

**JOHNSTON PUBLIC SCHOOLS**  
*Special Services*

**TEAM REVIEW OF REFERRAL**

Name \_\_\_\_\_ SASID \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ CA \_\_\_\_\_

Teacher \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Student Language Proficiency \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

**REFERRAL MEETING (Initial)** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Team Review of Evidence of Prior Instruction, Intervention, Achievement/**

**Performance and Progress:**

**A) Description of appropriate, high-quality, research-based instruction** provided in all educational settings and by trained personnel; interventions of appropriate type, progression and intensity, implemented with fidelity; and data indicating that frequent, repeated, appropriate assessments of this student's achievement/performance and progress were made, and that results were provided to the child's parents [summarize here or attach summary and indicate location of full documentation records, for example: previous intervention plans (PLPs, ILPs, BIPs), assessment results].

**B) Student's achievement/performance** (e.g. on assessments that measures progress towards Common Core State Standards; on district reading/math assessments; on behavioral observations and/or rating scales; on standardized norm-referenced tests; on language proficiency assessments)

Assessment	Child's Performance	Date Administered

**Is the student's achievement/performance significantly different from his/her peers?**  
**YES** \_\_\_\_ **NO** \_\_\_\_

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### C) Progress during Instruction and Intervention

1. Has the child received comprehensive classroom instruction (including supplemental strategies and differentiated instruction)? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Has the child received individual and/or small group interventions and frequent progress monitoring with reliable and valid measures by classroom teacher and/or other personnel? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Has the child received two periods of intensive interventions and weekly progress monitoring with reliable and valid measures (including clear evidence of fidelity of implementation) YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, what is lacking?	What needs to be done?	Who will do it?	Dates to be completed
Results of Additional Interventions and Monitoring:			
Date Meeting Reconvened: _____			

4. Is the difference between the student's performance and that of his/her peers less at the end of period(s) of intensive interventions than it was at the beginning? (i.e., Is the gap between the student's performance and his/her peers being closed?)

**Yes**, assessments indicate student's performance is no longer significantly different from his/her peers.

Can the student's progress be maintained without intensive support?

**YES\*** \_\_\_\_\_ **NO\*\*** \_\_\_\_\_

*\*If YES, describe effective strategies and interventions.*

*\*\*If NO, proceed to consider suspicion of disability.*

Effective Strategies, Interventions and Supports (consider curriculum, instruction, environment):

**No**, assessments indicate that even with two periods of intensive intervention student's performance is still significantly different from his peers. S/he has not made sufficient progress, proceed to consider suspicion of disability and revise interventions being provided.

*When the team has completed sections(A), (B) AND (C) above, proceed to consider suspicion of disability.*

#### SUSPICION OF DISABILITY:

Given the inadequacy of this student's achievement/performance, and the student's progress during intensive interventions, is there a suspicion that the student might have a disability? YES \_\_\_\_\_ NO \_\_\_\_\_

If **NO**, consider supports needed within general education.

If **YES**, proceed to the assessment questions.

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**EVALUATION PROCESS**

The Comprehensive Evaluation: If the team agrees there is a suspicion that a student may have a disability and is in need of special education and related services proceed to determine what questions about the student’s performance and needs must still be answered before deciding if there is a disability.

Assessment Questions and Evidence Gathering:

After reviewing all the information already gathered, are there questions remaining before a disability determination can be made, confirmed or changed? If not, proceed to the next step, review of evaluation or re-evaluation information.

Questions:	Evidence needed: information, interventions and/or assessments	Person(s) responsible	Date Due	Date Done	Answers to assessment questions (Attach documentation)

***When the team has gathered necessary evidence and answered all assessment questions, proceed to review the full and individual comprehensive evaluation or re-evaluation information.***