

**Special Education Office
Plattsburgh City School District
49 Broad Street
Plattsburgh, New York 12901
563-6262**

MEMORANDUM

TO: Faculty
FR: The Committee on Special Education
RE: Referral to the Committee On Special Education

PLEASE READ THIS PRIOR TO COMPLETING A CSE REFERRAL

A referral is one of the final steps in the process for providing a student in need of academic support. Initiating a referral to the Committee On Special Education means there is strong reason to believe that student may have an **educational disability** that cannot be addressed outside of special education.

It is important that you work with your building principals, school counselors, and student support teams to determine which programs and services can benefit the student while remaining in the regular education program. New York State Regulations require that you show what attempts to resolve have been made prior to special education referral and classification.

No referral should be submitted until **parental contact** has been made. This means the parents are aware of your referral, the reasons for the referral, and what a referral to the Committee On Special Education means. The Committee On Special Education should never be the first person to contact a parent concerning the referral of their child.

If you have any questions about the procedures that must be followed to refer a student to the Committee On Special Education, please call our office at 563-6262.

PLEASE NOTE: In order for the CSE to process this referral, all sections must be completed prior to submission.

SUBMISSION PROCESS: Individual completing this form must forward to the building administrator for signature and review.

Individual making referral: _____

Relationship to the student: _____

Signature of building administrator: _____ Date: _____

Please write clearly

Student's Name: _____ DOB: _____

Is this student a new entrant: _____; If yes, name of prior district: _____

Ethnicity: _____ Current grade: _____ Gender: _____

Data Warehouse ID Number: _____ Social Security Number: _____

Address: _____

P.O. Box Number, and Street Address

City: _____ State: _____ Zip Code: _____

Please write clearly

Parents/Guardians Demographic Section

Please circle: Parent/Guardian/Foster Parent/Other:

Parent/Guardian Name: _____ Phone Number: _____

Address if different from student's _____

Additional Parents/Guardian: _____

Address if different: _____

Primary Language at home: English: ___ other: _____; Interpreter Needed: Yes or No

PLEASE NOTE: In order for the CSE to process this referral, all sections must be completed prior to submission.

Parent/Guardian Notification Section

Describe the extent of parental contact or involvement prior to making this referral: The parent/guardian must be notified of this referral and its nature prior to submission.

Date: _____ Description of contact _____

List individual who made this contact: _____

Date: _____ Description of contact _____

List individual who made this contact: _____

CUMULATIVE RECORD REVIEW – Each area must be addressed—OR—indicate as not applicable (NA)

<p>ATTENDANCE</p> <p>1. Last Year Days Present____Days Absent____</p> <p>2. Total days missed since student Began this school year_____</p> <p>3. List all schools attended: _____ _____ _____</p> <p>4. Retentions Yr(s)_____Gr(s)_____</p> <p>5. Previous enrollment in Special Education Programs/Section 504: _____ _____ _____ _____ _____ _____</p>	<p>TESTING INFORMATION For NYS tests only</p> <p>Year_____</p> <p>Subject_____</p> <p>Score_____</p> <p>Year_____</p> <p>Subject_____</p> <p>Score_____</p> <p>Year_____</p> <p>Subject_____</p> <p>Score_____</p>	<p>SCREENING</p> <p>1. Hearing Date:_____</p> <p>Results: _____</p> <p>Recheck Needed: _____</p> <p>2. Vision Date: _____</p> <p>Results: _____</p> <p>Recheck Needed: _____</p> <p>SPECIAL NEEDS: List any medications the student is currently taking</p> <p>_____ _____ _____ _____ _____</p>																								
<p>DISCIPLINE RECORD</p> <p>Number of discipline reports _____</p> <p>Number of suspensions _____</p> <p>In-School_____</p> <p>Out-of-school_____</p>	<p>MOST RECENT ACADEMIC GRADES</p> <p>1.Language Arts_____</p> <p>2.English_____</p> <p>3.Math_____</p> <p>4.Spelling_____</p> <p>5.Science_____</p> <p>6.Social Studies_____</p> <p>7.Health/PE_____</p> <p>8.Other_____</p>	<p>TEST SCORES: To be completed by classroom teacher. List and attach copies of all recent test Terra Nova's, achievement tests, diagnostic and screening etc.</p> <table border="1"> <thead> <tr> <th><u>Name of Test</u></th> <th><u>Date</u></th> <th><u>Results/Score</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Name of Test</u>	<u>Date</u>	<u>Results/Score</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Name of Test</u>	<u>Date</u>	<u>Results/Score</u>																								
_____	_____	_____																								
_____	_____	_____																								
_____	_____	_____																								
_____	_____	_____																								
_____	_____	_____																								
_____	_____	_____																								
_____	_____	_____																								

