

**Multidisciplinary Evaluation Team
Initial Referral Information/Teacher Documentation**

Student Name: First	Middle	Last	UIC #
Gender	Grade	Date of Birth	Age
Parents' Names		Address	
Home Telephone	Cell Number	Work Telephone	

Has student passed hearing/vision screenings? Yes No Dates: _____
 Are there known medical conditions? Yes No Explain: _____
 Medications: _____
 Is, or has, attendance been a problem? Yes No
 Assessment Scores (state, district, MLPP, etc.): _____
 Is the student making academic progress within general education? Yes No

What part of the curriculum is the student having difficulty accessing?	Never	Seldom	Often	Always
LISTENING/READING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Student has difficulty paying attention to oral instruction/direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Student has difficulty hearing speech sounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Student has difficulty understanding what they <input type="checkbox"/> hear, or <input type="checkbox"/> read.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Student has difficulty interpreting what he/she has <input type="checkbox"/> heard, or <input type="checkbox"/> read.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Student has difficulty understanding facial expressions, gestures, body language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Student has difficulty with <input type="checkbox"/> decoding or <input type="checkbox"/> sight word vocabulary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Student has difficulty remembering what they <input type="checkbox"/> hear, or <input type="checkbox"/> read.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKING/WRITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Student's speech is distorted or unintelligible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Student has difficulty retrieving the right words or information when <input type="checkbox"/> speaking, or <input type="checkbox"/> writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Student has difficulty expressing thoughts clearly when <input type="checkbox"/> speaking, or <input type="checkbox"/> writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Student has difficulty sequencing thoughts when <input type="checkbox"/> speaking, or <input type="checkbox"/> writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Student has difficulty using correct grammar when <input type="checkbox"/> speaking, or <input type="checkbox"/> writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Student uses sentence fragments or run on sentences when <input type="checkbox"/> speaking, or <input type="checkbox"/> writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Student has difficulty with <input type="checkbox"/> spelling, <input type="checkbox"/> punctuation, or <input type="checkbox"/> capitalization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATHEMATICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Student has difficulty with <input type="checkbox"/> addition, <input type="checkbox"/> subtraction, <input type="checkbox"/> multiplication, or <input type="checkbox"/> division.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Student has difficulty understanding mathematical concepts (time, money, measurement).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Student has difficulty applying math skills to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEHAVIORAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Student has difficulty expressing emotions appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Student's emotions and/or behavior interferes with their learning or the learning of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Student has difficulty getting along with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SENSORY MOTOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Student has difficulty with fine motor skills (handwriting, cutting with scissors, buttoning, zipping, tying).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Student has difficulty participating in P.E. activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Student has difficulty tolerating changes in plans, routine, activity or location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADAPTATIONS ATTEMPTED	Yes	No	Date		Yes	No	Date
Chapter and/or Title	<input type="checkbox"/>	<input type="checkbox"/>		Change in Seating/Teacher	<input type="checkbox"/>	<input type="checkbox"/>	
One-on-One/Small Group	<input type="checkbox"/>	<input type="checkbox"/>		Counselor Contact	<input type="checkbox"/>	<input type="checkbox"/>	
Shortened/modified Assignments	<input type="checkbox"/>	<input type="checkbox"/>		Behavioral Support Plan	<input type="checkbox"/>	<input type="checkbox"/>	
Multi-sensory Approach	<input type="checkbox"/>	<input type="checkbox"/>		Suspension/Expulsion	<input type="checkbox"/>	<input type="checkbox"/>	
Individualized Instruction	<input type="checkbox"/>	<input type="checkbox"/>		Outside Services	<input type="checkbox"/>	<input type="checkbox"/>	
Time Out	<input type="checkbox"/>	<input type="checkbox"/>		504 Plan	<input type="checkbox"/>	<input type="checkbox"/>	
Modified Schedule	<input type="checkbox"/>	<input type="checkbox"/>		Response to Intervention Report (attached)	<input type="checkbox"/>	<input type="checkbox"/>	

Parents are aware that the school is concerned about student's progress. Yes No Contacted by whom: _____

Date _____ Result _____ School District/Building _____

There is a reasonable cause to suspect this student has a disability impacting access to the general curriculum.

Yes No _____
 Building Administrator Signature _____ Date _____

Yes No _____
 Classroom Teacher Signature _____ Date _____

Person responsible to request written consent to evaluate (within 10 calendar days of documenting a suspected disability) _____
SEP Interview CA60 Observation Cognitive Behavior Achievement Language Sensory Adaptive Primary