MENOMINEE COUNTY ISD
Intermediate School District

1201- 41st Avenue
Menominee MI 49858
Http://mc-isd.org

LEARNING DISABILITY REFERRAL CHECKLIST

Student's Name _____   Todays Date: _____

Prior to an LD referral a Student Assistance Team Meeting (SAT) should be held. This meeting should include: General Education Teacher, Guidance Counselor,
Principal, Parent/Guardian, LD Teacher Consultant, and any itinerant staff involved with student and student if appropriate.
In accordance with current Michigan Department of Education rules and regulations the following documents should be included when referring a student for an LD evaluation. Check off all forms included and attach forms and checklist to the referral packet. Provide rationale for any form/information not included, (i.e., MEAP scores – student is too young to take MEAP).

To be completed by School Staff:

_____ Documentation of all interventions

_____ Benchmark Screening Scores (i.e. DIBELS, STAR, AIMSWEB, etc)

_____ Progress Monitoring graph/scores

_____ Report Cards and Attendance Records

_____ General Education Teacher Reports

_____ Norm referenced tests administered (i.e. KTEA-Brief, WJ-IV, Quick Phonics Screener, Key Math, Gates, etc.)

_____ Data compiled on student at SAT meeting (referenced above)

_____ Worksheet to Determine Appropriate Instruction

_____ Student Interview

To be completed by Parent:

_____ Parent Input

Please contact the Special Education Director (863-5665, x1012) with any questions or concerns.

INTERVENTION RECORD

Student _____ Date of Birth _____

School/Teacher _____ Grade_____

	SPECIFIC INTERVENTION	DATES BEGIN/END	DATA BEGIN/END	COMMENTS
S A M P L E	small-group math tutoring with aide, 20 minutes per day, times table to 5's Research based? Y _____ N __√__	January 10 to February 1	January 10 – 5% accuracy February 1 – 75% accuracy	Continue tutoring – re-check on Feb. 14
1.	 Research based? Y _____ N _____			
2.	 Research based? Y _____ N _____			
3.	 Research based? Y _____ N _____			
4.	 Research based? Y _____ N _____			
5.	 Research based? Y _____ N _____			
6.	 Research based? Y _____ N _____			

Suggested Questions for Parent Input for Initial Evaluation

Student's Name: _____ Parent/Guardian Name: _____

1. What are some of your child's strengths, interests and/or favorite activities? _____

   _____

2. What does s/he like best about school? _____

   least? _____

3. If your child has homework, does s/he complete it without help? ☐ Yes   ☐ No

   If no, what type of help is given? _____

4. Have there been any recent changes in your child in the following areas? (If yes, please explain):

   Behavior: _____

   Home or Family Relationships: _____

   School Performance: _____

5. Medical information:
   - Vision concerns? _____

   - Has your child ever had an eye exam? ☐ Yes ☐ No   Wears glasses? ☐ Yes   ☐ No

   - Hearing concerns? _____

   - Wears hearing aid(s)? ☐ Yes   ☐ No

   - Any other medical/health concerns? _____

   - Medical history: accidents, injuries, surgeries? _____

   - Taking medication (Type, reason, side effects)? _____

   - Any psychological (thinking/emotional) concerns? _____

6. Has your child had a psychological or education evaluation from outside of the school? ☐ Yes   ☐ No

7. Has your child received any of the following services in the last 3 years (tutoring, counseling, residential care)? ☐ Yes   ☐ No

   If yes, please describe: _____

8. Home life:
   - With whom does your child live at home? _____

   - What language is spoken at home? _____

   - How well does your child sleep at night? _____

   - Follows rules at home? _____

   - Leisure: Has friends? Participates in school or community activities? _____

Student Interview

Student Name: _____ Grade: _____

Interviewer: _____ Date: _____

Instructions: Interviewer should modify the language in this interview form to consider the age of the student. **This does not have to read word for word.**

1) What are your greatest strengths: In what areas do you do best? What are you most proud of doing?

2) What class/subject gives you the most difficulty? What made it difficult?

3) Is there anything you dislike about school other than homework and grades?

