



Jackson County School District

Helping All Students Achieve and Succeed

PST / RTI Implementation Guide 2022-2023

Table of Contents

PST Overview.....	3
Purpose, The Team, Meetings.....	3
Our Process, Jackson County.....	4
Steps for the teachers.....	5
Steps for the PST team.....	6
PST Flowchart.....	7
PST Referral Forms.....	8-9
PST Intervention Forms.....	10-19
Section 1: Student Profile Sheet.....	11
Section 2.1: Non-Tiered Intervention Academics/Behavior....	12
Section 3.1: Tiered Instructional Documentation.....	13
Section 3.2: Progress Monitoring for Tiered Interventions.....	14
SRIP.....	15-18
Student Intervention Documentation.....	19
Parent Letters	
Initial Parent Letter.....	20
Intervention Progress Letter.....	21
PST log/notes.....	22
Grading Report Calendar.....	23
Special Ed Referral Process.....	24-45

Problem Solving Team (PST)

The PST ensures that academic and behavioral data are gathered and utilized, as well as other important information to determine student needs for interventions and to verify instructional needs across Tiers 1, 2, and 3. The PST oversees the consistent use of tiered, scientific, research-based instruction and intervention. The PST analyzes universal screening data to identify students that fall into the lowest quartile. The team analyzes the need for further screening data for each student, for the purpose of collecting more in-depth information to ensure that each student who needs intervention is provided the appropriate intervention focused primarily, on their “Lowest Deficit Skill” (LDS), in a timely manner.

PURPOSE OF PROBLEM-SOLVING TEAMS (PST)

The purpose of the PST is to help guide general education intervention services for all students who have **academic** and/or **behavior** difficulties.

The PST is responsible for decisions which ensure that (1) students receive instruction and interventions matched to their LDS, (2) appropriate progress monitoring tools are utilized to provide evidence of students’ response to instruction and intervention targeting his/her LDS and Priority Skills (3) progress monitoring data are used to make timely instructional decisions which maximize student outcomes.

NUMBER OF PROBLEM SOLVING TEAMS

Decisions regarding the number of PSTs needed by a school should be determined at the school level. **A minimum of one PST per school will be necessary.**

Frequency and duration of meetings should strive to be accomplished monthly. (Elementary: Refer to your ARI Q4 planning document for details.) At a minimum, meetings must be held at the end of each grading period.

Quarterly reviews are necessary in order to determine progress and further recommendations. (Elementary: per the Student Reading Intervention Plan (SRIP), meetings should take place after at least two months’ time (8 weeks), or at a minimum, at the end of the next grading period.)

Jackson County Process

In an effort to streamline the timely assistance process and to ensure all students receive assistance in a timely manner, new guidelines have been established. The guidelines will provide the steps for the PST referral through the special education referral, if needed.

Things to consider:

Tier 1 is the classroom- it is all students. It is best practices, good teaching.

Tier II is for those students who do not get it the first time and require a little bit extra within the classroom. This can include strategies within the classroom to assist the student to understand the concept or standard. Should be 10-12% of students if Tier 1 is done correctly.

Tier III is for students who have not been successful with the additional help and need intensive support. These students are at risk of failing the course or class. PST meets. This should only be 1-5% of students if Tier I and Tier II are done correctly.

Each school should be utilizing the Response To Instruction model which pulls struggling students for math and reading and gives them the intervention needed to help the student to be successful.

(PST) REFERRAL PROCESS FOR TEACHERS

Students with a grade of below a 69, PST referral form

Students with a grade of 59 and below, PST referral form plus parent contact. **Document on the referral form.**

Step 1.

Fill out the PST referral form. Teacher will keep a copy and turn in a copy to PST chair.

If a student K-3 has a consistent reading deficiency begin the SRIP.

*Below a 59

A parent contact will be required—document method of contact, results.

Step 2.

Teacher will attend the PST meeting to discuss strategies for support.

Step 3.

Teacher will try the suggested strategies for the next grading period. Must document the implementation of suggested strategies. You will use the Student Intervention Documentation Sheet to document.

Step 4.

Next grading period:

If there is improvement to passing, nothing else required.

If not passing but showing improvement, will continue on PST

If no improvement or decline after _45_ days, then the SPED referral will begin

(PST) REFERRAL PROCESS FOR TEAM/FACILITATOR

Step 1

Gather forms from teachers. Schedule vision and hearing screenings for students who need them.

Step 2

PST meets to provide support for teachers to include strategies to implement for the next month/grading period.

Step 3

The PST Facilitator will complete the PST Documentation Form. Teachers are given a copy of the PST documentation form and the Student Intervention Documentation Sheet to use for documentation for the next month/grading period.

Parent Letter is sent home notifying parents of the interventions taking place.

