**Rockcastle County Intervention System**

**Elementary Referral**

***Please attach documentation of any modifications or differentiation made for instruction in Tier I.***

**Referral for Tier II Interventions**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | |  | | | **DOB:** |  | | | |
| **Teacher:** |  | | | | **Grade:** | |  | **Age:** |  |
| **Referral Source:** | | |  | | **Date:** | |  | | |
| **List area(s) of concern :** | | | |  | | | | | |

**Attendance Record (list all years available)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School Year** |  |  |  |  |  |  |  |  |  |  |
| **School** |  |  |  |  |  |  |  |  |  |  |
| **Grade** |  |  |  |  |  |  |  |  |  |  |
| **Days Enrolled** |  |  |  |  |  |  |  |  |  |  |
| **Days Absent** |  |  |  |  |  |  |  |  |  |  |
| **Days Tardy** |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Has the student previously been referred for special education?** | **YES** |  | **NO** |  |

|  |  |  |
| --- | --- | --- |
| **If so, when and where?** |  | |
| **What were the results?** |  | |
| **What services is the student currently receiving?** | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Screenings** | **Date** | **Pass** | **Fail** | **Special Concerns** | |
| **Hearing** |  |  |  | **Medical History:** |  |
| **Vision** |  |  |  | **Health Conditions:** |  |
| **Communication** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does the student take medication?** | **YES** |  | **NO** |  |
| **If yes, specify the type and purpose:** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AIMS** | | | | | |  | **BEHAVIOR** | |
| **Date Given** | **Component** | **Score** | | | |  | **Component** | **Number** |
|  | Early Literacy | LNF | LSF | PSF | NWF |  | Office Referrals |  |
|  |  |  |  |  | Detentions |  |
|  | Early Numeracy | OCM | NIM | QDM | MNM |  | Suspensions | **Total Days** |
|  |
|  |  |  |  |  | Notes: | |
|  | R-CBM  Fluency |  | | | |  |
|  | MAZE  Comprehension |  | | | |  |
|  | M-COMP  Computation |  | | | |  |
|  | M-CAP  Concepts/Applications |  | | | |  |

**Most Recent KPREP Testing Information –Current Scores by Area Grade Tested: Year Tested:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reading** | **Math** | **Social Studies** | **Science** | **On Demand Writing** | **Language Mechanics** |
|  |  |  |  |  |  |

**Limited English Proficiency**

|  |
| --- |
| **How long has the student spoken English?** |
|  |
| **Is there a language other than English spoken by the student?** |
|  |
| **Is there a language other than English spoken in this student’s home?** |
|  |
| *(If the above information indicates the student has not always had English as their primary language, please address the following questions.)* |
| **What Limited English Proficiency services or assistance has been provided?** |
|  |
| **Do the results of evaluation by the ELL teacher indicate expected progress in the English language?** |
|  |
| **If not, explain:** |
|  |

**Referral for Tier III Interventions: *Please attach Documentation from Tier II Interventions*.**

*(If referring for Tier III as an initial referral due to the severity of deficits, complete all of page 1 and all sections below.)*

**Date and Reason for Referral:**

|  |
| --- |
|  |

**Note: Add any new attendance information to page 1 Attendance Record and note where Tier III attendance information begins.**

**Please document latest screening data.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AIMS** | | | | | |  | **BEHAVIOR** | |
| **Date Given** | **Component** | **Score** | | | |  | **Component** | **Number** |
|  | Early Literacy | LNF | LSF | PSF | NWF |  | Office Referrals |  |
|  |  |  |  |  | Detentions |  |
|  | Early Numeracy | OCM | NIM | QDM | MNM |  | Suspensions | **Total Days** |
|  |
|  |  |  |  |  | Notes: | |
|  | R-CBM  Fluency |  | | | |  |
|  | MAZE  Comprehension |  | | | |  |
|  | M-COMP  Computation |  | | | |  |
|  | M-CAP  Concepts/Applications |  | | | |  |

**Please document latest KPREP testing information. Grade Tested: Year Tested:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reading** | **Math** | **Social Studies** | **Science** | **On Demand Writing** | **Language Mechanics** |
|  |  |  |  |  |  |