

CHILD STUDY FOR EVALUATION HANDBOOK 2012-2013

STEP BY STEP INSTRUCTIONS
FOR A VARIETY OF PROCEDURES RELATED TO
THE CHILD STUDY PROCESS

DEPARTMENT OF EXCEPTIONAL PROGRAMS

CONTACTS FOR INFORMATION CONCERNING CHILD STUDY REFERRALS

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MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:					DATE OF INITIAL MEETING:				
					DATE REFERRED FOR EVALUATION:				
SCHOOL:		DOB:		GRADE:		GENDER:		AGE:	

CHILD STUDY PROCEDURES:

1. All students must go through Child Study before being referred to the Department of Exceptional Programs for an evaluation to determine eligibility for special education services;
2. All sections of the Child Study Referral packet must be completed with documentation being attached where required;
3. Interventions and accommodations must be in place along with documentation of implementation and progress before a child is referred for testing. If a parent insists that testing take place without documentation of interventions being implemented, then follow the procedures below:
 - a. Explain to the parent that federal regulations require schools to implement interventions prior to a student being found eligible for special education services; No student will be found eligible for special education services, without documentation of interventions that address the targeted weakness(es) of the student. If documentation of interventions have not been provided to the Eligibility Committee then the student will be sent back to the child study process. If the parent continues to insist on having the evaluation done, then;
 - b. Explain that the referral for evaluation will be forwarded to the Department of Exceptional Programs, however, interventions still need to be developed, implemented, and monitored during the time that testing will take place.
 - c. Develop the Plan of Action in the Child Study Referral packet,
 - d. Develop Interventions, then monitor whether those interventions are helping the student or if there has been no progress;
 - e. We will ask you to forward the documentation to us prior to the student's eligibility date;
4. Non school-age students include any student between the ages of 2 – 4 and do not attend the preschool program. If the box indicating that the student is a non school-age student, then that section of the referral can be skipped. You may also highlight the area in that section below where the box is checked, and delete those rows.
5. Interventions need to be completed for all students being referred for an evaluation to determine if they qualify for special education services.
6. There is a FORM (Notice of Referral to the Child Study Committee) to refer a student to the Child Study Committee. Referrals can be in writing, given orally, or sent via emails.

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TIME LINES:

1. Anyone can refer a student to the Child Study Committee;
2. Referrals can be made via phone, in writing, or via email;
3. Once a referral is received, the school has 10 business days to schedule an initial meeting;
4. Once a student is referred for an evaluation and the parent has given written permission to test, the school has 5 business days to send the paperwork to the Director of Exceptional Programs,
5. Once the referral is received by the Director of Exceptional Programs, MCPS has 60 days to either find that child eligible or not eligible for special education services.

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SCHOOL:		DOB:		GRADE:	
				GENDER:	
				AGE:	

NOTICE OF REFERRAL TO THE CHILD STUDY COMMITTEE

RACE:	<input type="checkbox"/> B	<input type="checkbox"/> W	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> ASIAN	<input type="checkbox"/> OTHER	DATE RECEIVED BY CHILD STUDY CHAIRPERSON:	
REFERRING SOURCE:					PART C REFERRAL	<input type="checkbox"/>	
PARENT / GUARDIAN:					HOME TELEPHONE #:		
911 ADDRESS:					WORK TELEPHONE #:		
MAILING ADDRESS IF DIFFERENT:					CELL PHONE #:		
IS PARENT/GUARDIAN THE NATURAL PARENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF NOT, STATE RELATIONSHIP AND ATTACH LEGAL DOCUMENTS TO SUPPORT GUARDIANSHIP:				
IS THE STUDENT AND PARENT A RESIDENT OF MECKLENBURG COUNTY?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
REASON FOR REFERRAL [CHECK ALL THAT APPLY]							
<input type="checkbox"/> FAILING GRADES	<input type="checkbox"/> ATTENDANCE	<input type="checkbox"/> MEDICAL ISSUES					
<input type="checkbox"/> PARENT REQUEST	<input type="checkbox"/> WORD ATTACK	<input type="checkbox"/> EMOTIONAL CONCERNS					
<input type="checkbox"/> ATTENTION TO TASK	<input type="checkbox"/> INABILITY TO FOLLOW DIRECTIONS	<input type="checkbox"/> WRITTEN EXPRESSION					
<input type="checkbox"/> MATH COMPREHENSION	<input type="checkbox"/> READING COMPREHENSION	<input type="checkbox"/> SPEECH AND LANGUAGE					
<input type="checkbox"/> MATH REASONING	<input type="checkbox"/> INABILITY TO WORK INDEPENDENTLY	<input type="checkbox"/> DEVELOPMENTAL DELAYS					
<input type="checkbox"/> SPELLING	<input type="checkbox"/> BEHAVIOR	<input type="checkbox"/> HOMEWORK					
<input type="checkbox"/> OTHER							
SUMMARY OF PREVIOUS CONTACTS/CONCERNS TO DATE:							
SIGNATURE OF REFERRING SOURCE:							

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			AGE:

REFERRAL TO CHILD STUDY COMMITTEE

STUDENT'S FULL NAME:			
RACE:	<input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER	DATE OF INITIAL REFERRAL:	
REFERRING SOURCE:		PART C REFERRAL:	<input type="checkbox"/>
PARENT / GUARDIAN:		HOME TELEPHONE #:	
911 ADDRESS:		WORK TELEPHONE #:	
MAILING ADDRESS IF DIFFERENT:		CELL PHONE #:	
IS PARENT/GUARDIAN THE NATURAL PARENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, STATE RELATIONSHIP AND ATTACH LEGAL DOCUMENTS TO SUPPORT GUARDIANSHIP:	
IS THE STUDENT AND PARENT A RESIDENT OF MECKLENBURG COUNTY?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Comment [c1]: MUST BE COMPLETED ELECTRONICALLY, AND EMAILED TO CPEFFER WITHIN 5 BUSINESS DAYS OF RECEIVING THE SIGNED PERMISSION TO TEST FORM; IF YOU CANNOT GET THE ELECTRONIC FORM TO CPEFFER WITHIN 5 DAYS THEN YOU NEED TO PRINT IT OUT AND SEND THE REFERRAL TO WENDY BOHANNON WITHIN 5 DAYS

Comment [c2]: MEETING MUST BE HELD WITHIN 10 BUSINESS DAYS OF THE DATE OF THE REFERRAL

Comment [c4]: THE BOX MUST BE CHECKED IF THE REFERRAL IS FROM THE INFANT AND TODDLER PROGRAM

Comment [c3]: YOU MUST INVITE THE REFERRING SOURCE TO THE CHILD STUDY

REASON FOR REFERRAL / *CHECK ALL THAT APPLY*

<input type="checkbox"/> FAILING GRADES	<input type="checkbox"/> ATTENDANCE	<input type="checkbox"/> MEDICAL ISSUES
<input type="checkbox"/> PARENT REQUEST	<input type="checkbox"/> WORD ATTACK	<input type="checkbox"/> EMOTIONAL CONCERNS
<input type="checkbox"/> ATTENTION TO TASK	<input type="checkbox"/> INABILITY TO FOLLOW DIRECTIONS	<input type="checkbox"/> WRITTEN EXPRESSION
<input type="checkbox"/> MATH COMPREHENSION	<input type="checkbox"/> READING COMPREHENSION	<input type="checkbox"/> SPEECH AND LANGUAGE
<input type="checkbox"/> MATH REASONING	<input type="checkbox"/> INABILITY TO WORK INDEPENDENTLY	<input type="checkbox"/> DEVELOPMENTAL DELAYS
<input type="checkbox"/> SPELLING	<input type="checkbox"/> BEHAVIOR	<input type="checkbox"/> HOMEWORK
<input type="checkbox"/> OTHER		

Comment [c5]: THIS IS THE REASON FOR THE REFERRAL; NOT NECESSARILY THE TROUBLE HE/SHE IS HAVING IN THE CLASSROOM; IT DEPENDS ON WHO IS REFERRING THE STUDENT

SUMMARY OF PREVIOUS CONTACTS/CONCERNS TO DATE:

<p>THE FOLLOWING MUST BE ATTACHED</p> <input type="checkbox"/> CURRENT CLASSROOM GRADES <input type="checkbox"/> END OF SCHOOL YEAR GRADES (PREVIOUS YEAR) <input type="checkbox"/> CLASSROOM WORK SAMPLES <input type="checkbox"/> STANDARDIZED TEST DATA <input type="checkbox"/> ADMINISTRATIVE OBSERVATION OR IST STRATEGIES <input type="checkbox"/> CLASSROOM OBSERVATION FORM <input type="checkbox"/> BASC-2 TEACHER RATING SCALE – <i>SEND ORIGINAL</i> <p>NOTE: This referral packet must be completed in its ENTIRETY by the referring person and given to the chair of the Child Study Committee (CSC). Should the referral source not be an employee of MCPS, assistance will be provided in completing the forms by the child's teacher and/or guidance counselor. CSC must convene within 10 working days (date of referral) to take appropriate action. Should referral for SPED evaluation be made, the Diagnostic Center must be informed IMMEDIATELY. CSC Minutes, Prior Notice and written parental Consent must accompany this packet, along with student work samples, before the evaluation process can begin. All information is strictly confidential.</p>	FOR OFFICE USE			
	RECD			
DOIR				
CSCM				
PTT				
60DD				
PARENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
CLASS OB	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
BASC RECD	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
RECD IST SER.	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/>	SOCIAL			
<input type="checkbox"/>	MEDICAL			
<input type="checkbox"/>	PSYCHOLOGICAL			
<input type="checkbox"/>	EDUCATIONAL			
<input type="checkbox"/>	SPEECH			
<input type="checkbox"/>	HEARING SC			
<input type="checkbox"/>	VISION SC			
<input type="checkbox"/>				

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REVIEW OF THE STUDENT'S RECORDS, ACHIEVEMENT SCORES, AND OTHER PERFORMANCE EVIDENCE:

1. **PLEASE ATTACH (REQUIRED):** SOL'S REPORT CARDS (CURRENT & LAST YEAR)
 BIRTH CERTIFICATE (2-5 YR OLD)
 SOCIAL SECURITY NUMBER (2-5 YR OLD)
 IMMUNIZATION RECORDS (2-5 YR OLD)
 BENCHMARK/DISTRICT TESTS PALS DRA
 Progress Reports
 Other: _____

PLEASE ATTACH IF AVAILABLE:
 Non School-Age Child

2. Does the student's **standardized data indicate** academic and/or behavior problems that are interfering with the student's performance? YES NO
 Non School-Age Child
 If yes, indicate the areas below:
 Choose One Choose One Choose One
 Choose One Choose One Choose One
 Other: _____

3. Do the student's **current grades indicate** below average performance for grade and instructional level? YES NO
 Non School-Age Child
 If yes, indicate the areas below:
 Choose One Choose One Choose One
 Choose One Choose One Choose One
 Other: _____

4. Does the **student's current discipline record** indicate behavior problems that are interfering with the student's performance? YES NO
 Non School-Age Child
 If yes, indicate below the behaviors that are currently being exhibited by the student and **Attach a Summary of his/her Discipline Record:**
 Choose One Choose One Choose One
 Choose One Choose One Choose One
 Other: _____ Other: _____

a. How many office referrals have there been during the current school year? _____

b. How many office referrals were there during the last school year? _____

c. Has a **Functional Behavior Assessment (FBA)** been completed: YES NO
 If no, please complete one.

d. Is there a current **Behavior Intervention Plan (BIP)** that addresses the specific behaviors being exhibited? YES NO
If yes, please attach. If no, please complete one.

e. Have classroom interventions been implemented that target the student's specific behaviors? YES NO
If behavior is a concern affecting the student's educational performance, please attach documentation of the success/failure of the interventions using the pre-referral intervention

Comment [c6]: QUESTIONS 1-9 MUST BE COMPLETED IN DETAIL FOR EACH STUDENT WHO IS REFERRED; THESE ARE COMPLIANCE INDICATORS THAT ARE REPORTED TO THE VADOE EVERY YEAR

Comment [c7]: THESE ARE REQUIRED DOCUMENTS THAT MCPS NEEDS TO ENTER STUDENTS INTO THE STAR STUDENT DATABASE

Comment [c8]: PLEASE REVIEW THE STUDENT'S STANDARDIZED TESTING INFORMATION AND CHECK THE AREAS THAT INDICATE WEAKNESSES; THIS SECTION DOES NOT INCLUDE CLASSROOM DATA; ONLY DATA ON THE STANDARDIZED TESTS

Comment [c9]: CHOOSE THOSE AREAS THAT INDICATE WEAKNESSES

Comment [c10]: REVIEW THE STUDENT'S REPORT CARD GRADES FOR THE LAST THREE YEARS; THIS SECTION ONLY REFERS TO CLASSROOM AND REPORT CARD GRADES

Comment [c11]: IF BEHAVIOR IS A CONCERN, THEN ATTACH A COPY OF THE STUDENT'S DISCIPLINE RECORD

Comment [c12]: IF BEHAVIOR IS AN ISSUE THEN PLEASE ATTACH A COPY OF THE FBA OR IF NO FBA HAS BEEN COMPLETED, THEN GET THE PARENT'S PERMISSION AND HOLD AN FBA MEETING

Comment [c13]: AFTER CONDUCTING THE FBA, THEN USE THE INFORMATION COLLECTED TO DEVELOP A BIP PLAN

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worksheet.

If no, please develop classroom interventions (required by federal & state law for students ages 5-22) and document their success or failure for 3wks – 6wks before requesting an evaluation.

5. Is there a current diagnosis of a medical or physical problem? YES NO

If so, please explain below and attach documentation:

- Recent Illness: _____
- Mental Health Diagnosis: _____
- Taking Medication: _____
- Recent Accidents: _____
- Other: _____

a. Has a Hearing Screening been completed within the last year? ** See School Health Records YES NO

If yes, attach results. If no, please have one completed if appropriate.

b. Has a Vision Screening been completed within the last year? ** See School Health Records YES NO

If yes, attach results. If no, please have one completed if appropriate.

c. Has a physical been completed within the last year? YES NO

If yes, please attach a copy.

6. Is attendance a problem? Non School-Age Child YES NO

If so, please complete the following: If not, skip to question #7:

Number of days absent during this school year: _____
 Excused _____ Not Excused _____

Number of days absent during the last school year: _____
 Excused _____ Not Excused _____

What has the school done to address the absenteeism?

Have interventions been implemented to address the loss of instruction? YES NO

If yes, please attach documentation of the success/failure of the interventions using the pre-referral intervention worksheet.

If no, please develop classroom interventions (required by federal & state law for students ages 5-22) and document their success or failure for 6 or more weeks before requesting an evaluation.

7. Has the student ever been retained? YES NO

If so, please indicate the grade(s) the student was retained below: Non School-Age Child

- K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

8. Were any of the following a factor in the student's learning difficulties? YES NO

If yes, please attach documentation of any factors indicated below:

The following must be considered as possible factors in the student's learning difficulties:

a. Have there been any changes in the home environment in the last 3 years? YES NO

If so, indicate the changes that have occurred:

- Recent Illness: _____ Conflicts: _____
- Death in the Family: _____ Moves: _____

Comment [c14]: INTERVENTIONS MUST BE IMPLEMENTED (MOST TEACHERS INTERVENE PRIOR TO THE CHILD STUDY MEETING, HOWEVER THEY DO NOT DOCUMENT WHAT THEY ARE DOING AND THE PROGRESS BEING MADE. A FORM IS ATTACHED TO THE CHILD STUDY PACKET THAT CAN BE USED, OR TEACHERS CAN REPORT THIS INFORMATION HOWEVER THEY CHOOSE AS LONG AS THE INFORMATION INCLUDES, THE INTERVENTION, DATE OF IMPLEMENTATION, REGULAR MONITORING AND REPORTING OF PROGRESS FOR THE REQUIRED TIMELINES

Comment [c15]: IF NO INTERVENTIONS HAVE OCCURRED PRIOR TO CHILD STUDY, THEN THE TEAM MUST DEVELOP, IMPLEMENT, AND MONITOR PRIOR TO REQUESTING AN EVALUATION

Comment [c16]: THIS INFORMATION IS VERY IMPORTANT! PLEASE ASK THE PARENT FOR ANY INFORMATION RELATED TO THIS QUESTION

Comment [c17]: IF A HEARING SCREENING HAS BEEN COMPLETED WITHIN A YEAR, PLEASE INDICATE YES, AND ASK THE PARENT FOR A COPY OF THE REPORT OR CHECK THE STUDENT'S MEDICAL RECORDS IN THE CUMMULATIVE OR HEALTH FOLDER; IF NO HEARING SCREENING HAS BEEN DONE WITHIN A YEAR, GET PERMISSION TO SCREEN AND GO AHEAD AND HAVE THE SCHOOL NURSE OR SLI TEACHER DO A SCREENING; THIS INFORMATION MAY BE AN IMPORTANT PART OF YOUR DECISION IN DECIDING IF AN EVALUATION IS NEEDED.

Comment [c18]: IF A VISION SCREENING HAS BEEN COMPLETED, PLEASE INDICATE YES. CHECK THE STUDENT'S MEDICAL RECORDS IN THE CUMMULATIVE OR HEALTH FOLDER; IF NO, THEN PLEASE ADD A VISION SCREENING TO THE ASSESSMENT OPTIONS PAGE IF REQUESTING A REFERRAL; IF NO VISION SCREENING HAS BEEN DONE, GET PERMISSION TO SCREEN AND GO AHEAD AND HAVE THE SCHOOL NURSE DO A SCREENING; THIS INFORMATION MAY BE AN IMPORTANT PART OF YOUR DECISION IN DECIDING IF AN EVALUATION IS NEEDED.