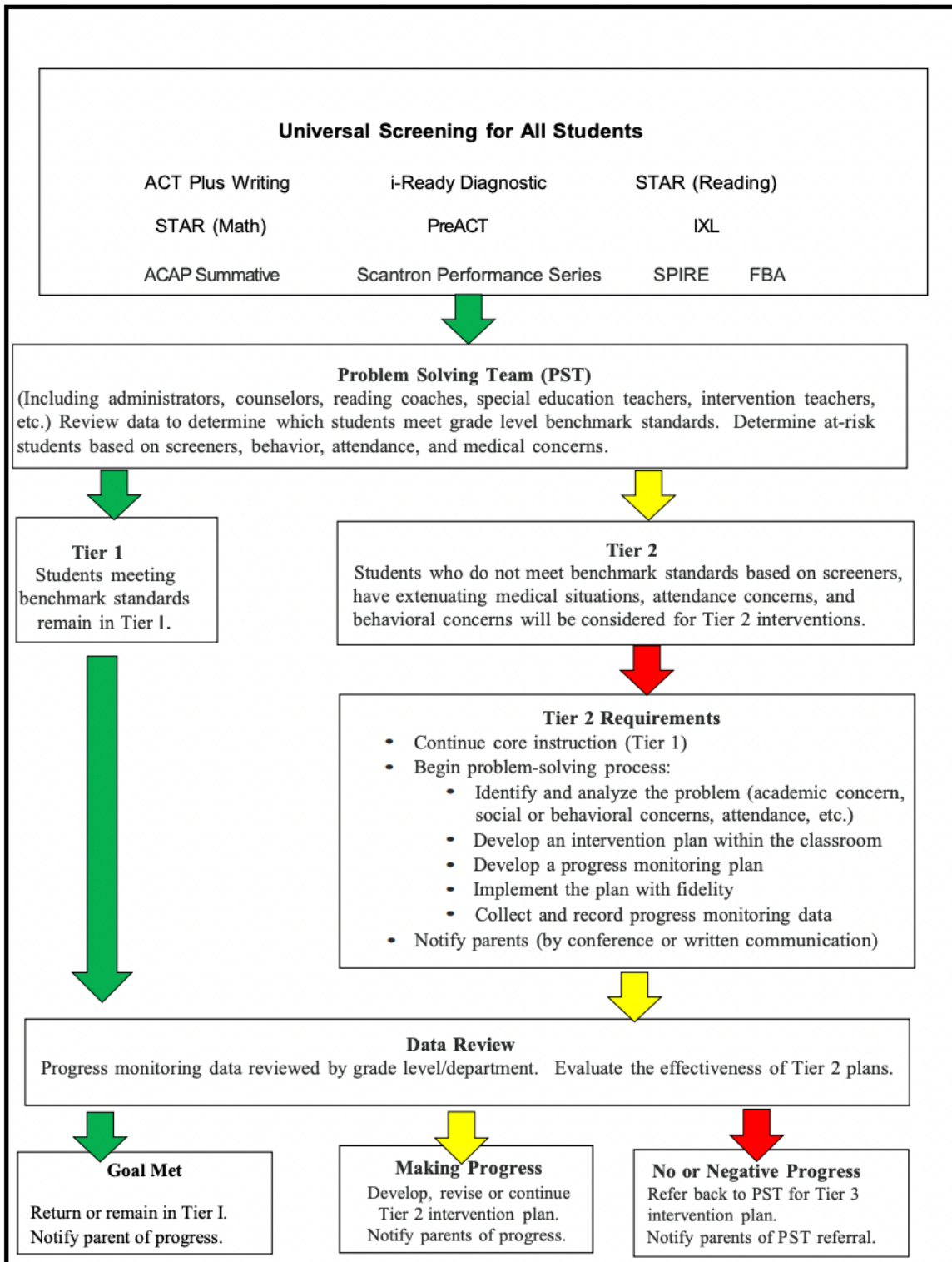
At the end of the meeting the PST log sheet is emailed to Sheila Fairbanks @ fairbankss@jacksonk12.org.

Step 4

PST meets to determine success of strategies and the next steps.

If a special education referral is to be made the PST chair will complete the referral paperwork and send the referral to Sheila Fairbanks @ fairbankss@jacksonk12.org.

RTI Flowchart



PST Referral Form

This form is to be used for all PST referrals. The teacher should make keep a copy of this completed form and turn in a copy to the PST chairperson.



PST Referral Form

2022-2023

Student Name: _____ **Grade:** _____

Teacher Name: _____ **Date:** _____

- ☐ Behavioral/Social/Emotional
☐ Academic
☐ Other _____

Subject(s)	Current Grade	Prior Grade
<input type="checkbox"/> English	_____	_____
<input type="checkbox"/> History/Social Studies	_____	_____
<input type="checkbox"/> Math	_____	_____
<input type="checkbox"/> Reading	_____	_____
<input type="checkbox"/> Science	_____	_____

☐ If you selected reading, does the student need an SRIP? _____

Instructional Strategies Planned:

Parent Contact Attempts:

If a student scores 59% or below, the classroom teacher must attempt at least two parent contacts within a grading period.

Date: _____ **Comments:** _____

- ☐ Email
☐ Phone Call
☐ Text Message
☐ Conference

Date: _____ **Comments:** _____

- ☐ Email
☐ Phone Call
☐ Text Message
☐ Conference

PST INTERVENTION FORMS

Section 1: This form should be completed by the PST. This will be a working form as you look at the data of the student. Some of the info can be completed prior to the meeting.

Section 2: Used only for Academics that **don't have Tiered Interventions** through RTI. It should also be used for behavioral concerns.

Section 3: 3.1 and 3.2 forms are only for Tiered Instructional Documentation for Reading and Math. SRIP is found here along with a documentation sheet.

