**Child Find Referral**

**Troy Area School District**

**Demographics**

|  |  |
| --- | --- |
| Today’s Date |  |
| Student’s Name |  |
| Grade: |  |
| Birthday: |  |
| Teacher: |  |
| Number of Days  Absent/ Tardy: |  |

**Parent Communication**

|  |
| --- |
| **Parent/ Guardian Name** |
| **Telephone**  Dates/ Times of phone conversation: |
| **Conferences**  Dates of conferences: |
| **Written Communications**  Dates of correspondence: |

**Teacher’s Main Concerns**

|  |
| --- |
| **Concern:** What do you see as the major concern and the severity? |
| **Needs:** What do you feel is needed to address your concerns? |

**AREAS OF IMPACT ON STUDENT PERFORMANCE**

(Check all areas of difficulty)

**Reading** **Cognitive**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | Phonemic awareness | |  | Letter knowledge (naming and sounds) | |  | Omits, adds, substitutes, or reverses letters, words and sounds | |  | Poor blending skills | |  | Difficulty comprehending what is read | |  | Other concerns: | |  | |  |  | | --- | --- | |  | Requires slow, broken down presentation of concepts | |  | Difficulty understanding abstract ideas | |  | Limited working memory | |  | Other concerns: |  |  | | --- | |  |   Behavioral/Social/ Emotional |

|  |  |
| --- | --- |
|  | Fearful or anxious |
|  | Refuses to talk |
|  | Shy timid |
|  | Talks out of turn repeatedly |
|  | Argues/ disobedient |
|  | Irritable |
|  | Worries |
|  | Disrupts class |
|  | Acts impulsively |
|  | Cruel/bullying |
|  | Underactive/ slow moving |
|  | Behaves irresponsibly |
|  | Other concerns: |

**Math**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | Number recognition | |  | Basic math concepts | |  | Other concerns: | |
|  |

**Writing**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | Poor letter formation/ handwriting | |  | Poor spelling skills | |  | Difficulty expressing ideas | |  | Difficulty organizing ideas | |  | Letter reversals | |  | Other concerns: | |
|  |

**Interventions/Accommodations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Interventions** | **Yes** | **NO** | **Frequency** | **Effectiveness** |
| Title One |  |  |  |  |
| Heggerty |  |  |  |  |
| PASI |  |  |  |  |
| West Virginia Reading First |  |  |  |  |
| Read Naturally |  |  |  |  |
| Fundations |  |  |  |  |
| CAP Referral |  |  |  |  |
| Speech |  |  |  |  |
| Other: |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Accommodations** | **Yes** | **NO** | **Frequency** | **Effectiveness** |
| Visual Prompts (charts) |  |  |  |  |
| Extended wait time |  |  |  |  |
| Proximity of seating |  |  |  |  |
| Small group instruction |  |  |  |  |
| Time management (timers) |  |  |  |  |
| Sensory tools |  |  |  |  |
| Clear and concise direction (x3) |  |  |  |  |
| Hands-on activities |  |  |  |  |
| Other: |  |  |  |  |

|  |
| --- |
| Student Strengths: |

**Specific Student Data**

|  |  |  |  |
| --- | --- | --- | --- |
| **FLUENCY/ WPM** | **Beginning** | **Middle** | **End** |
| **K-** |  |  |  |
|  | **Beginning** | **Middle** | **End** |
| **1st-** |  |  |  |
|  | **Beginning** | **Middle** | **End** |
| **2nd-** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HFW** | **Beginning** | **Middle** | **End** |
| K-51 |  |  |  |
| 1st-100 |  |  |  |
| 2nd-100 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **MAPS** | **Beginning**  K-143  1ST-161  2nd- 176 | **Middle**  K-151  1ST -171  2nd - 184 | **End**  K-158  1ST -177  2nd - 190 |
| Reading: |  |  |  |
|  | **Beginning**  K-144  1ST-163  2nd- 179 | **Middle**  K-151  1ST -173  2nd - 186 | **End**  K-160  1ST -179  2nd - 192 |
| Math: |  |  |  |

|  |
| --- |
| **Any Additional Classroom Based Assessment results/levels/progress** |

|  |  |  |  |
| --- | --- | --- | --- |
| **DIBELS:** |  |  |  |
| **Benchmark FSF** | **Beginning**  **K-10** | **Middle**  **K-30** | **End** |
| FSF: |  |  |  |
| **Benchmark PSF** | **Beginning**  **1st-40** | **Middle**  **K-20** | **End**  **K-40** |
| PSF: |  |  |  |
| **Benchmark NWF-Sounds** | **Beginning**  **1st-27**  **2nd- 54** | **Middle**  **K-17**  **1st-43** | **End**  **K-28**  **1st- 58** |
| NWF-SOUNDS: |  |  |  |
| **Benchmark NWF-words** | **Beginning**  **1st- 1**  **2nd-13** | **Middle**  **1st-8** | **End**  **1st-13** |
| NWF-WORDS: |  |  |  |
| **Benchmark DORF:** | **Beginning**  **2nd-52(90%)**  **Retell-16** | **Middle**  **1st-23(78%)**  **2nd-72(96%)**  **Retell-21** | **End**  **1st-47(90%)**  **Retell-15**  **2nd-87(97%)**  **Retell-27** |
| DORF: |  |  |  |

|  |
| --- |
| **Additional Comments:** |

**\*\* Please attach a copy of the student’s Dibels Progress Monitoring Booklet (Front Cover)**

**Progress of Student Evaluation**

|  |  |
| --- | --- |
| Meeting Dates: | Date:  Date:  Date: |
| Recommendations | Recommendations/Intervention 1:  Recommendation/Intervention 2: |
| Evaluation Plan | Will student be further tested to evaluate need for specially designed instruction?  Yes/ No |

|  |
| --- |
| **Special Comments:** |

**\*\*\*If data from the child find process supports a psychoeducational evaluation then contact is made to parents/guardians by principal to arrange a meeting to allow for discussion of findings and discuss possible options.**