Comment [c19]: VERY IMPORTANT INFORMATION! THIS IS AN EXCLUSION CATEGORY FOR THE MAJORITY OF DISABILITY CATEGORIES

Comment [c20]: MUST BE COMPLETED FOR ALL STUDENTS. PLEASE ASK THE PARENT FOR THIS INFORMATION.

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Loss of Income: _____ New Family Member: _____

Other: _____

b. Is English the student's second language? YES NO
 Does the student receive ESL services? YES NO
 If yes, **please attach** documentation of the success/failure of the interventions using the pre-referral intervention worksheet.

c. Does the student's cultural background affect his/her ability to succeed in the classroom? YES NO
 If yes, please explain: _____

d. Does the student's economic background affect his/her ability to succeed in the classroom? YES NO

9. Has the student ever received special education services? YES NO
 If so, what services did he/she receive and when? Disability: _____ Date: _____

RESULTS OF THE STUDENT'S RECORDS REVIEW INDICATES A CONCERN IN THE FOLLOWING AREAS:

(Check All That Apply)

- | | |
|--|---|
| <input type="checkbox"/> Health/Medical | <input type="checkbox"/> History of Poor Grades |
| <input type="checkbox"/> Frequent Absences | <input type="checkbox"/> Grade Retentions |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> School Transfers | |

Comment [c21]: PLEASE CONSIDER THIS CAREFULLY AND DOCUMENT IN THE SUMMARY THAT THIS WAS CONSIDERED. THIS IS ALSO AN EXCLUSION CATEGORY FOR ALL SPECIAL EDUCATION SERVICES AND WE ARE REQUIRED FOR REPORTING PURPOSES TO CONSIDER THIS PRIOR TO FINDING A STUDENT ELIGIBLE FOR SPED SERVICES.

Comment [c22]: PLEASE CONSIDER THIS CAREFULLY AND DOCUMENT IN THE SUMMARY THAT THIS WAS CONSIDERED. THIS IS ALSO AN EXCLUSION CATEGORY FOR ALL SPECIAL EDUCATION SERVICES; AND WE ARE REQUIRED FOR REPORTING PURPOSES TO CONSIDER THIS PRIOR TO FINDING A STUDENT ELIGIBLE FOR SPED SERVICES.

Comment [c23]: THE AREAS CHECKED MUST CORRESPOND WITH WHAT INFORMATION WAS DISCOVERED IN QUESTIONS 1-9; NOT WHAT IS NECESSARILY HAPPENING IN THE CLASSROOM

CURRENT CLASSROOM PERFORMANCE AND TEACHER OBSERVATIONS:

LIST ALL SPECIAL SERVICES THAT THE STUDENT CURRENTLY RECEIVES:

NO SPECIAL SERVICES AT THIS TIME

Choose One of the Following Choose One of the Following Choose One of the Following
 Choose One of the Following Choose One of the Following Choose One of the Following

OTHER: _____

Comment [c24]: THIS IS FOR SPECIAL SERVICES THAT STUDENT IS ALREADY RECEIVING OR HAVE ALREADY RECEIVED

HAS THE STUDENT HAD ANY OF THE FOLLOWING SCREENINGS COMPLETED YES NO
If any screenings have been completed, please attach a copy of the results.

Choose one of the Following: _____ Choose one of the Following: _____
 Choose one of the Following: _____ Choose one of the Following: _____
 Other: _____

Comment [c25]: IF NO SCREENINGS HAVE BEEN DONE; YOU MIGHT WANT TO CONSIDER GETTING PERMISSION TO SCREEN PRIOR TO ASKING FOR AN EVALUATION

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SCHOOL:	DOB:	GRADE:	GENDER:	AGE:	

TEACHER CONCERNS:

Non School-Age Child (Skip this section)

- | | | |
|------------------------------|------------------------------|--|
| ACADEMIC CONCERN: | BEHAVIORAL CONCERNS: | ATTENTION/ORGANIZATIONAL CONCERN: |
| Choose One of the Following: | Choose One of the Following: | Choose One of the Following: |
| Choose One of the Following: | Choose One of the Following: | Choose One of the Following: |
| Choose One of the Following: | Choose One of the Following: | Choose One of the Following: |
| Choose One of the Following: | Choose One of the Following: | Choose One of the Following: |

Comment [c26]: THIS AREA IS FOR THE TEACHER'S CONCERNS AND WHAT IS ACTUALLY HAPPENING IN THE CLASSROOM AND MIGHT NOT COORELATE WITH WHAT WAS DISCOVERED IN QUESTIONS 1-9

PRESCHOOL/NON SCHOOL-AGE STUDENTS

NOT APPLICABLE TO THIS STUDENT

Developmental Delays Ages 2- 4 (If checked please complete the following section below.)

DEVELOPMENTAL SCREENING IS REQUIRED! (Please attach)

Please indicate the specific areas of concern:

- Social/Emotional Skills
 - Withdrawn
 - Shy
 - Isolated
 - Aggressive
 - Depressed
- Physical Skills
 - Falls Down
 - Unsteady Gait
 - Unable to Throw Objects
 - Unable to Walk
 - Unable to Catch Large Objects
 - Cannot Sit without Assistance
- Cognitive Skills
 - Does Not Know Colors
 - Does Not Know Numbers
 - Low Vocabulary Skills
- Communication Skills
 - Screams (no words)
 - Does Not Talk
 - Does Not Make Eye Contact
 - Uses Gestures Instead of Words
- Behavior Skills
 - Hits
 - Bites
 - Throw Temper Tantrums
 - Kicks
 - Screams
 - Runs Away
 - Hyperactive
 - Short Attention Span
 - Will Not Follow Directions
- Self-Help Skills
 - Cannot Feed Him/Herself
 - Cannot Dress Him/Herself
 - Still Drinks from a Bottle
 - Is Not Toilet Trained

Comment [c27]: IF CHECKED, YOU MAY DELETE THE ROWS IN THE DD AREA BELOW

Comment [c28]: CHECK RECORDS TO SEE IF A SCREENING HAS BEEN COMPLETED; SOME OF THE INFORMATION GIVEN TO US BY THE INFANT AND TODDLER PROGRAM WILL QUALIFY AS A SCREENING

Comment [c29]: INDICATE THE AREAS THAT ARE CURRENTLY A CONCERN; NOT THOSE NECESSARILY FOUND IN A SCREENING; ASK THE PARENT FOR INFORMATION

SPEECH AND LANGUAGE

NOT APPLICABLE TO THIS STUDENT

Speech and Language Delays (If checked, please complete the following section below.)

A SPEECH SCREENING IS REQUIRED BEFORE A SPEECH/LANGUAGE EVALUATION CAN BE REQUESTED! (All ages)

CLASSROOM INTERVENTIONS ARE REQUIRED FOR SCHOOL AGE CHILDREN (Ages 5 – 22).

Please indicate the specific areas of concern:

- Articulation Skills
- No concerns at this time

Comment [c30]: IF CHECKED, YOU MAY DELETE THE ROWS IN THE SLI AREA BELOW

Comment [c31]: CHECK RECORDS TO SEE IF A SCREENING HAS BEEN COMPLETED; SOME OF THE INFORMATION GIVEN TO US BY THE INFANT AND TODDLER PROGRAM WILL QUALIFY AS A SCREENING

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a. Are the student's articulation skills appropriate for his/her age? YES NO

If no, please explain:

b. Are the student's articulation skills adversely affecting his/her educational performance? YES NO

If yes, please explain:

Expressive Language No concerns at this time

- a. Does the student communicate at an age-appropriate level? YES NO
- b. Does the student communicate his/her wants and/or needs using gestures? YES NO
- c. Can the student express his/her wants and/or needs using words? YES NO
- d. When speaking, does the student use age appropriate vocabulary? YES NO
- e. Does the student communicate using phrases? YES NO
- f. Does the student communicate using age appropriate sentences? YES NO
- g. Do the student's expressive language skills adversely affect his/her educational performance? YES NO

If yes, please explain:

Receptive Language No concerns at this time

- a. Does the student respond appropriately to questions? YES NO
- b. Does the student understand what is being said to him/her? YES NO
- c. Can the student follow simple one-step directions without prompting? YES NO
- d. Can the student follow simple two-step directions without prompting? YES NO

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- e. Does the student's receptive language skill adversely affect his/her educational performance? YES NO

If yes, please explain: _____

- Voice No concerns at this time

- a. Does the student have an abnormal pitch when communicating? YES NO
- b. Does the student have an extreme breathy quality to their voice when speaking? YES NO
- c. Does the student have an extreme nasal quality to their voice when speaking? YES NO
- d. Does the student's vocal quality adversely affect his/her educational performance? YES NO

If yes, please explain: _____

- Fluency No concerns at this time

- a. Does the student have an excessive amount of repetitions of sounds, words, or phrases when speaking? YES NO
- b. Does the student have an excessive amount of hesitation, pauses between words or phrases, when speaking? YES NO
- c. Does the student use secondary characteristics such as eye blinking, head nodding, hand tapping, and facial grimaces when speaking? YES NO
- d. Does the student's dysfluency adversely affect his/her educational performance? YES NO

If yes, please explain: _____

Have interventions been implemented that deal with the student's specific areas of weaknesses in regards to speech/language skills? YES NO

If yes, please attach documentation of the success/failure of the interventions using the pre-referral intervention worksheet.