SECTION 1 STUDENT PROFILE <i>*PST will complete throughout process*</i>					
STUDENT NAME:					DATE:
Student Number:		Date of Birth:		Grade:	Gender:
Teacher:		School/Site:			
Parent/Guardian Name:			Phone:	Email:	

COURSE PERFORMANCE						BEHAVIOR
Indicate recent term grades in the table below if applicable. **K-1 attach report card**						Check if documentation is applicable and available. <input type="checkbox"/> <u>Discipline</u> Record (attach reports if applicable) <input type="checkbox"/> <u>Total</u> Number of Discipline Reports: _____ <input type="checkbox"/> <u>Total</u> Number of Suspensions: _____ <input type="checkbox"/> In School: ____ <input type="checkbox"/> Out of School: ____ <input type="checkbox"/> <u>Parent</u> Conference(s) Date(s): _____ <input type="checkbox"/> <u>Additional</u> behaviors that may impact performance: _____
Academic Area	1st 9wks	2nd 9wks	3rd 9wks	4th 9wks	Final	
Reading						
Mathematics						
Science						
Social Studies						
Language Arts						

ATTENDANCE			GRADE RETENTION		SPECIAL POPULATION										
CURRENT SCHOOL YEAR	DAYS ABSENT	DAYS PRESENT	If applicable, indicate grade(s) and school year(s) below. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #eee;">GRADE</th> <th style="background-color: #eee;">SCHOOL YEAR</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		GRADE	SCHOOL YEAR									Check <u>if applicable</u> to student. <input type="checkbox"/> Special Education/IEP Initial Eligibility Date: ____ Eligibility Category: ____ <input type="checkbox"/> 504 <input type="checkbox"/> EL <input type="checkbox"/> Other: ____
GRADE	SCHOOL YEAR														
PREVIOUS SCHOOL YEARS	DAYS ABSENT	DAYS PRESENT													
Last 3 schools attended & dates (including homeschool or virtual). 1. _____ 2. _____ 3. _____															

HEARING AND VISION				DYSLEXIA SCREENER (if applicable)			
VISION		HEARING		K (WINTER)		2nd GRADE (FALL/WINTER)	
Date		Date		Date		Date	
Pass/Fail		Pass/Fail		Pass/Fail		Pass/Fail	
STATE ASSESSMENT				1st GRADE (FALL/WINTER)		3rd GRADE (FALL/WINTER)	
Attach previous years' state assessment score reports for review by the PST, if applicable.				Date		Date	
				Pass/Fail		Pass/Fail	
*Fall screening data should be from October screening.							

UNIVERSAL SCREENER (STAR and/or DIBELS 8)																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="background-color: #eee;">Fall</th> <th style="background-color: #eee;">Winter</th> <th style="background-color: #eee;">Spring</th> </tr> </thead> <tbody> <tr><td>Reading</td><td></td><td></td><td></td></tr> <tr><td>Math</td><td></td><td></td><td></td></tr> <tr><td>Behavior</td><td></td><td></td><td></td></tr> </tbody> </table> <p style="font-size: small;">*Attach report(s), if applicable</p>					Fall	Winter	Spring	Reading				Math				Behavior				Indicate deficiencies as determined by the assessment: 1. 2. 3.
	Fall	Winter	Spring																	
Reading																				
Math																				
Behavior																				

**SECTION
2.1**

Academics without Tiered Interventions / Behavior Concerns

Instructions: **Problem Solving Teams** should complete this form as a group for each student that is:

A: struggling in academic courses that don't offer Tiered Instruction

B: struggling with a behavioral issue.

State the
concern: _____

The following Accommodations and/or Interventions will be put into
place: _____

Name(s) and role(s) of individual(s) responsible for delivering Accommodations/Intervention(s):

Student progress will be reviewed on: _____

PARENTAL NOTIFICATION (Use "Parent Notification Letter" and attach a copy to this form)

Parent(s) notified of Interventions/Accommodations (select one): ☐ Yes ☐ No Date: _____

At the review date on _____ the current status is _____.

Our plan of action is to:

(If you plan to add interventions/accommodations you need to start a new page)

**SECTION
3.1****TIERED (INSTRUCTIONAL) DOCUMENTATION- For Tier 2 & Tier 3 Reading or Math**

Instructions: Problem Solving Teams should complete this form as a group for each student that did not respond to high quality Tier I instruction in reading or math. For students receiving more than one intervention in multiple academic areas, teachers should duplicate this form and fill one out for each subject area. *****For Reading:** students not responding to **tier II** reading instruction, skip this form and move straight to the SRIP***

DETAILS OF INTERVENTION		Date:
Student Name:	Describe supplemental and/or small group strategies tied to the Lowest Deficit Skill to be utilized– should be evidence-based:	Provide specific assessment criteria (e.g. WPM; %accurate; %correct; %lessons passed in iReady; %on task) tied to the Lowest Deficit Skill, in <i>measurable & realistic</i> terms, to be used to determine effectiveness of intervention:
For reading and math describe the LOWEST deficit skill to be addressed by intervention(s) – identify and explain. <i>You must provide data to back up your concerns:</i>		
	Other strategies to be utilized that will accelerate the student towards grade level proficiency (e.g. Priority skill focused):	
Name(s) and role(s) of individual(s) responsible for delivering intervention(s):		Based on progress monitoring data student progress will be quarterly reviewed on:
		(Approximately 2 months after intervention begins)

PARENTAL NOTIFICATION (Use "Parent Notification Letter" and attach a copy to this form)Parent(s) notified of Tiered intervention (select one): ☐ Yes ☐ No

Date Notified:

SECTION 3.2**PROGRESS MONITORING AND EVALUATION FOR TIERED INTERVENTIONS**

Instructions: INDIVIDUALS RESPONSIBLE FOR DELIVERING INTERVENTIONS should use a report from your district intervention program to document progress in Tier II and/or III. Data collected should reflect the lowest deficit skill, with at least 2 on grade level (priority skills) assessments. (e.g., if grade level assessment is ORF, but the student's lowest deficit skill is NWF your progress monitoring data should be in NWF. Then at the end of 4 weeks you'll need an ORF data point and another at 8 weeks.)

