

South Valley Special Education School Assessment Request Form

Student: _____ DOB: _____
 School: _____ Grade: _____
 Referred by: _____ Referral Date: _____

Reason for Referral (check areas):

Instructional Concerns	Behavioral Concerns
<input type="checkbox"/> Oral Expression <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Reading Fluency Skills <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Written Expression <input type="checkbox"/> Mathematics Calculation <input type="checkbox"/> Mathematics Problem-Solving <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Instructional Concerns Noted	<input type="checkbox"/> Attention and Concentration <input type="checkbox"/> Non-Compliance with Teacher Directives <input type="checkbox"/> Following Directions <input type="checkbox"/> Easily Frustrated <input type="checkbox"/> Extreme Mood Swings <input type="checkbox"/> Social/Peer Interaction Skills <input type="checkbox"/> Adaptive Behavior Skills <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Behavioral Concerns Noted

Review of Medical Information and/or Records: *(Please describe, about the student: any medical concerns, medical diagnoses, current medications, and/or any information about hearing, vision, or fine/gross motor skills.)*

Educational History: *(Please describe the student's educational history [e.g. current grades, state testing, AIMSweb scores, STAR performance scores], school attendance/absences, whether the student has been previously referred, or received, special education services.)*

Pre-Referral Interventions: *(Please describe, any current or past supplemental programs/services or interventions provided to the student. E.g. Title 1, Early intervention services, preschool, individualized interventions, etc. describe or attach any scientific research-based interventions implemented and the results)*

Intervention Summary 1 *(Please summarize intervention data to demonstrate a before intervention and after intervention result. In addition, attach full intervention report, including graphs, for in-depth review.)*

Baseline Data:

Intervention:

Implementation Timeline:

- Starting Date: _____
- End Date: _____

Intervention Data:

Intervention Summary 2 *(Please summarize intervention data to demonstrate a before intervention and after intervention result. In addition, attach full intervention report for in-depth review.)*

Baseline Data:

Intervention:

Implementation Timeline:

- Starting Date: _____
- End Date: _____

Intervention Data:

Intervention Summary 3 *(Please summarize intervention data to demonstrate a before intervention and after intervention result. In addition, attach full intervention report for in-depth review.)*

Baseline Data:

Intervention:

Implementation Timeline:

- Starting Date: _____
- End Date: _____

Intervention Data:

Support Staff Involvement: *(Please list support staff involved with your interventions [e.g. behavior analyst, occupational therapist, speech/language pathologist, school psychologist, etc.]*

Special Education Assessment Request:

Approved by: _____ **Date:** _____

Comments:

Unapproved by: _____ **Date:** _____

Comments:
