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): ______________

School: _____________________________________  Cell (M): ______________

Teacher: _____________________________________  Work (F): ______________

Work (M): ______________

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:
______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
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.

<table>
<thead>
<tr>
<th>School Year:</th>
<th>Grade:</th>
<th>School Attended:</th>
<th>Notes/Comments:</th>
</tr>
</thead>
<tbody>
<tr>
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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, Fundations, Reading Mastery, alternative or supplemental math program), etc.

______________________________________________________________________________
______________________________________________________________________________
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______________________________________________________________________________
**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.

<table>
<thead>
<tr>
<th>Intervention:</th>
<th>Duration/Timeline:</th>
<th>Outcome:</th>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Intervention:</th>
<th>Date Implemented:</th>
<th>Frequency/ Duration:</th>
<th>Sessions Attended:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RTI Reading - Tier I</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>RTI Reading - Tier II</td>
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<tr>
<td>RTI Reading - Tier III</td>
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</tr>
<tr>
<td>RTI Math - Tier I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RTI Math - Tier II</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>RTI Math - Tier III</td>
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<td></td>
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<tr>
<td>Contact w/Guidance Counselor</td>
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<tr>
<td>Speech/Language Only IEP</td>
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<td></td>
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<tr>
<td>504 Plan</td>
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</tbody>
</table>
7. Health History - Completed by School Nurse

<table>
<thead>
<tr>
<th>Student Height:</th>
<th>Student Weight:</th>
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<table>
<thead>
<tr>
<th>Audiometric Screening:</th>
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<tbody>
<tr>
<td>Date of Screening:</td>
</tr>
<tr>
<td>Results:</td>
</tr>
<tr>
<td>Comments:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Vision Screening:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Screening:</td>
</tr>
<tr>
<td>Results:</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
</tbody>
</table>

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
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.*