****Attach ALL documentation of research-based interventions (direct face to face) AND documentation (specific assessments/data outlined in section 2.1) of their progress/lack thereof used to make decision below.**

DOCUMENTED REVIEWS

RECOMMENDATION: two (2) documented reviews per tier, with the first documented review conducted approximately 1 month after implementation and the quarterly documented review approximately 2 months after implementation.

Instructions: Use the documented review boxes below to record the effectiveness of the intervention(s) and to determine the next steps of this student's intervention based on his/her progress.

FIRST DOCUMENTED REVIEW

Date: _____

Sufficient progress made? (Select one) ☐ Yes ☐ No

To be completed approximately 1 month after starting intervention.

*(If no, an additional intervention form, pg.2 should be completed.)***QUARTERLY DOCUMENTED REVIEW**

Date: _____

Sufficient progress made? (Select one) ☐ Yes ☐ No

To be completed approximately 2 months after starting intervention.

(check one of the boxes below on how to move forward)

☐ ADEQUATE progress **WAS** made; intervention was successful in meeting student's needs. This student will simply continue to receive:

____ Tier 1

____ Tier 1 & 2 (applies to math only)

☐ SOME progress **WAS** made; intervention was *somewhat* successful in meeting student's needs. Intervention will continue and be re-evaluated on: _____

☐ Adequate progress **WAS NOT** made; intervention was somewhat successful in meeting student's needs. Student will continue at Tier II and an additional intervention will be attempted. (Complete pg. 2 for additional interventions)

☐ Adequate progress **WAS NOT** made; intervention *did not* meet student's needs. Student will be referred to Tier III or special education (only if Tier III was unsuccessful).

***For students moving to Tier III Reading, refer to pg.4 SRIP.**

PST Chair Signature

Date

School Administrator Signature



Date

STUDENT READING INTERVENTION PLAN (SRIP)

2022-2023

Student Name: Current Grade Level: _____ Retention: Yes No If Yes, Grade/School Year: _____	Teacher: _____ School: _____ Year: _____	PST Start Date:
---	---	--------------------------------

Consistent Deficiency	Special Populations	Summer Learning
<input type="checkbox"/> Letter Naming Fluency <input type="checkbox"/> Letter Sound Fluency <input type="checkbox"/> Nonsense Word Reading <input type="checkbox"/> Sight Words <input type="checkbox"/> Oral Reading Accuracy <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension	Check below if applicable to the student: <input type="checkbox"/> Special Education/IEP <input type="checkbox"/> ELL <input type="checkbox"/> 504 <input type="checkbox"/> Characteristics of Dyslexia <input type="checkbox"/> Speech <input type="checkbox"/> Assistive Technology- _____ <input type="checkbox"/> Other _____	Services Offered Date: <input type="checkbox"/> Reading- _____ <input type="checkbox"/> Math- _____ <input type="checkbox"/> Behavioral- _____ <input type="checkbox"/> Emotional- _____ Summer Results- _____ Tutoring offered during school year Start date/subject:

SRIP Parent Notification Letter	Evidence-Based Reading Intervention Services and Programs/Resources, including Dyslexia-Specific Intervention	Parent Resources
Date sent: _____ Date requested to discuss: Parent Response: <input type="checkbox"/> I will not be able to attend: _____ <input type="checkbox"/> I will attend at school: _____ <input type="checkbox"/> I will attend via Google Meet: _____ <input type="checkbox"/> Please reschedule: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> IMSE <input type="checkbox"/> Take Flight (Scottish Rite for Children) <input type="checkbox"/> Phonics First (Brainspring) <input type="checkbox"/> Project Read (Language Circle Enterprises) <input type="checkbox"/> Sondag System 1 and 2 (not Sondag Essentials) <input type="checkbox"/> SPIRE (School Specialty) <input type="checkbox"/> Reading Horizons Intervention <input type="checkbox"/> Voyager Read Well <input type="checkbox"/> Voyager Sound Partners	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>At-Home Parent Activities</p> </div> <div style="text-align: center;">  <p>Jackson County Website Parent Links</p> </div> </div>

STUDENT READING INTERVENTION PLAN (SRIP)

2022-2023

Progress Monitoring <i>Intervention Start Date:</i> _____			
Evaluate Monthly	Goal Set to Determine Progress	Sufficient Progress Made?	Adjustments to Tiered Instruction
Date: _____ Attendance during this month <input type="checkbox"/> # Tardies _____ <input type="checkbox"/> # Absences _____ Current Grade: _____	Specific target deficit area(s): _____ _____ Strategies _____ _____ _____	(circle one): Yes / No <small>If no, an additional intervention plan should be added.</small> Expected Outcome/Goal: _____ _____	Any adjustments to Tiered 1, 2, or 3 Instruction? No / Yes: _____ Specific Interventions: _____ _____ _____
Parent Contact			Monthly Progress Letter
Date: _____ Method: _____ Date: _____ Method: _____			Date Sent: _____

Progress Monitoring <i>Intervention Start Date:</i> _____			
Evaluate Monthly	Goal Set to Determine Progress	Sufficient Progress Made?	Adjustments to Tiered Instruction
Date: _____ Attendance during this month <input type="checkbox"/> # Tardies _____ <input type="checkbox"/> # Absences _____ Current Grade: _____	Specific target deficit area(s): _____ _____ Strategies _____ _____ _____	(circle one): Yes / No <small>If no, an additional intervention plan should be added.</small> Expected Outcome/Goal: _____ _____	Any adjustments to Tiered 1, 2, or 3 Instruction? No / Yes: _____ Specific Interventions: _____ _____ _____
Parent Contact			Monthly Progress Letter
Date: _____ Method: _____ Date: _____ Method: _____			Date Sent: _____