4) When you think about what area you need help improving, think about what helps you learn best:

    a) What does your teacher do that makes learning easier for you? (e.g, the teacher gives you review notes) What does your teacher do that makes learning harder for you? (e.g, directions are confusing)

    b) Are there things about the classroom or where you study at home that make learning more or less difficult? (e.g, kids near me want to talk, so I join in)

5) Share at least one idea that would make school easier for you:

General Education Teacher Report (K-6)

Student's Name: _____ Teacher: _____

Grade: _____ Date: _____

Part 1 – List positive student interests & behaviors: _____

_____

Part 2 – Academic Information. Check areas student is not meeting grade level expectations:

___ Reading Decoding   ___ Reading Fluency   ___ Reading Vocabulary

___ Reading Comprehension   ___ Writing meaningful, accurate sentences/passages

___ Writing Mechanics   ___ Spelling   ___ Math Computation

___ Math Problem Solving   ___ Math Facts   ___ Speaking Skills

___ Understanding directions, lecture, discussions or demonstrations (listening comprehension)

Approximate grade level in following areas: *Reading* _____ *Written Language* _____ *Math* _____

Part 3 – Behavioral Information – Rate each item:

	Usually	Sometimes	Seldom/Never	N/A
On time for class				
Brings necessary materials				
Turns in completed assignments				
Turns in assignments on time				
Willing to make-up assignments				
Follows teacher's directions				
Attends to lecture/discussion				
Participates in class discussions				
Stays on-task during work time				
Appropriate peer interactions				
Appropriate teacher interactions				

Part 4 – Explain specific areas of deficit you have observed with this student:

_____
_____
_____

Part 5 – Attendance

_____ Seldom Absent   _____ Frequently Absent   _____ Frequently Tardy

Number of schools attended: _____   Number of Retentions: _____

General Education Teacher Report (7-12)

- Every teacher this student has will need to fill in the chart regarding their hour/period.
- Please circulate **THIS** until it is fully completed.
- Please check appropriate box and/or fill in relevant information where asked.

Hour/Period	1st	2nd	3rd	4th	5th	6th	7th
Teacher							
Subject							
Achievement: Passing							
Borderline							
Failing							
Tests: Passing							
Borderline							
Failing							
Grade to Date							
Classroom Observation:							
On time for class							
Brings necessary materials							
Turns in completed assignments							
Willing to make-up assignments							
Follows teacher's directions							
Attends to lecture/discussion							
Participates in class discussions							
Stays on-task during work time							
Appropriate peer interactions							
Appropriate teacher interactions							

- **Please include comments on the back for your hour/period.**

Comments:

1st hr _____

_____

2nd hr. _____

_____

3rd hr. _____

_____

4th hr. _____

_____

5th hr. _____

_____

6th hr._____

_____

7th hr. _____

_____

Worksheet to Determine Appropriate Instruction

	Elements of Instruction	Evidence of Effectiveness	Other Evidence of Effectiveness
What	Documented curriculum	School district has a written curriculum that is aligned with State content expectations.	At least 80% of all of the school district's students within a grade are meeting district or state standards after being instructed with the district's core instructional program.

At least 80% of students using an intervention within the school have showed improved progress.

Observations of interventions during the evaluation period indicate that they are being implemented with fidelity. |
	Core/intervention curriculum materials	Materials systematically teach and review skills and have scientific-research evidence of effectiveness.	
	Reading	Instruction emphasizes the following big ideas: phonemic awareness, phonics, fluency, vocabulary and comprehension.	
	Math	Instruction emphasizes the following big ideas: conceptual understanding, computational and procedural fluency, fact fluency and problem solving skills.	
	Writing	Instruction emphasizes the following areas: basic mechanics and conventions, the content aspects of writing that convey meaning, and higher-level cognitive processes involved in planning and revising.	
	Oral Expression	Instruction emphasizes the use of syntax, semantics and morphology.	
	Listening Comprehension	Instruction emphasizes the understanding of syntax, semantics and morphology.	
Who	Teacher Qualifications	Teacher meets NCLB highly qualified standards and has been trained to use the curriculum materials.	
How	Instructional techniques/strategies	When teaching new skills, teacher uses explicit instructional techniques.	
	Differentiated/tiered instruction	Students are provided with the appropriate intensity of instruction to meet their individual needs. All students receive core instruction, some students received targeted, strategic instruction, a few students receive targeted intensive instruction.	
	Fidelity of instructional implementation	There is documentation that the core and intervention programs are implemented with fidelity.	
	Assessments / Use of data	School screens all students three times a year to assess their progress. Students receiving strategic interventions are assessed weekly/monthly with formative assessments (e.g., progress monitoring tests) and students receiving intensive interventions (through general or special education) are assessed weekly. Schools regularly use assessment data to evaluate their instructional programs and modify accordingly.	