CUMULATIVE RECORD REVIEW- Each area must be addressed with a Yes (Y) or No (N)

<p><u>Physical & Communication</u></p> <p><input type="checkbox"/> Generally appears healthy</p> <p><input type="checkbox"/> Normal energy level</p> <p><input type="checkbox"/> Gross motor coordination appropriate</p> <p><input type="checkbox"/> Fine motor coordination appropriate</p> <p><input type="checkbox"/> Speech (articulation) appropriate</p> <p><input type="checkbox"/> Spoken language appropriate</p> <p><input type="checkbox"/> Written language appropriate</p>	<p><u>Participation</u></p> <p><input type="checkbox"/> Attends school regularly</p> <p><input type="checkbox"/> Arrives on time for class</p> <p><input type="checkbox"/> Completes assignments</p> <p><input type="checkbox"/> Concentrates and able to attend</p> <p><input type="checkbox"/> Participates in class</p> <p><input type="checkbox"/> Functions independently</p> <p><input type="checkbox"/> Follows directions</p>
<p><u>Social</u></p> <p><input type="checkbox"/> Age-appropriate self-help skills</p> <p><input type="checkbox"/> Displays feelings appropriate to situation</p> <p><input type="checkbox"/> Sensitive to social culture</p> <p><input type="checkbox"/> Relates well to adults</p> <p><input type="checkbox"/> Relates well to peers</p>	<p><u>Related Concerns</u></p> <p><input type="checkbox"/> Appropriate behavior for age or school setting</p> <p><input type="checkbox"/> Substance abuse (suspected)</p> <p><input type="checkbox"/> Appropriate peer contacts</p> <p><input type="checkbox"/> Personal hygiene appropriate</p> <p><input type="checkbox"/> Dress appropriate to climate</p>

CUMULATIVE RECORD REVIEW – Each area must be addressed with a Yes (Y) or No (N)

<p><u>Environmental</u></p> <p><input type="checkbox"/> Limited experiential background</p> <p><input type="checkbox"/> Irregular attendance (absent at least 20% of the time in a grading period for reasons other than verified personal illness)</p> <p><input type="checkbox"/> Transience in elementary school years (at least two moves in a single year)</p> <p><input type="checkbox"/> School readiness comparable to peer group</p>	<p><u>Cultural Disadvantage</u></p> <p><input type="checkbox"/> Limited experiences in majority-based culture (child does not participate in scouts, clubs, other organizations and activities with members of dominant culture)</p> <p><input type="checkbox"/> Child has limited involvement in organizations and activities of any culture</p>	<p><u>Economic Disadvantage</u></p> <p><input type="checkbox"/> Residence in a depressed economic area</p> <p><input type="checkbox"/> Low family income at subsistence level</p> <p><input type="checkbox"/> Family unable to afford enrichment materials and/or experiences</p>
--	--	--

Are the above items compelling enough to indicate this student’s education performance is primarily due to environmental, cultural or economic disadvantage? Explain:

Motivation

To help clarify if motivational issues are a factor in the student’s academic deficits, please address the following questions:

Does the student want to succeed in school? Give examples to support your answer.

Does the student seek assistance from teachers, peers, others?

Does the parent report efforts made at home to complete homework or study assignments?

Is the student making an effort to learn? Explain:

Are student’s achievement scores consistent with the student’s grades?

Situational Trauma

To help clarify if situational stressors are a factor in the student’s academic deficits, please address the following questions:.

Has the student experienced a recent trauma? (i.e., parents divorced, illness of student or family member, death of family member or serious accident or injury, financial crisis, crime victim, etc.) _____

Is there any other situation that could create stress or emotional upsets?

Has there been a significant change in the student’s classroom performance within a short period of time (6-12 months)? _____

I have observed problems that interfere with his/her educational progress in the following area(s): Check all that apply.

Academic performance, low or failing grades

Behavior and/or discipline

Speech, articulation

Language

Medical

Other, specify _____

Describe difficulties and their impact upon education.