STUDENT READING INTERVENTION PLAN (SRIP)

2022-2023

Progress Monitoring <i>Intervention Start Date:</i> _____			
Evaluate Monthly	Goal Set to Determine Progress	Sufficient Progress Made?	Adjustments to Tiered Instruction
Date: _____ Attendance during this month <input type="checkbox"/> # Tardies _____ <input type="checkbox"/> # Absences _____ Current Grade: _____	Specific target deficit area(s): _____ _____ Strategies _____ _____ _____	(circle one): Yes / No <small>If no, an additional intervention plan should be added.</small> Expected Outcome/Goal: _____ _____	Any adjustments to Tiered 1, 2, or 3 Instruction? No / Yes: _____ Specific Interventions: _____ _____ _____
Parent Contact			Monthly Progress Letter
Date: _____ Method: _____ Date: _____ Method: _____			Date Sent: _____

Progress Monitoring <i>Intervention Start Date:</i> _____			
Evaluate Monthly	Goal Set to Determine Progress	Sufficient Progress Made?	Adjustments to Tiered Instruction
Date: _____ Attendance during this month <input type="checkbox"/> # Tardies _____ <input type="checkbox"/> # Absences _____ Current Grade: _____	Specific target deficit area(s): _____ _____ Strategies _____ _____ _____	(circle one): Yes / No <small>If no, an additional intervention plan should be added.</small> Expected Outcome/Goal: _____ _____	Any adjustments to Tiered 1, 2, or 3 Instruction? No / Yes: _____ Specific Interventions: _____ _____ _____
Parent Contact			Monthly Progress Letter
Date: _____ Method: _____ Date: _____ Method: _____			Date Sent: _____

STUDENT READING INTERVENTION PLAN (SRIP)

2022-2023

Screening Deficiency Area (s) * (Check all that apply)	BOY Aug	CBM Sept	CBM Oct	CBM Nov	MOY Dec	CBM Jan	CBM Feb	CBM Mar	CBM April	EOY May
STAR Literacy/Early Lit.										
Letter Naming										
Letter Sounds										
Nonsense Word Fluency										
Oral Reading Accuracy										
Vocabulary										
Comprehension										
Sight Words										

Problem Solving Team Members

Must include teacher, principal, other pertinent school personnel, and the parent or legal guardian at a minimum for SRIP per the ALA.

STUDENT INTERVENTION DOCUMENTATION

Teacher documents student's data through interventions.

Jackson County Schools

2022-2023 PST Documentation

Student Intervention Documentation (SID Sheet)

School: _____ School Year: _____ Beginning Date: _____

Student: _____ DOB: _____ Grade: _____ Teacher: _____

Progress Monitoring Tool: _____ Tier: ☐ 2 ☐ 3

Lowest Deficit Skill: _____ Priority Skill(s): _____

Date	M	T	W	TH	F	Current PM Data	Date Parent Notified of Progress	Notes

Signature of Person Completing Form

Date

SAMPLE PARENT LETTER EXPLAINING INTERVENTION INITIATION

(School Letterhead)

Date

Dear Parent/Guardian, The Jackson County School System is committed to quality education for all students. We are monitoring student performance in academics and behavior so we can provide help to students as needed. Based on the first assessment, we have decided that your child would benefit from assistance. We will be providing this assistance daily and will be checking your child's progress weekly. Monitoring information will be sent to you at regular intervals.

Interventions typically include specialized, research-based teaching strategies provided within the classroom or in small-group settings. A problem-solving team consisting of teachers, administrators, and other support personnel reviews student data regarding need for assistance, recommends the type of assistance to be provided, reviews data reflecting progress being made by students, and informs parents of this progress and of any recommendations regarding needed changes in interventions.

As a school staff, we look forward to working with your child and are pleased to be able to provide this additional help. If you have any questions, please feel free to contact your child's teacher or the Problem Solving Team Chairperson.

PST Chair: _____ Date: _____

Parent Signature: _____ Date: _____

SAMPLE PARENT LETTER INTERVENTION

PROGRESS LETTER

School Letterhead

Date

Dear **Parent's Name**

We are providing **Student's Name** with extra assistance daily by using intervention strategies which target:

- ___ Reading Comprehension Skills
- ___ Word-level Reading Skills
- ___ Math Computation Skills
- ___ Math Reasoning and Problem-Solving Skills
- ___ Behavior Skills

We measure the progress being made weekly (**or whatever progress monitoring schedule you use**) and the results of these progress measurements are graphed in the chart which is attached. Based on our progress measurements, we believe that, at this time, your child is:

- ___ Making good progress and we plan to continue the intervention at this time.
- ___ Making some progress and we plan to continue the intervention at this time.
- ___ Making limited progress and we plan to consider changes in the intervention we are providing.
- ___ Making insufficient progress and we are changing the intervention in an effort to assist your child achieve academic success.
- ___ Making good progress and we plan to transition back to Tier II (additional interventions with your child's classroom teacher).
- ___ Making excellent progress and we plan to dismiss from extra interventions.

As a school staff, we are pleased to have this opportunity to provide your child with this needed help. If you have any questions, please feel free to contact your child's classroom teacher.