If no, please develop classroom interventions (required by federal & state law for students ages 5-22) and document their success or failure for: Articulation, Fluency, & Voice 3-6 weeks; Receptive & Expressive Language 3 – 6 months before requesting an evaluation.

Comment [c32]: INTERVENTIONS MUST BE IMPLEMENTED (MOST TEACHERS INTERVENE PRIOR TO THE CHILD STUDY MEETING, HOWEVER THEY DO NOT DOCUMENT WHAT THEY ARE DOING AND THE PROGRESS BEING MADE). A FORM IS ATTACHED TO THE CHILD STUDY PACKET THAT CAN BE USED, OR TEACHERS CAN REPORT THIS INFORMATION HOWEVER THEY CHOOSE AS LONG AS THE INFORMATION INCLUDES, THE INTERVENTION, DATE OF IMPLEMENTATION, REGULAR MONITORING AND REPORTING OF PROGRESS FOR THE REQUIRED TIMELINES

Comment [c33]: IF NO INTERVENTIONS HAVE OCCURRED PRIOR TO CHILD STUDY, THEN THE TEAM MUST DEVELOP, IMPLEMENT, AND MONITOR PRIOR TO REQUESTING AN EVALUATION

MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:					DATE OF INITIAL MEETING:				
					DATE REFERRED FOR EVALUATION:				
SCHOOL:		DOB:		GRADE:		GENDER:		AGE:	

WHAT ARE THE **STUDENT'S AREAS OF STRENGTH?** (Must have at least one)

- a. _____
- b. _____
- c. _____
- d. _____

Comment [c34]: ALL STUDENTS HAVE AT LEAST ONE STRENGTH; PLEASE DO NOT WRITE IN NONE OR WRITE THAT THE STUDENT IS CUTE

WHAT ARE THE **STUDENT'S AREAS OF WEAKNESS?** BE SPECIFIC!

- a. _____
- b. _____
- c. _____
- d. _____

Comment [c35]: AREAS NOTED BELOW MUST BUILD UPON THE TEACHER'S CONCERNS

MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:		DATE OF INITIAL MEETING:			
		DATE REFERRED FOR EVALUATION:			
SCHOOL:	DOB:	GRADE:	GENDER:	AGE:	

CLASSROOM ACCOMMODATIONS/MODIFICATIONS USED BY THE TEACHER (Check all those that apply)

Non School-Age Child (Skip this section)

Choose one of the Following Choose one of the Following Choose one of the Following
 Choose one of the Following Choose one of the Following Choose one of the Following
 Choose one of the Following Choose one of the Following Choose one of the Following

Comment [c36]: IF CHECKED, YOU MAY DELETE THE CELLS BELOW IN THIS AREA IF YOU WANT

If no accommodations/modifications are being used to facilitate the student's participation in the general education curriculum, develop an accommodation/modification plan using the accommodation worksheet. Please attach documentation (lesson plan book, accommodation/modification log, etc.) if accommodations/modifications are being used to facilitate the student's participation in the general education curriculum.

Comment [c37]: IF NO ACCOMMODATIONS/MODIFICATIONS HAVE BEEN IMPLEMENTED WITHIN THE CLASSROOM PRIOR TO CHILD STUDY, THEN THE TEACHER MUST START ACCOMMODATING WITHIN THE CLASSROOM IN SOME MANNER

LANGUAGE PERFORMANCE Non School-Age Child/Skills Not Age Appropriate (Skip this section)

1. Is the student's performance in oral and/or written language a concern of the teacher? YES NO

a. Is the student able to express his/her wants/needs clearly? YES NO

b. Is the student's expressive vocabulary commensurate with his/her peers? YES NO

c. Is the student able to write complete sentences? YES NO

d. Does the student use correct: YES NO
 capitalization? YES NO
 grammar? YES NO
 punctuation? YES NO

e. Do spelling skills affect the student's ability to express himself/herself in writing? YES NO

f. Is the student's handwriting legible? **If NO, attach a sample.** YES NO

2. Has the student received appropriate instruction in the area of oral/written language? YES NO

Comment [c38]: ACCOMMODATIONS/MODIFICATIONS MUST ALSO BE IMPLEMENTED WITHIN THE CLASSROOM THAT ADDRESS AREAS OF NOTED WEAKNESS

Comment [c39]: IF CHECKED, YOU MAY DELETE THE CELLS UNDER LANGUAGE PERFORMANCE IF YOU WANT

If this is an area of concern, please attach documentation of the success/failure of the interventions using the pre-referral intervention worksheet.

If no interventions have been implemented, please develop classroom interventions (required by federal & state law for students ages 5-22) and document their success or failure for 3 – 6 months before requesting an evaluation.

Comment [c40]: INTERVENTIONS MUST BE IMPLEMENTED (MOST TEACHERS INTERVENE PRIOR TO THE CHILD STUDY MEETING, HOWEVER THEY DO NOT DOCUMENT WHAT THEY ARE DOING AND THE PROGRESS BEING MADE). A FORM IS ATTACHED TO THE CHILD STUDY PACKET THAT CAN BE USED, OR TEACHERS CAN REPORT THIS INFORMATION HOWEVER THEY CHOOSE AS LONG AS THE INFORMATION INCLUDES, THE INTERVENTION, DATE OF IMPLEMENTATION, REGULAR MONITORING AND REPORTING OF PROGRESS FOR THE REQUIRED TIMELINES

READING PERFORMANCE Non School-Age Child/Skills Not Age Appropriate (Skip this section)

1. Is the student's performance in reading a concern of the teacher? YES NO

What is the student's current independent reading level? _____

What is the student's current instructional reading level? _____

What instrument was used to measure the student's reading level? _____

Date student's reading level was measured. _____

Comment [c41]: IF NO INTERVENTIONS HAVE OCCURRED PRIOR TO CHILD STUDY, THEN THE TEAM MUST DEVELOP, IMPLEMENT, AND MONITOR PRIOR TO REQUESTING AN EVALUATION

Comment [c42]: IF CHECKED, YOU MAY DELETE THE CELLS UNDER READING PERFORMANCE IF YOU WANT

Comment [c43]: MUST BE INCLUDED; YOU MAY USE STAR READER DATA

MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:					DATE OF INITIAL MEETING:			
					DATE REFERRED FOR EVALUATION:			
SCHOOL:		DOB:		GRADE:		GENDER:		AGE:

- a. Is the student's reading ability commensurate with his age/grade level? YES NO
- b. Does the student comprehend what he/she reads independently with at least 80% accuracy? YES NO
- c. Does the student comprehend what is read to him/her with at least 80% accuracy? YES NO
- d. Can the student independently use grade level textbooks to find information? YES NO
- e. Can the student give an oral summary of a selection read independently identifying major events in the correct sequence? YES NO
- f. Can the student write a summary of a selection read independently identifying major events in the correct sequence? YES NO
- g. Can the student use the story to correctly answer questions with at least 80% accuracy? YES NO
- h. Does the student's reading ability affect his/her performance in Social Studies? YES NO
- i. Does the student's reading ability affect his/her performance in Science? YES NO
- 2. Has the student received appropriate instruction in the following areas of Reading?
 - a. Phonemic Awareness YES NO
 - b. Phonics YES NO
 - c. Vocabulary YES NO
 - d. Reading Fluency YES NO
 - e. Reading Comprehension YES NO

If this is an area of concern, please attach documentation of the success/failure of the interventions using the pre-referral intervention worksheet.

If no interventions have been implemented, please develop classroom interventions (required by federal & state law for students ages 5-22) and document their success or failure for 3 – 6 months before requesting an evaluation.