Verified by: _____ **on** _____
                    Principal's Signature   **Date**

REVIEW OF EXISTING EVALUATION DATA (REED) AND EVALUATION PLAN

Menominee County Intermediate School District

☐ **Initial Evaluation**   ☐ **Re-evaluation**   ☐ **Termination of Eligibility**

Date of Review:			
Student's Name	Last:	First:	Middle Initial:
Student ID #:	Date of Birth:	Grade:	School:
Parent/Guardian:		Phone:	
Address:		City, State, ZIP:	

Participants: Check the box ☐ next to the member who can interpret the instructional implications of evaluation results. Also check the box ☐ under each member's name to indicate how the member participated.

_____
Student
☐ Phone   ☐ Personal Communication   ☐ In Person

_____
Parent
☐ Phone   ☐ Personal Communication   ☐ In Person

_____
Parent
☐ Phone   ☐ Personal Communication   ☐ In Person

_____
☐ **Other**
☐ Phone   ☐ Personal Communication   ☐ In Person

_____
☐ **District Representative**
☐ Phone   ☐ Personal Communication   ☐ In Person

_____
☐ **General Education Teacher**
☐ Phone   ☐ Personal Communication   ☐ In Person

_____
☐ **Special Education Provider**
☐ Phone   ☐ Personal Communication   ☐ In Person

_____
☐ **Other**
☐ Phone   ☐ Personal Communication   ☐ In Person

REVIEW OF EXISTING EVALUATION DATA
Review, *describe*, and *identify* the data source for the following information:

Information	Data Source	Description of Information
Review of existing evaluations including current classroom-based, local, or state assessments; and classroom-based observations.		
Review teacher and related service provider(s) observations.		
Review evaluations and information provided by parents.		
Other		

REVIEW OF INPUT FROM PARENT:

REVIEW OF EXISTING EVALUATION DATA (REED) AND EVALUATION PLAN

ADDITIONAL DATA NEEDED AND EVALUATION PLAN

On the basis of the above review, the educational needs of the child, and input from the student's parents, identify the additional data needed to determine the following:

- Whether the student has or continues to have a disability.
- The student's present level of academic performance and related developmental needs.
- Whether the student needs or continues to need special education and related services.
- Whether any additions or modifications to special education and related services are needed to meet IEP goals and participate in general education.

ASSESSMENT AREA	DATA AND ASSESSMENTS NEEDED *(Note observations if required)*
☐ Achievement	
☐ Adaptive Skills	
☐ Cognitive Ability	
☐ Social/Emotional/Behavior	
☐ Speech and Language	
☐ Other	
☐ Other	

NOTICE OF SUFFICIENT DATA

☐ Based on the review of the data and input from the parent, it was determined that no additional data is needed to determine whether the student is or continues to be a student with a disability who has any special educational and program needs. **State reason (required):**

_____

If you, the parent, do not agree with this plan, you may request an evaluation. Contact (District contact).

CONSENT FOR ADDITIONAL ASSESSMENT

I, as parent/guardian,
1. Have received a copy of the Special Education Procedural Safeguards.
2. Understand the contents of this plan, and: (Choose one)
   - ☐ I consent to the proposed evaluation plan.
   - ☐ I do not consent to the proposed evaluation plan. (Explain concerns):

_____

Parent/Guardian Signature _____

Date of Consent _____

The results of the evaluation identified in this plan will be reviewed at an IEP team meeting to be held on or before:

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INVITATION TO ATTEND REVIEW OF EXISITING EVALUATION DATA (REED) MEETING

Dear: _____: Date: _____
              Parent/Guardian/Surrogate/Student

A REED meeting has been scheduled for your child.

This meeting is scheduled for: _____
                                    Student Name

_____at _____at _____
   Date   Time   Place

If this time and/or place is not acceptable to you, please contact me as soon as possible by calling

_____.

Please feel free to invite any other persons of your choice to attend this meeting including individuals who you feel have knowledge or special expertise regarding your child. The school district has asked the following persons to participate in this meeting:

Participants	**Name and Position**
A representative of the public agency/adm. or designee	_____
Student	_____
The child's teacher(s)	_____
Member(s) of the multidisciplinary evaluation team	_____
	_____
Others	_____

_____   _____
Signature of Follow-up-contact Person   Date   *Name/Title*

Parental receipt of notice:

_____
Parent Signature   Date