

Referral Review and Assessment Determination

Review each of the following areas and determine if there is a need to assess.	Do we need to assess?
1. Intellectual Functioning	___ Yes ___ No
2. Academic Functioning (Circle Concern Areas) <ul style="list-style-type: none"> a. Reading: basic skills, fluency, comprehension b. Math: basic skills, computation, word problems c. Written Language: spelling, grammar, punctuation d. Grades declining e. Assignments late/missing f. Assignments done poorly g. Not working to potential (low motivation) h. Inattentive i. Fails to bring materials 	___ Yes ___ No
3. Social, Emotional, Behavioral (Circle Concern Areas) <ul style="list-style-type: none"> a. Recent change in friends b. Withdrawn/loner/appears depressed c. Attention seeking behaviors/disruptive d. Frequent mood swings e. Excessive absenteeism f. Loss of motivation g. Hostile or argumentative h. Verbally or physically aggressive i. Disrespects property (personal, school, peer) j. Sleeps in class k. Suspected substance abuse 	___ Yes ___ No
4. Communication (Circle Concern Areas) <ul style="list-style-type: none"> a. Fluency b. Voice c. Articulation d. Language 	___ Yes ___ No
5. Motor Ability (Circle Concern Areas) <ul style="list-style-type: none"> a. Fine Motor b. Gross Motor 	___ Yes ___ No
6. Functional Skills	___ Yes ___ No
7. Physical Status (Circle Concern Areas) <ul style="list-style-type: none"> a. Inattentive b. Hyperactive - always on the go c. Frequent illness or complaints d. Medical diagnosis - please list: _____ 	___ Yes ___ No

8. Sensory Status (Circle Concern Areas) a. Vision (glasses/contacts) b. Hearing (hearing aid)	_____ Yes _____ No
9. Transition, including Vocational	_____ Yes _____ No
10. Other (Circle Concern Areas) a.	_____ Yes _____ No

Comments: _____

Evaluation Plan - Check the appropriate areas:

_____ ASD	_____ DHH	_____ DAPE
_____ DCD	_____ ECSE (DD)	_____ EBD
_____ OHD	_____ PI	_____ SLD
_____ SMI	_____ Speech	