s): Additional modifications, referral to I&RS, 504, etc.:

2. Describe educational history - include retentions, transfer in grade/dates, attendance concerns, etc.

School Year:	Grade:	School Attended:	Notes/Comments:

3. List I&RS meeting dates and attach I&RS document(s).

4. Provide Response To Intervention (RTI) progress data - include Tier III interventionist data such as curriculum used, number of sessions held, student response to intervention, progress monitoring data, other curriculum considered (e.g., LLI, SRA, Seeing Stars, Foundations, Reading Mastery, alternative or supplemental math program), etc.

STUDENT NAME: _____

Formal Interventions taken prior to referral:

N.J.A.C 6A:16-17 requires that “Intervention and Referral Services be provided to pupils in the general education program who are experiencing difficulties in their classrooms.”

5. If the student *has not had I&RS or a 504 Plan*, then **list the interventions that have been utilized in the classroom.** For example: alternative assessments, accommodations to homework/classwork, behavior modification program, organization or study skills instruction, alternative strategies/methods. Include timelines and relative merits of each intervention.

Intervention:	Duration/Timeline:	Outcome:

6. Specify the intervention(s) that have been provided in addition to those in the classroom:

Intervention:	Date Implemented:	Frequency/ Duration:	Sessions Attended:
RTI Reading - Tier I			
RTI Reading - Tier II			
RTI Reading - Tier III			
RTI Math - Tier I			
RTI Math - Tier II			
RTI Math - Tier III			
Contact w/Guidance Counselor			
Speech/Language Only IEP			
504 Plan			

STUDENT NAME: _____

7. Health History - Completed by School Nurse

Student Height:	Student Weight:

Audiometric Screening:	
Date of Screening:	
Results:	
Comments:	

Vision Screening:	
Date of Screening:	
Results:	
Comments:	

Are you aware of any medical or other condition(s) that could interfere with the student's ability to perform in school? If yes, please describe the condition(s) and implications(s).

Nurse's Signature

Date

STUDENT NAME: _____

8. Principal's Report

Please use this space to comment on your contact with the child and parents. Please include any information you feel could be helpful to the Child Study Team in the consideration for referral.

Has this student experienced discipline problems requiring administrative involvement? Y N

Circle One:

If yes, describe the specific difficulties that have occurred (dates, events):

Principal's Summary Checklist:

- Teacher has conferenced with parents regarding concerns
- I&RS or 504 Meeting has been conducted
- RTI has been implemented with data to monitor progress or lack thereof
- All pages of the referral packet are included (see cover sheet)
- Suspected area of disability (e.g., *Specific Learning Disability in what area, Other Health Impaired, Communication Impaired, etc.*) _____
- Was this a parent request for referral? Y / N

If yes, a letter requesting referral should have been submitted to CST office upon receipt.