If, at any time, you wish to request an evaluation for special education or Section 504 services, you may do so by contacting appropriate school personnel.

(Attach this letter to the graph of the progress monitoring data, which was most recently reviewed by the PST. A convenient schedule for notifying parents would be to send this letter and graph with the report card and with the mid-grading period progress report. Maintain copies of these letters and attached graphs in the Student Intervention Folder described in Appendix M.)

PST NOTES

Keep a copy and send a copy to fairbankss@jacksonk12.org.

[illegible]

Grade Reporting Calendar

2022-2023



*Helping All Students
Achieve and Succeed*

Grade Reporting Calendar

2022-2023

First Nine Weeks

End of Progress Report Period
Progress Reports Issued
End of Nine Weeks
Report Cards Issued

August 4 - October 3

September 2 (22 days)
September 7
October 3 (20 days)
October 7

Second Nine Weeks

End of Progress Report Period
Progress Reports Issued
End of Nine Weeks
Report Cards Issued

October 4 - December 16

November 8 (21 days)
November 10
December 16 (22 days)
January 6

Third Nine Weeks

End of Progress Report Period
Progress Reports Issued
End of Nine Weeks
Report Cards Issued

January 4 - March 13

February 7 (24 days)
February 9
March 13 (24 days)
March 17

Fourth Nine Weeks

End of Progress Report Period
Progress Reports Issued
End of Nine Weeks
Report Cards Issued

March 14 - May 25

April 21 (23 days)
April 25
May 25 (24 days)
ASAP

SPECIAL EDUCATION REFERRAL PROCESS

SPECIAL EDUCATION REFERRAL PROCESS

PST Referral

Step 1.

Complete the **CONSIDERATIONS BEFORE SPED REFERRAL FORM**.

Instructions for this form: Pick the type of referral, and complete the checklist within the box. All boxes must be checked before you proceed with the referral, and each box has instructions on how to proceed once all criteria has been met for the referral.

Step 2.

If it is a PST Referral and all criteria has been met, obtain Parental Consent for Vision/Hearing. There are two letters requesting consent in the packet. One is for PST Referrals and one is for Out of State Transfer Referrals. A copy of the parental consent must be sent in with the SPED Referral Paperwork along with the completed V/H signed off on by the nurse of your school.

Note: If a student does not pass V/H, please do not hold up the referral indefinitely. Notify Sheila Fairbanks and she will turn the student's name over to Pam Vernon. Pam works with the parents, doctors and Mental Health Team to set up doctor's appointments for these students.

All V/H Screenings should be current and should not be over 3 months from the date of the referral.

Step 3.

Complete the **Problem-Solving Team Special Education Referral Form**.

Instructions for this form:

If a detailed and completed SRIP is available, please attach it, and you do not have to list the interventions and details of interventions on the form. All you need to do is complete the other information at the top and the certification portion.

If you do list the interventions on the form instead of attaching other documentation, please refer to the information provided in the packet on Intervention *Strategies for Academics and Behavior*. **Please be specific and detailed when listing these interventions.**

Step 4.

Complete the **Parent Conference Form For Referral**

Instructions: This form must have a summary of the discussion, and must be signed and dated by the parent.

Step 5.

Complete the Documentation of Appropriate Instruction. There are two forms included in the packet. One is for Elementary Grades and one is for Secondary Grades.

Step 6.

Complete the **Referral For Evaluation Form** (The form with Draft across the front).

Note: This form is being placed back into the packet. SPED Teachers need this information to set up the referral meeting. Oftentimes PST members are more familiar with the information than the SPED Teacher, so this should result in referral meetings being held more quickly.

Step 7.

Complete the Referral Checklist for SPED Form

Information about this form:

- Please note that we have added a **Reason for Referral** at the top of this page. Please see the **Reason for Referral Information** included in the packet for examples.
- We have added several things to be attached if applicable (i.e. copies of health care plans, 504 Plans, documentation of any related services received privately).
- We are now requesting the STAR Record Report and STAR Diagnostic Reports.
- Please include the ACAP Summative results.
- Copy of SRIP or the Intervention portion of the Problem-Solving Team Referral Form. You do not have to do both, but the information needs to be detailed and specific.

Step 8.

Please email the completed packet of information to Sheila Fairbanks. If scanning from a copier, please if possible, send to yourself and then email. It is easier to overlook emails when sent from the copier.

Parent Referral

See the Considerations before SPED Referral Sheet.

Step 1.

Explain to the parent the 45/8 week of tiered 3 instruction rule and possible interventions that are being tried.

Step 2.

If the parent insists on referral, obtain a copy of the written request from the parent.

Step 3.

Contact Chris Davis for instructions on how to proceed.

Dyslexia Screening

Step 1.

Determine if the special education teacher is needed to provide support that cannot be provided by other school staff. If the SPED teacher is needed proceed to step 2.

Step 2

Verify that several progress monitoring results that have demonstrated a lack of progress.

Step 3

Verify that the student has failed 3 out of the 5 areas of the School Dyslexia Screening Form.

Step 4

Send the above documentation to Chris Davis. He will give an answer if the referral can be accepted.

Step 5

After approval from Chris Davis, please complete the Dyslexia Screening Process. This is a 2 page process. V/H consent and screenings should be included.

Considerations before SPED Referral

Choose which type of referral and complete the checklist box below

PST Referral

Check all boxes that apply

- ☐ 45 days or 8 weeks of documented Tier 3 interventions have been performed without improvement.
- ☐ The parent has been informed of referral to PST and the interventions performed.
- ☐ The parent has received results of progress monitoring.

If all of the above boxes are checked, proceed to SPED Referral by completing the packet.

Please send to Sheila Fairbanks.

Parent Referrals prior to 45 days/8 weeks of Tier 3 Instruction

Check all boxes that apply

- ☐ PST has explained the 45/8 week rule and possible interventions that could be tried, but the parent insists on referral.
- ☐ A copy of the written request for referral has been obtained from parent.

If both boxes are checked above, please contact Mr. Chris Davis for instructions on how to proceed.

If both boxes are not checked, please do not contact Mr. Davis until these steps are completed.

Dyslexia Referrals

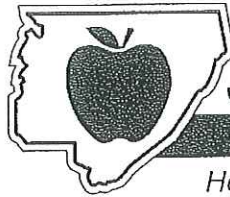
Check all boxes that apply

- ☐ The special education teacher is needed to provide support that cannot be provided by the school staff.
- ☐ Several progress monitoring results have demonstrated a lack of progress.
- ☐ Student has failed 3 out of 5 areas of the School Dyslexia Screening Form.
- ☐ Student is in 2nd grade or above.

If all boxes are checked above, please contact Mr. Chris Davis for instructions on how to proceed.

If all boxes are not checked, please do not refer this student.

KEVIN DUKES
Superintendent of Education



Jackson County

School District

Helping Students Achieve

BOARD MEMBERS
Chad Gorham, President
[Name], Vice President
[Name], Treasurer
[Name], Secretary
[Name], Board Member
[Name], Board Member
[Name], Board Member

Out of
State
V/H
Consent

Date: _____

Dear Parent,

You reported upon enrollment that your child, _____, received special education services at their previous school. Our records, there is not sufficient data to determine if your child is eligible for special education services in Alabama. We will need to do new evaluations and to gather additional information to determine eligibility for Alabama. The first thing we need to do is have vision and hearing screenings performed by the school nurse or other trained individuals.

We would like to screen for the areas indicated below:

_____ Vision Screening
_____ Hearing Screening

Parents, please check one of the responses, sign, date and return this form to your child's teacher, the school office, or the school nurse.

_____ Yes, I give permission for the screenings.
_____ No, I do not give permission for the screenings.

Parent/Guardian Signature

Date

Thank you for allowing us to serve your child. Please call Sheila Fairbanks @ 256-259-9516 if you have any questions about this form.



P.O. Box 490
Scottsboro, AL 35768



www.jacksonk12.org



Phone (256) 259-9500
Fax (256) 259-0076

PST referral
V/H
Consent
letter

Date: _____

Dear Parent/Guardian:

Your child, _____, has been referred to our School's Problem Solving Team (PST). Each school has a PST in place to help students who are having difficulty in some area. As a part of our PST process, we would like to screen your child's vision and hearing. This will be done by the school nurse or another trained individual. If the screening indicates there might be a problem in either area, you will be notified.

Thank you for allowing us to better serve your child. Please feel free to contact me if you have any questions.

PST Representative

Parents, please check one of the responses, sign and date the form and return it to your child's teacher or the school office.

_____ Yes, I give permission for Vision and Hearing Screenings to be performed on my child.

_____ No, I do not give permission for Vision and Hearing Screenings to be performed on my child.

Parent/Guardian Signature

Date

JACKSON COUNTY BOARD OF EDUCATION

Referral

Student's Name _____ School Yr. 2015-2016

Re-eval

School _____ Grade _____

Transfer

Vision Screening Date _____ <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%; text-align: center;">FAR</td> <td style="width: 35%; text-align: center;">NEAR</td> </tr> <tr> <td>BOTH EYES</td> <td>20/ _____</td> <td>20/ _____</td> </tr> <tr> <td>RIGHT EYE</td> <td>20/ _____</td> <td>20/ _____</td> </tr> <tr> <td>LEFT EYE</td> <td>20/ _____</td> <td>20/ _____</td> </tr> </table>		FAR	NEAR	BOTH EYES	20/ _____	20/ _____	RIGHT EYE	20/ _____	20/ _____	LEFT EYE	20/ _____	20/ _____	Vision Recheck Date _____ <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%; text-align: center;">FAR</td> <td style="width: 35%; text-align: center;">NEAR</td> </tr> <tr> <td></td> <td>20/ _____</td> <td>20/ _____</td> </tr> <tr> <td></td> <td>20/ _____</td> <td>20/ _____</td> </tr> <tr> <td></td> <td>20/ _____</td> <td>20/ _____</td> </tr> </table>		FAR	NEAR		20/ _____	20/ _____		20/ _____	20/ _____		20/ _____	20/ _____
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	20/ _____	20/ _____																							
	20/ _____	20/ _____																							
	20/ _____	20/ _____																							

Examiner: _____
Instrument Used: Snellen, Rosenbaum, Symbol

Examiner: _____
Instrument Used: Snellen, Rosenbaum, Symbol

REMARKS: ☐ Within normal limits
 ☐ Needs recheck
 ☐ With Glasses
 ☐ Needs referral

REMARKS: ☐ Within normal limits
 ☐ Needs recheck
 ☐ With Glasses
 ☐ Needs referral

RESOLUTION OF PROBLEM _____

HEARING CRITERIA: Puretone Audiometry-Tympanometry. A student fails the screening test if he/she does not respond to any one tone (frequency) at 20 db hearing level in either ear.