MATH PERFORMANCE Non School-Age Child/Skills Not Age Appropriate
(Skip this section)

- 1. Is the student's performance in math a concern of the teacher? YES NO
 What is the student's current independent math level? _____
 What instrument was used to measure the student's math level? _____
- a. Is the student's math ability commensurate with his age/grade level? YES NO
- b. Can the student solve +, -, x, ÷ single digit problems without a calculator? YES NO
with a calculator? YES NO
- c. Can the student solve +, -, x, ÷ multi digit problems without a calculator? YES NO
with a calculator? YES NO

Comment [c44]: INTERVENTIONS MUST BE IMPLEMENTED (MOST TEACHERS INTERVENE PRIOR TO THE CHILD STUDY MEETING, HOWEVER THEY DO NOT DOCUMENT WHAT THEY ARE DOING AND THE PROGRESS BEING MADE). A FORM IS ATTACHED TO THE CHILD STUDY PACKET THAT CAN BE USED, OR TEACHERS CAN REPORT THIS INFORMATION HOWEVER THEY CHOOSE AS LONG AS THE INFORMATION INCLUDES, THE INTERVENTION, DATE OF IMPLEMENTATION, REGULAR MONITORING AND REPORTING OF PROGRESS FOR THE REQUIRED TIMELINES

Comment [c45]: IF NO INTERVENTIONS HAVE OCCURRED PRIOR TO CHILD STUDY, THEN THE TEAM MUST DEVELOP, IMPLEMENT, AND MONITOR PRIOR TO REQUESTING AN EVALUATION

Comment [c46]: IF CHECKED, YOU MAY DELETE THE CELLS UNDER MATH PERFORMANCE IF YOU WANT

Comment [c47]: USE STAR MATH, CCC MATH, ETC., IF AVAILABLE

MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:		DATE OF INITIAL MEETING:			DATE REFERRED FOR EVALUATION:	
SCHOOL:	DOB:	GRADE:	GENDER:	AGE:		

- d. Can the student independently solve one-step word problems with or without a calculator? YES NO
- e. Can the student independently solve multi-step word problems with or without a calculator? YES NO
- Please attach a copy of the student's work involving math computation!**
- 2. Has the student received appropriate instruction in the following areas of Math?
 - a. Number/Number sense YES NO
 - b. Computation/Estimation YES NO
 - c. Measurement YES NO
 - d. Problem-solving YES NO

If this is an area of concern, please attach documentation of the success/failure of the interventions using the pre-referral intervention worksheet.

If no interventions have been implemented, please develop classroom interventions (required by federal & state law for students ages 5-22) and document their success or failure for 3 – 6 months before requesting an evaluation.

ANY OTHER INFORMATION NOT COVERED IN THE SECTIONS ABOVE:

Comment [c48]: INTERVENTIONS MUST BE IMPLEMENTED (MOST TEACHERS INTERVENE PRIOR TO THE CHILD STUDY MEETING, HOWEVER THEY DO NOT DOCUMENT WHAT THEY ARE DOING AND THE PROGRESS BEING MADE). A FORM IS ATTACHED TO THE CHILD STUDY PACKET THAT CAN BE USED, OR TEACHERS CAN REPORT THIS INFORMATION HOWEVER THEY CHOOSE AS LONG AS THE INFORMATION INCLUDES, THE INTERVENTION, DATE OF IMPLEMENTATION, REGULAR MONITORING AND REPORTING OF PROGRESS FOR THE REQUIRED TIMELINES

Comment [c49]: IF NO INTERVENTIONS HAVE OCCURRED PRIOR TO CHILD STUDY, THEN THE TEAM MUST DEVELOP, IMPLEMENT, AND MONITOR PRIOR TO REQUESTING AN EVALUATION

Comment [c50]: PLEASE TYPE IN ANY OTHER INFORMATION YOU FEEL IS IMPORTANT

MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:		DATE OF INITIAL MEETING:			
		DATE REFERRED FOR EVALUATION:			
SCHOOL:		DOB:		GRADE:	
				GENDER:	
				AGE:	

DATE OF 1 ST MEETING:		PARENTS WERE PROVIDED A COPY OF THEIR RIGHTS AND PROCEDURAL SAFEGUARDS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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SUMMARY OF COMMITTEE DECISION:

CHILD STUDY ACTION:

<input type="checkbox"/>	CONTINUE / IMPLEMENT RECOMMENDED INTERVENTION STRATEGIES AND MONITOR FOR 3 – 6 MONTHS (COMPLETE PRE-INTERVENTION WORKSHEETS FOR EACH RECOMMENDED INTERVENTION – REQUIRED AT FIRST MEETING BEFORE A REQUEST FOR EVALUATION)
<input type="checkbox"/>	DEVELOP & IMPLEMENT AN ACCOMMODATION/MODIFICATION PLAN (COMPLETE ACCOMMODATION/MODIFICATION PLAN WORKSHEET – REQUIRED AT FIRST MEETING)
<input type="checkbox"/>	REQUEST PERMISSION TO SCREEN (REQUIRED FOR SUSPECTED SPEECH/LANGUAGE DELAYS AND DEVELOPMENTAL DELAYS (AGES 2-4))
<input type="checkbox"/>	CONSULT WITH (NAME/TITLE):
<input type="checkbox"/>	REFER FOR EVALUATION TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION SERVICES DUE TO A SUSPECTED DISABILITY – ATTACH ALL REQUIRED DOCUMENTATION

PARTICIPANTS

NAME OF PARTICIPANT	RELATIONSHIP TO STUDENT

Comment [c51]: THE FIRST MEETING SHOULD BE HELD TO REVIEW THE RECORDS AND GET INTERVENTIONS, ACCOMMODATIONS, AND PLAN OF ACTION IN PLACE

THE SECOND MEETING CAN BE HELD TO REVIEW SUCCESS OF INTERVENTIONS, CHANGE/ADD INTERVENTIONS TO THE PLAN, REFER FOR AN EVALUATION IF ALL DOCUMENTATION HAS BEEN COLLECTED OR DOCUMENT THAT INTERVENTIONS ARE WORKING.

IF CHANGES OR ADDITIONS WERE MADE AT THE SECOND MEETING, A THIRD MEETING CAN BE HELD TO REFER FOR AN EVALUATION OR DOCUMENT THAT INTERVENTIONS ARE WORKING

Comment [c52]: THIS MUST BE A SUMMARY OF THE DISCUSSION YOU HAD DURING THE MEETING; SOMEONE SHOULD BE TYPING OR WRITING IN THIS SECTION AS EACH AREA IS DISCUSSED DURING THE MEETING.

DO NOT WRITE THAT THE COMMITTEE FEELS THAT THE STUDENT SHOULD BE REFERRED FOR AN EVALUATION WITHOUT EXPLAINING WHY YOU CAME TO THAT DECISION.

Comment [c53]: ONE OF THE AREAS MUST BE CHECKED

Comment [c54]: NAME OF THE PARTICIPANTS MUST BE TYPED BEFORE THE ELECTRONIC FILE IS SENT

Comment [c55]: REQUIRED PARTICIPANTS (SAME AS IEP): GEN. ED. TEACHER; REFERRING SOURCE, ADMINISTRATOR, SPECIAL EDUCATION TEACHER, CHILD STUDY CHAIR, PARENT, SPECIALISTS IF APPLICABLE

MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:					DATE OF INITIAL MEETING:				
					DATE REFERRED FOR EVALUATION:				
SCHOOL:		DOB:		GRADE:		GENDER:		AGE:	

CHILD STUDY PLAN OF ACTION

After reviewing the student's records and determining areas of weakness, the child study committee plans to implement the following Plan of Action:

Comment [c56]: THIS SECTION SHOULD BE USED TO OUTLINE THE ACTIONS THAT WILL BE IMPLEMENTED AFTER THE FIRST MEETING OF THE CHILD STUDY REFERRAL.

ACTION (SCREENINGS, INTERVENTIONS, SPECIALIZED SERVICES SUCH AS TITLE I & READING SPECIALISTS, ETC.)	MONITORED/IMPLEMENTED BY:	DATE OF IMPLEMENTATION:

**ATTACH REQUIRED DOCUMENTATION SUCH AS PRE-INTERVENTION WORKSHEETS, SCREENINGS, ACCOMMODATION PLAN, ETC. AT THE TIME A REFERRAL IS REQUESTED.

Administrator's Initials

Parent's Initial

MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:		DATE OF INITIAL MEETING:			
		DATE REFERRED FOR EVALUATION:			
SCHOOL:	DOB:	GRADE:	GENDER:	AGE:	

CHILD STUDY ASSESSMENT OPTIONS FOR FULL EVALUATION

ASSESSMENT OPTIONS	
<input type="checkbox"/>	SOCIOCULTURAL: A written report from a qualified visiting teacher or school social worker based on the use of information collected through social appraisal instruments. It shall contain social background and social / adaptive behavior in home, school, and community.
<input type="checkbox"/>	MEDICAL: A written report from a licensed physician/nurse practitioner indicating general medical history and any medical/health problems which may impede learning.
<input type="checkbox"/>	PSYCHOLOGICAL: A written report from a qualified psychologist based on the use of a battery of appropriate instruments which may include individual ability/intelligence test(s) psycho-educational test(s) and measures of behavior adjustment and a parent interview; AND AN EDUCATIONAL/DEVELOPMENTAL: A written report describing current educational performance and identifying instructional strengths and weaknesses in academic skills, language performance, and school behavior. Completed by educators and/or psychologists.
A CLASSROOM OBSERVATION will be conducted by a qualified professional as part of the evaluation process for all initial referrals. CLASSROOM OBSERVATIONS ARE REQUIRED FOR ALL INITIAL EVALUATIONS	
An audiometric assessment of hearing conducted by a speech and language therapist, hearing teacher, or school nurse. A vision screening will be conducted by the school nurse or vision teacher. HEARING & VISION SCREENINGS ARE REQUIRED FOR ALL INITIAL EVALUATIONS.	
OTHER ASSESSMENT OPTIONS	
<input type="checkbox"/>	OTHER:
<input type="checkbox"/>	OTHER:

PARENTAL /ADULT STUDENT CONSENT FOR INDIVIDUAL EVALUATION

<p>I GIVE PERMISSION for Mecklenburg County Public Schools to proceed with any proposed evaluation, as indicated above, of my child to determine whether or not he/she is eligible for special education services. I have received a copy of the CONSENT form and the RIGHTS AND PROCEDURAL SAFEGUARDS FOR SPECIAL EDUCATION. I understand these rights. Should this evaluation require transportation, I give permission for an employee of MCPS to transport my child if I am unable to provide the transportation.</p> <p>_____</p> <p>SIGNATURE(S) OF PARENT(S)/GUARDIAN(S)/SURROGATE/ADULT STUDENT</p> <p>DATE</p>	<p>I DO NOT GIVE PERMISSION for Mecklenburg County Public Schools to proceed with the evaluation of my child in order to determine whether or not he/she is eligible for special education because _____.</p> <p>I have received a copy of the CONSENT form and the RIGHTS AND PROCEDURAL SAFEGUARDS FOR SPECIAL EDUCATION. I understand these rights.</p> <p>_____</p> <p>SIGNATURE(S) OF PARENT(S)/GUARDIAN(S)/SURROGATE/ADULT STUDENT</p> <p>DATE</p>
--	---

PERMISSION GRANTED: **YES** **NO**

- Comment [c57]:** THIS ASSESSMENT FORM CAN ONLY BE USED FOR STUDENTS WHO ARE NOT ALREADY ELIGIBLE FOR SPECIAL EDUCATION SERVICES.. DO NOT COPY THIS FORM AND USE IT TO GAIN PARENTAL PERMISSION FOR A STUDENT WHO IS ALREADY ELIGIBLE FOR SPECIAL EDUCATION SERVICES.
- Comment [c58]:** REQUIRED COMPONENTS FOR ALL INITIAL REFERRALS, EXCEPT SPEECH ONLY REFERRALS: SOCIOCULTURAL APPRAISAL; MEDICAL, AND PSYCHOLOGICAL & EDUCATIONAL EVALUATION; HEARING & VISION SCREENING
- Comment [c59]:** REQUIRED FOR ALL INITIAL EVALUATIONS
- Comment [c60]:** REQUIRED FOR ALL INITIAL EVALUATIONS; STUDENTS ARE REQUIRED TO HAVE A CURRENT PHYSICAL BEFORE BEING ENROLLED INTO A SCHOOL BASED PROGRAM; REQUESTING A MEDICAL FOR INITIAL EVALUATIONS ENSURES THAT THIS IS COMPLETED ;
- Comment [c61]:** REQUIRED FOR ALL INITIAL EVALUATIONS
- Comment [c62]:** CLASSROOM OBSERVATIONS ARE REQUIRED FOR ALL STUDENTS REFERRED FOR AN EVALUATION; PERMISSION MUST BE GRANTED TO CONDUCT A CLASSROOM OBSERVATION
- Comment [c63]:** HEARING & VISION SCREENINGS WILL BE DONE ON ALL STUDENTS REFERRED FOR AN EVALUATION, INCLUDING SPEECH ONLY REFERRALS
- Comment [c64]:** THE OTHER SECTIONS SHOULD BE USED TO ASK FOR ADDITIONAL TESTS (IF NEEDED) SUCH AS: SPEECH/LANGUAGE EVALUATION; PSYCHIATRIC EVALUATION; NEUROLOGICAL EVALUATION
- Comment [c65]:** PLEASE EXPLAIN THAT PARENT CAN DENY PERMISSION FOR ANY ASSESSMENTS BEING RECOMMENDED; THEY DO NOT HAVE TO GIVE PERMISSION

MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:		DATE OF INITIAL MEETING:			
		DATE REFERRED FOR EVALUATION:			
SCHOOL:		DOB:		GRADE:	
				GENDER:	
				AGE:	

PRIOR NOTICE (REFERRAL FOR TESTING)

This form shall be given to the parent(s) of a child with a disability (or to the student when of legal age) in a reasonable time period:

- before Mecklenburg County Public Schools (MCPS) proposes to initiate or change the identification, evaluation, or educational placement of the child or the provision of Free and Appropriate Public Education (FAPE) to the child - notice shall be given at the same time parental consent is requested;
- before MCPS refuses to initiate to change the identification, evaluation, or educational placement of the child or the provision of FAPE to the child.

CONTENT

1. A description of the action proposed or refused by the school division:

THE SCHOOL DIVISION PROPOSES TO REFER THIS STUDENT FOR TESTING TO BE CONSIDERED FOR SPECIAL EDUCATION SERVICES.

2. An explanation of why the school division proposes or refuses to take the action:

THIS PROPOSED REFERRAL WILL DETERMINE IF THE STUDENT HAS A DISABILITY THAT WARRANTS SPECIAL EDUCATION SERVICES.

3. A description of any other options that the agency considered and the reasons why these options were rejected:

NO OPTIONS DISCUSSED WERE REJECTED

4. A description of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action:

THIS DECISION IS BASED UPON A REVIEW OF CURRENT RECORDS, CURRENT ASSESSMENTS AND THE STUDENT'S CURRENT CLASSROOM PERFORMANCE.

5. A description of any other relevant factors to the school division's proposal or refusal:

NO OTHER FACTORS WERE RELEVANT TO THE COMMITTEE'S DECISION

6. Resources for the parent to contact for help in understanding the Individual with Disabilities Improvement Act (IDEA) and the Related federal and Virginia Regulations:

Should you wish to obtain a copy of the Procedural Safeguards, need assistance understanding your rights, or have questions please call the Department of Exceptional Programs at 434-738-6111, or 447-7631 or your child's principal. You may also access information relating to special education via the internet at www.doe.virginia.gov

7. Indicate below how the parent/guardian was provided a copy of the procedural safeguards:

HANDED A COPY AT THE IEP MEETING
 MAILED A COPY TO THE PARENT
 OFFERED A COPY TO THE PARENT AT THE IEP MEETING

You have protections under the Procedural Safeguards of the Individuals with Disabilities Act (IDEA) and may appeal this decision.

_____ Date

_____ Signature of Administrator / Designee

Comment [c66]: THIS SECTION ONLY NEEDS TO BE COMPLETED AT THE MEETING WHERE THE STUDENT IS RECOMMENDED FOR TESTING FOR SPECIAL EDUCATION SERVICES.

Comment [c67]: IF A PARENT REQUEST FOR A SPECIFIC TEST OR SERVICE IS DENIED YOU MUST EXPLAIN WHY THE COMMITTEE REFUSED THE REQUEST.

MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:		DATE OF INITIAL MEETING:			
		DATE REFERRED FOR EVALUATION:			
SCHOOL:	DOB:	GRADE:	GENDER:	AGE:	

NOTIFICATION OF CHILD STUDY MEETING

Date: _____

Student: _____

Type of Meeting: Initial Meeting Follow-Up Meeting

Dear Parent/Guardian,

Your child has been referred to the Child Study Committee by _____
 Members of the committee will discuss educational issues related to your child's current program. Your input is important and you are encouraged to participate with this discussion.

This meeting has been scheduled for:

DATE:		TIME:	
LOCATION:			

If this date and time are inconvenient for you, please call me or the principal before the meeting at the following number _____

Participants checked below are expected to be in attendance at the IEP meeting:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Principal/Designee | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Regular Ed. Teacher | <input type="checkbox"/> Special Ed. Teacher |
| <input type="checkbox"/> Student (If appropriate) | <input type="checkbox"/> Specialist | <input type="checkbox"/> Other: | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Other: | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Other: | |

The parent/adult student or school division may invite individuals who have knowledge or special expertise regarding the student to participate as a member of the Child Study team. The determination of the knowledge or special expertise shall be made by the person extending the invitation. If you, the parent or adult student, are bringing other individuals to the meeting, please call to ensure that the meeting space will accommodate all team members.

Sincerely,

Child Study Chair

cc: Scholastic Record
 Participants

Comment [c68]: PERSONS BEING INVITED MUST BE GIVEN ADEQUATE NOTICE; AT LEAST 10 DAYS PRIOR TO THE MEETING

Comment [c69]: MUST BE SCHEDULED WITHIN 10 BUSINESS DAYS OF THE INITIAL REFERRAL DATE

Comment [c70]: IF THE MEETING IS SCHEDULED VIA PHONE, DOCUMENT THAT ON THE INVITATION LETTER; AND FORWARD A COPY OF THE INVITATION AS A REMINDER.

