


BELOIT

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SEEDS4Schools

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Students

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EDIT FORM

A-1 - Referral Form

Created: 07/18/2011 04:36 PM

* indicates required field

Purple Knight - SAVE


Street Address	City	State	Zip Code	
1225 Fourth Street	Beloit	WI	53511	
Birth Date	Grade	District of Residence	District of Placement	Current School
03/12/1995 (18)	Grade 12			

PARENT/GUARDIAN

Mom Knight (Mother)

Street Address	City	State	Zip Code	Phone(s)
100 BMHS Street	Beloit	WI	53511	Home: (608) 361-3000


* Referral Made By



* Title of Person Making Referral

Classroom Teacher

* Parent Notification Date

T

* Notification Method

Phone Call

* Primary Home Language


EnglishOther - Specify

* Interpreter Needed?

YesNo

I. STATE THE REASON YOU BELIEVE THE CHILD HAS A DISABILITY:

Source



For 3 year Re-evaluations, state the child's disability (label) and that the child benefits from special ed services to address specific deficits. List some of those deficits.


Purple Knight has a specific learning disability. He shows improved progress in academic achievement when he participates in English class with supported instruction from a special education teacher which includes pre-teaching of vocabulary, guided notes and extra supports in guided reading therapy.

Do not simply state that "Purple Knight as a specific learning disability." State the reasons why you believe the child has a disability. Be detailed and specific.

II. PERCEPTION OF CHILD'S ABILITY/PERFORMANCE:

A) Summarize child's strengths (academic, behavioral):

Source



List both academic and behavioral strengths. This section includes all positive comments.

https://seeds.4schools.net/a/forms/index.cfm?sfid=792863&studentid=KN03121995M01&eventid=205760&dt=021852[10/21/2013 2:25:31 PM]

B) Summarize child's areas of concern (academic, behavioral):

List areas of concerns in the areas of academics and behavior. This section includes concerns directly related to the deficits listed in section #1 as well as other known deficits that prohibit the child from participating fully in the general ed core curriculum.

Purple Knight is currently reading at the 3rd grade level, which is five grades below his same age peers. He also exhibits disruptive behavior during reading instruction and can only concentrate when he is in a one on one instructional setting. Purple Knight's behavior has not improved greatly in the last three years. He must be managed by a specific and detailed behavior intervention plan that include positive supports like a token economy system, incentives and time to de-escalate during increased behaviors.

C) Provide pertinent assessment data, functional levels, and related medical information:

List the child's current assessment data (WKCE, MAP, Running Records, etc), functional data and other related medical information (new medication or diagnosis).

D) List previous interventions and programs provided to the child and the effects of those interventions and those programs.
Please provide adequate details:

List previous interventions as well as current interventions and the relevant supporting data. Make sure to indicate if previous interventions were successful and the data supporting that as well.

Purple Knight was benefited from a Tier 3 Reading Intervention when it is instructed individually to Purple Knight. The data indicates that he is progressing well. Purple Knight has increased two reading levels and continues to show improvement during each progress monitoring period.

III. RECENT SCREENINGS:

Vision T Pass Fail

Details

Hearing T Pass Fail

Details

* IV. THE CHILD IS TRANSITIONING FROM BIRTH TO 3 EARLY INTERVENTION PROGRAM:

Yes No

Parent
You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. A copy of your procedural safeguards rights is provided with this form in a brochure about Special Education Rights for Parents and Children. If you would like another copy of this brochure, you may contact the School District at the telephone number below. You may also contact the organizations listed on the Special Education Rights for Parents and Children brochure if you have questions about your rights.

Initials

Date

T

NAME AND TITLE OF DISTRICT CONTACT

* Contact Name/Title

* Phone

Email

Date Received

T

School District Representative Receiving Referral

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