



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

LEARNING DISABILITY REFERRAL CHECKLIST

Student's Name _____ Today's Date: _____

Prior to an LD referral, Student Assistance Team Meetings (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., standardized testing scores as applicable).

To be completed by School Staff:

- ___ Benchmark Screening Scores (i.e. DIBELS, STAR, AIMSWEB, etc)
- ___ Progress Monitoring graph/scores
- ___ Report Cards and Attendance Records
- ___ District Discipline 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
- ___ Copy of IRIP (if applicable)
- ___ Copy of 504 Plan (if applicable)

To be completed by Parent:

- ___ Parent Input

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

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) _____

6. Home Life:

- With whom does your child live at home? _____

- How well does your child sleep at night? _____

- Follows rules at home? _____

- Leisure: Participates in school or community activities? _____

General Education Teacher Report (K-12)

To be filled out by every teacher working with the student

Student's Name: _____ Teacher: _____

Subject/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* _____

Does the student have an IRIP? _____ Does the student have a 504 Plan? _____

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: _____

Worksheet to Determine Appropriate Instruction

Student Name: _____

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.	<p>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.</p> <p>At least 80% of students using an intervention within the school have showed improved progress.</p> <p>Observations of interventions during the evaluation period indicate that they are being implemented with fidelity.</p>
	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**



- Carney-Nadeau
 Stephenson
 Menominee
 North Central
 ISD
 Initial Evaluation
 Transfer-In
 Other: _____

Date of Referral:	Student's Name:		
Date of Birth:	Sex:	Grade:	UIC#:
Mother/Guardian:		Father/Guardian:	
Student's Primary Address:			
Mother Phone:		Father Phone:	
Parent Email:			

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

 District Representative
 Phone Personal Communication In Person

 Parent/Guardian
 Phone Personal Communication In Person

 General Education Teacher
 Phone Personal Communication In Person

 Parent/Guardian
 Phone Personal Communication In Person

 Special Education Provider
 Phone Personal Communication In Person

 Other
 Phone Personal Communication In Person

 Other
 Phone Personal Communication In Person

REVIEW OF EXISTING EVALUATION DATA		
Information	Data Source	Description of Information
Review of existing evaluations including current classroom-based, local, or state assessments.	DIBELS STAR M-STEP	
Review teacher and related service provider(s) observations.	Gen Ed Spec Ed Related Service	
Review evaluations and information provided by parents (outside medical reports).	Date of Report: _____ Source: _____	<i>Provide a copy of report.</i>
Interventions		
REQUIRED Review of Input from Parent:		

REVIEW OF EXISTING EVALUATION DATA (REED) AND EVALUATION PLAN

ADDITIONAL DATA NEEDED AND EVALUATION PLAN	
Assessment Area	Data and Assessments Needed
<input type="checkbox"/> Achievement	
<input type="checkbox"/> Adaptive Skills	
<input type="checkbox"/> Cognitive Ability	
<input type="checkbox"/> Social/Emotional/Behavior	
<input type="checkbox"/> Speech & Language	
<input type="checkbox"/> OT <input type="checkbox"/> PT	
<input type="checkbox"/> Autism Evaluation	
<input type="checkbox"/> Other: _____	

No testing is recommended at this time. Team recommends ongoing progress monitoring and data collection.

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 education and program needs. **State Reason (required):**

If you, the parent, do not agree with this plan, you may request an evaluation. Contact Building Administrator.

CONSENT FOR ADDITIONAL ASSESSMENT

Further testing is recommended at this time, as specified above, to determine whether the student is or continues to be a student with a disability who has any special education and program needs.

I, as parent/guardian,

1. Have received a copy of the Special Education Procedural Safeguards (the Procedural Safeguards Notice you received describes protections under the IDEA. The Procedural Safeguards Notice is also available at https://www.michigan.gov/documents/mde/Procedural_Safeguards_Notice_550307_7.pdf)
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

Signature of Superintendent or Designee

Date

If testing is recommended, the results of the evaluation identified in this plan will be reviewed at an IEP team meeting to be held on or before:

Send Completed Form to:

Menominee County ISD, 1201 – 41st Avenue, Menominee, MI 49858; Fax: 906-863-7776; Phone: 906-863-56650