Comment [c71]: DO NOT GIVE INDIVIDUAL NAMES ONLY TITLES

MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:					DATE OF INITIAL MEETING:				
					DATE REFERRED FOR EVALUATION:				
SCHOOL:		DOB:		GRADE:		GENDER:		AGE:	

THE FOLLOWING PAGES SHOULD BE SAVED ON THE ELECTRONIC FILE SO THAT THEY CAN BE ACCESSED LATER IF NECESSARY BUT SHOULD BE DELETED BEFORE PRINTING THE CHILD STUDY REFERRAL SO THAT THE CORRECT NUMBER OF PAGES WILL SHOW IN THE PRINTED DOCUMENT

THE FOLLOWING PAGES INCLUDE:

- 2ND MEETING PAGE
- 3RD MEETING PAGE
- CHILD STUDY SCREENING FORM

MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:		DATE OF INITIAL MEETING:			
		DATE REFERRED FOR EVALUATION:			
SCHOOL:		DOB:		GRADE:	
				GENDER:	
				AGE:	

CHILD STUDY SCREENING OPTIONS

PERMISSION TO SCREEN	
Dear Parent/Guardian, On occasion a teacher or child study team may wish to have a student's hearing, vision, speech/language, educational skills and/or developmental milestones screened to determine if there is a problem in one of these areas which may adversely affect the student's ability to learn. Your child has been recommended for the screening indicated below. The screening will be provided at no cost to you. The screening will be completed by qualified personnel.	
<input type="checkbox"/>	Choose Appropriate Screening
<input type="checkbox"/>	Choose Appropriate Screening
<input type="checkbox"/>	Choose Appropriate Screening
<input type="checkbox"/>	Choose Appropriate Screening

PARENTAL /ADULT STUDENT CONSENT FOR INDIVIDUAL SCREENING

<p>I GIVE PERMISSION for Mecklenburg County Public Schools to proceed with any proposed screenings as indicated above, of my child. I have received a copy of the CONSENT form and the RIGHTS AND PROCEDURAL SAFEGUARDS FOR SPECIAL EDUCATION. I understand these rights.</p> <p>_____ SIGNATURE(S) OF PARENT(S)/GUARDIAN(S)/SURROGATE/ADULT STUDENT</p> <p>DATE _____</p>	<p>I DO NOT GIVE PERMISSION for Mecklenburg County Public Schools to proceed with the screening indicated above, of my child. I have received a copy of the CONSENT form and the RIGHTS AND PROCEDURAL SAFEGUARDS FOR SPECIAL EDUCATION. I understand these rights.</p> <p>_____ SIGNATURE(S) OF PARENT(S)/GUARDIAN(S)/SURROGATE/ADULT STUDENT</p> <p>DATE _____</p>
---	---

PERMISSION GRANTED: **YES** **NO**

MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:		DATE OF INITIAL MEETING:			
		DATE REFERRED FOR EVALUATION:			
SCHOOL:		DOB:		GRADE:	
				GENDER:	
				AGE:	

DATE OF 1 ST MEETING:		DATE OF 2 ND MEETING:	
----------------------------------	--	----------------------------------	--

SUMMARY OF COMMITTEE DECISION:

(Additional Pages may be used if more space is needed)

CHILD STUDY ACTION:

<input type="checkbox"/>	CONTINUE / MODIFY THE RECOMMENDED INTERVENTION STRATEGIES AND CONTINUE TO MONITOR THE SUCCESS/FAILURE OF THE INTERVENTIONS
<input type="checkbox"/>	PRE-REFERRAL INTERVENTION PLAN WAS SUCCESSFUL
<input type="checkbox"/>	PRE-REFERRAL INTERVENTION PLAN WAS NOT SUCCESSFUL (Attach Documentation)
<input type="checkbox"/>	CONSULT WITH (NAME/TITLE):
<input type="checkbox"/>	REFER FOR EVALUATION TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION SERVICES DUE TO A SUSPECTED DISABILITY – ATTACH ALL REQUIRED DOCUMENTATION

PARTICIPANTS

NAME OF PARTICIPANT	RELATIONSHIP TO STUDENT

MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:		DATE OF INITIAL MEETING:			
		DATE REFERRED FOR EVALUATION:			
SCHOOL:		DOB:		GRADE:	
				GENDER:	
				AGE:	

DATE OF 1 ST MEETING:		DATE OF 2 ND MEETING:		DATE OF 3 RD MEETING:	
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SUMMARY OF COMMITTEE DECISION:

(Additional Pages may be used if more space is needed)

CHILD STUDY ACTION:

<input type="checkbox"/>	CONTINUE / MODIFY THE RECOMMENDED INTERVENTION STRATEGIES AND CONTINUE TO MONITOR THE SUCCESS/FAILURE OF THE INTERVENTIONS
<input type="checkbox"/>	PRE-REFERRAL INTERVENTION PLAN WAS SUCCESSFUL
<input type="checkbox"/>	PRE-REFERRAL INTERVENTION PLAN WAS NOT SUCCESSFUL
<input type="checkbox"/>	CONSULT WITH (NAME/TITLE):
<input type="checkbox"/>	REFER FOR EVALUATION TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION SERVICES DUE TO A SUSPECTED DISABILITY – ATTACH ALL REQUIRED DOCUMENTATION

PARTICIPANTS

NAME OF PARTICIPANT	RELATIONSHIP TO STUDENT

MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:		DATE OF INITIAL MEETING:			
		DATE REFERRED FOR EVALUATION:			
SCHOOL:		DOB:		GRADE:	
				GENDER:	
				AGE:	

PRIOR NOTICE (REFERRAL FOR TESTING)

This form shall be given to the parent(s) of a child with a disability (or to the student when of legal age) in a reasonable time period:

- before Mecklenburg County Public Schools (MCPS) proposes to initiate or change the identification, evaluation, or educational placement of the child or the provision of Free and Appropriate Public Education (FAPE) to the child - notice shall be given at the same time parental consent is requested;
- before MCPS refuses to initiate to change the identification, evaluation, or educational placement of the child or the provision of FAPE to the child.

Comment [c72]: PRIOR NOTICE IS REQUIRED FOR CHILD STUDY REFERRALS WHEN TESTING IS REQUESTED

CONTENT

1. A description of the action proposed or refused by the school division:

THE SCHOOL DIVISION PROPOSES TO REFER THIS STUDENT FOR TESTING TO BE CONSIDERED FOR SPECIAL EDUCATION SERVICES.

2. An explanation of why the school division proposes or refuses to take the action:

THIS PROPOSED REFERRAL WILL DETERMINE IF THE STUDENT HAS A DISABILITY THAT WARRANTS SPECIAL EDUCATION SERVICES.

3. A description of any other options that the agency considered and the reasons why these options were rejected:

NO OPTIONS DISCUSSED WERE REJECTED

4. A description of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action:

THIS DECISION IS BASED UPON A REVIEW OF CURRENT RECORDS, CURRENT ASSESSMENTS AND THE STUDENT'S CURRENT CLASSROOM PERFORMANCE.

5. A description of any other relevant factors to the school division's proposal or refusal:

NO OTHER FACTORS WERE RELEVANT TO THE COMMITTEE'S DECISION

6. Resources for the parent to contact for help in understanding the Individual with Disabilities Improvement Act (IDEA) and the Related federal and Virginia Regulations:

Should you wish to obtain a copy of the Procedural Safeguards, need assistance understanding your rights, or have questions please call the Department of Exceptional Programs at 434-738-6111, or 447-7631 or your child's principal. You may also access information relating to special education via the internet at www.doe.virginia.gov

7. Indicate below how the parent/guardian was provided a copy of the procedural safeguards:

HANDED A COPY AT THE IEP MEETING
 MAILED A COPY TO THE PARENT
 OFFERED A COPY TO THE PARENT AT THE IEP MEETING

You have protections under the Procedural Safeguards of the Individuals with Disabilities Act (IDEA) and may appeal this decision.