New York State Education Law, Part 200.2 (b) 7 of the Commissioner’s Regulations, requires that approaches and pre-referral interventions outside of special education must be implemented prior to referral. Interventions that have been used or are currently in place are not limited to the following:

Academic Intervention Services

Mentoring

Homework Club

Student Support Team

Alternative Education Program

Additional Classroom Support/Modifications

Retention

Behavior Intervention Plan

School Based Counseling

Tutoring

Study Buddy Program

Referral to community agencies such as: Department of Social Services, Family Services, Behavioral Services, VIP Programs, etc.

Other, Please Explain

PLEASE EXPLAIN THE STUDENTS RESPONSE TO THE FOLLOWING INTERVENTIONS

Tier I Documentation Form: Student Interventions/Strategies

Student _____ **Specific Skill Area** _____ **Grade** _____ **Date** _____

Alternative strategies and interventions for improvement of the student’s skills have been implemented and the student has/has not made progress. **(Documentation of student performance must be provided.)**

Strategies/Interventions & provider	Results	Dates to/From

Interventions for Tier I may include:

- Explicit and systematic small group instruction within the general education classroom.
- Instruction that has been broken down into manageable steps.
- Instruction that has been provided using a different teaching strategy.
- Instruction was provided using a different response mechanism.
- Student has been provided with additional practice activities.
- Student has been provided with immediate and specific feedback.

Signature of Classroom Teacher Implementing Tier: _____

Date: _____

**Universal Interventions
Guidelines**

Focus	All Students
Program	Scientifically Based Curricula
Grouping	Multiple grouping formats to meet student needs
Time	90 minutes per day or more
Assessment	Benchmark assessment following 1st,2nd and 3rd quarters
Interventions	General education classroom teacher
Setting	General education classroom

Tier II Documentation Form: Student Interventions/Strategies

Student _____ Specific Skill Area _____ Grade _____ Date _____

Alternative strategies and interventions for improvement of the student’s skills have been implemented and the student has/has not made progress. (**Documentation of student performance must be provided.**)

Strategies/Interventions & provider	Results	Dates to/From

Interventions for Tier II may include:

- Explicit and systematic small group instruction outside of the general education classroom.
- Supplemental instruction that has been provided using a different teaching strategy.
- Student has been provided with additional practice activities.
- Instruction has been provided targeting specific areas of weakness.

Supplementary Interventions, two to three 30-minute per week, in addition to 90 minutes (6-12 weeks)

Focus	Students identified with marked difficulties, and who have not responded to documented Tier I efforts
Program	Programs, strategies, and procedures designed and employed to supplement, enhance and support Tier I
Grouping	Homogeneous small group instruction
Time -- 6-12 Weeks	Minimum of 30 minutes per day 2-3 times per week in small group in addition to 90 minutes of core instruction
Assessment	Progress monitoring two to four times a month on target skill to ensure adequate progress and learning
Interventions-General Ed. Staff	General education personnel determined by principal (classroom teacher, reading teacher, teaching assistant, AIS teacher)
Setting	Appropriate setting designated by the school; may be within or outside of the classroom

Tier III Documentation Form: Student Interventions/Strategies

Student _____ Specific Skill Area _____ Grade _____ Date _____

Alternative strategies and interventions for improvement of the student’s skills have been implemented and the student has/has not made progress. **(Documentation of student performance must be provided.)**

Strategies/Interventions & provider	Results	Dates to/From

More Intense Interventions, two 30-minute sessions per day in addition to 90 minutes (6-12 weeks)

Focus	For students identified with marked difficulties, and who have not responded to Tier I or Tier II efforts
Program	Sustained, intensive scientifically based interventions provided by general education staff
Grouping	Homogeneous small group instruction
Time - 6-12 Weeks	Minimum of two 30 minutes per day in small group in addition to core instruction
Assessment	Progress monitoring once or twice a week on target skill to ensure adequate progress and learning
Interventions-General Ed. Staff	General education personnel determined by principal (classroom teacher, reading teacher, teaching assistant, AIS teacher)
Setting	Appropriate setting designated by the school; may be within or outside of the classroom

This section to be completed by the Committee on Special Education Office

Signature of CSE Chairperson: _____ Date: _____

Signature of Director of Special Education: _____ Date: _____

Initial referral packet mailed to parents/guardians: _____

Dates/Notes

PLEASE NOTE: In order for the CSE to process this referral, all sections must be completed prior to submission.