_____ Date

_____ Signature of Administrator / Designee

MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:		DATE OF INITIAL MEETING:			
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SCHOOL:	DOB:	GRADE:	GENDER:	AGE:	

PRE-INTERVENTION DOCUMENTATION		
SPECIFIC CONCERN/BEHAVIOR BEING TARGETED:		
PERSON IMPLEMENTING THE INTERVENTION:		
<input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Title I Teacher <input type="checkbox"/> IST Teacher <input type="checkbox"/> Reading Specialist <input type="checkbox"/> Guidance Counselor <input type="checkbox"/> School Psychologist <input type="checkbox"/> Other:		
ENVIRONMENT THAT THE INTERVENTION WILL TAKE PLACE:		
<input type="checkbox"/> Regular Education Classroom <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> English <input type="checkbox"/> Social Studies <input type="checkbox"/> Science <input type="checkbox"/> Title I Classroom <input type="checkbox"/> Reading Specialist Classroom		
PRE-DATA SUMMARY OF SKILLS AND/OR SCORES		INSTRUMENT USED
POST-DATA SUMMARY OF SKILLS AND/OR SCORES		INSTRUMENT USED
INTERVENTION STRATEGY		INITIAL DATE OF IMPLEMENTATION
MONITOR PROGRESS USING DOCUMENTATION LOG BELOW:		
DATE	PROGRESS BEING MADE	COMMENTS/SUMMARY OF INTERVENTION (REQUIRED)
	<input type="checkbox"/> STUDENT IS IMPROVING <input type="checkbox"/> NO SUCCESS NOTED TO DATE <input type="checkbox"/> NEED STRATEGY MODIFIED <input type="checkbox"/> SUCCESS <input type="checkbox"/> FAILURE (NEW INTERVENTION NEEDED)	
	<input type="checkbox"/> STUDENT IS IMPROVING <input type="checkbox"/> NO SUCCESS NOTED TO DATE <input type="checkbox"/> NEED STRATEGY MODIFIED <input type="checkbox"/> SUCCESS <input type="checkbox"/> FAILURE (NEW INTERVENTION NEEDED)	
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Comment [c73]: DOCUMENTATION OF INTERVENTIONS MUST BE COMPLETE AND PROVIDE THE ELIGIBILITY COMMITTEE WITH THE FOLLOWING INFORMATION HIGHLIGHTED BELOW:

YOU MAY PROVIDE THIS DOCUMENTATION IN WHATEVER FORM YOU LIKE, HOWEVER ALL THE COMPONENTS MUST BE INCLUDED.

Comment [c74]: DO NOT COMBINE BEHAVIOR OR CONCERNS UNLESS THE INTERVENTION WILL BENEFIT ALL WEAKNESSES; A DIFFERENT FORM MUST BE USED FOR EACH WEAKNESS BEING TARGETED

Comment [c76]: THERE ARE ASSESSMENT INSTRUMENTS AVAILABLE TO YOU THAT ARE QUICK AND EASY TO ADMINISTER, AND ACCURATE; CONTACT WENDY BOHANNON, JEANNIE GARNER, OR CHRISTY PEPPER IF YOU NEED ASSESSMENT TOOLS; IF YOU ARE USING OBSERVATIONAL DATA MAKE SURE YOU HAVE DOCUMENTATION ON THE STUDENT'S SKILLS THAT SUPPORTS THE DATA REPORTED;

Comment [c75]: MUST HAVE AN UNDERSTANDING OF WHERE THE STUDENT IS CURRENTLY FUNCTIONING; IF YOU ARE STARTING A CHILD STUDY IN THE MIDDLE OF THE YEAR AND YOU HAVE NOT IMPLEMENTED INTERVENTIONS THEN DO NOT USE DATA FROM SEPTEMBER, USE DATA THAT IS CURRENT TO THE DAY YOU DEVELOP THE INTERVENTION; BE SPECIFIC; YOU HAVE TO BE ABLE TO MEASURE THE PROGRESS AGAINST THE PRE-DATA INFORMATION

Comment [c77]: POST-DATA INFORMATION MUST EITHER SHOW PROGRESS, NO PROGRESS, OR REGRESSION.

Comment [c78]: THIS MUST BE A RESEARCH BASED INTERVENTION THAT TARGETS THE BEHAVIOR OR ACADEMIC WEAKNESS BEING TARGETED; MAKE SURE THIS IS AN INTERVENTION AND NOT AN ACCOMMODATION;

Comment [c79]: COMMENTS ON THE PROGRESS MUST BE SPECIFIC AND IN DETAIL; IF NO PROGRESS IS BEING SEEN, YOU SHOULD COMMENT ON WHY YOU FEEL NO PROGRESS IS BEING SEEN; IF AFTER 4-6 WEEKS PROGRESS IS NOT BEING MADE YOU SHOULD DEVELOP A NEW INTERVENTION

Comment [c80]: ALL THREE HIGHLIGHTED SECTIONS MUST BE REPORTED ON; YOU MUST MONITOR MORE THAN ONE TIME; BEST PRACTICES INCLUDE MONITORING THE INTERVENTIONS AT LEAST ON A WEEKLY BASIS, DEPENDING ON THE INTERVENTION YOU MIGHT BE ABLE TO MONITOR PROGRESS EVERY OTHER WEEK.

MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:					DATE OF INITIAL MEETING:				
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SCHOOL:		DOB:		GRADE:		GENDER:		AGE:	

PRE-INTERVENTION DOCUMENTATION CONTINUED

SPECIFIC CONCERN/BEHAVIOR BEING TARGETED:		
	<input type="checkbox"/> STUDENT IS IMPROVING <input type="checkbox"/> NO SUCCESS NOTED TO DATE <input type="checkbox"/> NEED STRATEGY MODIFIED <input type="checkbox"/> SUCCESS <input type="checkbox"/> FAILURE (NEW INTERVENTION NEEDED)	
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MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:		DATE OF INITIAL MEETING:			
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SCHOOL:		DOB:		GRADE:	
				GENDER:	
				AGE:	

ACCOMMODATION/MODIFICATION PLAN

DATE THE PLAN WILL BE IMPLEMENTED:		PERSON RESPONSIBLE FOR IMPLEMENTING THE PLAN:	
<input type="checkbox"/> Preferential Seating	<input type="checkbox"/> Homework Notebook	<input type="checkbox"/> Study Guides	
<input type="checkbox"/> Reduced Assignments	<input type="checkbox"/> Photocopied Notes	<input type="checkbox"/> Graphic Organizers	
<input type="checkbox"/> Behavior Management Plan	<input type="checkbox"/> Ungraded Practice Sheets	<input type="checkbox"/> Flexible Schedule (Breaks)	
<input type="checkbox"/> Time Out / Isolation	<input type="checkbox"/> Read Tests Aloud	<input type="checkbox"/> Visual Aids	
<input type="checkbox"/> Extended Time on Assignments	<input type="checkbox"/> Time Out / Isolation	<input type="checkbox"/> Reduced Homework Assignments	
<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Math Manipulatives	<input type="checkbox"/> Assistance with Directions	
<input type="checkbox"/> Books on Tape	<input type="checkbox"/> Use of a Calculator	<input type="checkbox"/> Spelling Aids	
<input type="checkbox"/> Peer Tutoring	<input type="checkbox"/> After School Tutoring	<input type="checkbox"/> Verbal Reminders/Cues/Prompts	
<input type="checkbox"/> Parent Contacts	<input type="checkbox"/> Lower Level Textbooks	<input type="checkbox"/> Counseling (Guidance Counselor)	
<input type="checkbox"/> Extra Points on Assignments	<input type="checkbox"/> 1:1 Instruction	<input type="checkbox"/> Counseling (School Psychologist)	
<input type="checkbox"/> Behavior Contract (Attached)	<input type="checkbox"/> Flash Cards	<input type="checkbox"/> Accelerated Reader	
<input type="checkbox"/> Hands-on Activities	<input type="checkbox"/> Three Ring Binders	<input type="checkbox"/> Color Coded Binders	
<input type="checkbox"/> Cooperative Learning Groups	<input type="checkbox"/> Group Discussion	<input type="checkbox"/> Direct Instruction	
<input type="checkbox"/> Study Carrel	<input type="checkbox"/> Attendance Contracts	<input type="checkbox"/> Brainstorming Techniques	
<input type="checkbox"/> Small Group Instruction	<input type="checkbox"/> Extended Time to Answer Oral Questions	<input type="checkbox"/> Assignments Broken into Small Segments	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
REVIEW DATE OF THE ACCOMMODATION/MODIFICATION PLAN:			
SUMMARY OF THE SUCCESS/FAILURE OF THE ACCOMMODATION/MODIFICATION PLAN:			

Comment [c81]: MOST TEACHERS ACCOMMODATE STUDENTS IN THE CLASSROOM; AN ACCOMMODATION PLAN SHOULD ONLY BE DEVELOPED IF THE TEACHER HAS NOT USED ANY ACCOMMODATIONS TO HELP THE STUDENT IN THE AREA THAT IS A CONCERN

Comment [c82]: IF AN ACCOMMODATION PLAN IS DEVELOPED AT THE CHILD STUDY MEETING; THE TEACHER MUST REVIEW THE ACCOMM. PLAN AND GIVE A SUMMARY OF HOW THE ACCOMMODATIONS HELPED OR DIDN'T HELP THE STUDENT

MECKLENBURG COUNTY PUBLIC SCHOOL – REFERRAL TO CHILD STUDY

STUDENT'S FULL NAME:				DATE OF INITIAL MEETING:					
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ACCOMMODATION IMPLEMENTATION LOG

DATE	ACCOMMODATION	PERSON / CLASS	EVALUATION OF IMPROVEMENT NOTED

Comment [c83]: ONCE A STUDENT ENTERS THE CHILD STUDY PROCESS, THE TEACHERS SHOULD BEGIN TO MONITOR HOW THE ACCOMMODATIONS ARE HELPING THE STUDENT; YOU CAN USE THIS FORM FOR DOCUMENTATION OR WRITE A NARRATIVE