Hearing Screening Date _____ <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">EAR</td> <td style="width: 10%;">HL</td> <td style="width: 15%;">FREQUENCY HZ</td> <td style="width: 60%;"></td> </tr> <tr> <td></td> <td></td> <td>1000 2000 4000</td> <td></td> </tr> <tr> <td>RE</td> <td>20</td> <td></td> <td>_____</td> </tr> <tr> <td>LE</td> <td>20</td> <td></td> <td>_____</td> </tr> </table>	EAR	HL	FREQUENCY HZ				1000 2000 4000		RE	20		_____	LE	20		_____	Hearing Recheck Date _____ <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">EAR</td> <td style="width: 10%;">HL</td> <td style="width: 15%;">FREQUENCY HZ</td> <td style="width: 60%;"></td> </tr> <tr> <td></td> <td></td> <td>1000 2000 4000</td> <td></td> </tr> <tr> <td>RE</td> <td>20</td> <td></td> <td>_____</td> </tr> <tr> <td>LE</td> <td>20</td> <td></td> <td>_____</td> </tr> </table>	EAR	HL	FREQUENCY HZ				1000 2000 4000		RE	20		_____	LE	20		_____
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EXAMINER: _____
AUDIOMETER: GSI 17 - LAST CALIBRATION: 5-18-15

EXAMINER: _____
AUDIOMETER: GSI 17 - LAST CALIBRATION 5-18-15

REMARKS: WNL Needs Rescreen

REMARKS: WNL Needs Referral

Tympanometry RE _____ LE _____

Tympanometry RE _____ LE _____

RESOLUTION OF PROBLEM _____

If the child cannot be conditioned to traditional vision screening, a functional vision screener may be used.

If the child cannot be conditioned to traditional pure-tone audiometry, an auditory response screener may be used.

Date _____ Pass Fail

Date _____ Pass Fail

PROBLEM SOLVING TEAM SPECIAL EDUCATION REFERRAL FORM

Student's full name: _____ Grade: _____

DOB: _____ Sex: _____ Race: _____

School: _____

Referring PST Facilitator: _____ Extension Number: _____

Date Interventions began with student: _____

Teacher responsible for the Interventions: _____ Contact number or Extension: _____

The frequency that interventions were performed _____

The duration or number of minutes per session interventions were performed on regular basis _____

If a detailed and completed SRIP or Timely Assistance Form is available, please include in packet and proceed to certification statement.

If a detailed and completed SRIP or Timely Assistance Form is not attached, please list the interventions that were tried with the student.

Note: Please be **specific** and **detailed** with the interventions listed.

List of Interventions:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

CERTIFICATION

The PST team certifies that the student has not improved after _____ days of **Tier 3** interventions and that the parents have been contacted about the interventions and lack of progress.

The PST team also certifies that the parent has received a copy of progress monitoring documentaion.

The PST has completed all documentation needed and requests to proceed with referral to Special Education Services.

NAME	TITLE/POSITION	DATE

Intervention Strategies - Academic

Use of reading partners or skilled peer or adult tutors
Provide varied texts or supplementary materials at different levels of reading difficulty
Divide assignments into shortened segments and provide feedback before moving on
Break assignments into chunks
Adjust and extend time
Use multi sensory techniques to present information
Use visuals, charts, and models
Provide practice opportunities

Intervention strategies - Behavior

Teach rules and procedures
Use preferential seating
Design layout of classroom for a smoother flow
Make materials easily and quickly accessible
Face students and maintain eye contact
Provide task cards
Allow student to refocus and gain control
Allow student to take a walk with supervision

PARENT CONFERENCE FORM FOR REFERRAL

School: _____ Date: _____

Student: _____ DOB: _____ Grade: _____

Type of Conference: _____ in person _____ via telephone _____ Google Meet

Topics Discussed: _____ Academic Concerns
_____ Behavior Concerns
_____ Other _____

Summary of discussion:

_____ I understand that The Problem Solving Team would like to refer my child for a special education evaluation and **I agree** with that decision.

_____ I understand that The Problem Solving Team would like to refer my child for a special education evaluation but **I do not agree** with that decision.

Parent signature

Date

<p style="text-align: center;">DOCUMENTATION OF APPROPRIATE INSTRUCTION ELEMENTARY GRADES</p>
--

STUDENT'S NAME: _____ **DATE:** _____

CHECK ALL ITEMS THAT APPLY TO THE STUDENT

_____ The student has participated in a scientifically research based reading program.

_____ The student has participated in a scientifically research based math program.

_____ The student has received standards based instruction by a highly qualified teacher.

_____ The student's data has been reviewed and appropriate instructional strategies have been implemented in the classroom based on the student's needs.

_____ The student has participated in small group instruction.

_____ The student has participated in a school enrichment program.

_____ The student has participated in a tutorial program.

_____ The student has participated in a private educational program.

_____ The student has received private speech therapy services.

_____ Other _____

Name of person completing this form: _____

<p style="text-align: center;">DOCUMENTATION OF APPROPRIATE INSTRUCTION SECONDARY GRADES</p>

STUDENT'S NAME: _____ **DATE:** _____

CHECK ALL ITEMS THAT APPLY TO THE STUDENT

- _____ The student has participated in a reading intervention program.
- _____ The student has participated in a math intervention program.
- _____ The student has participated in a drop-out intervention program.
- _____ The student has participated in a remediation program for the Alabama High School Graduation Exam.
- _____ The student has received standards based instruction by a highly qualified teacher.
- _____ The student's data has been reviewed and appropriate instructional strategies have been implemented in the classroom based on the student's needs.
- _____ Other _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Name of person completing this form: _____

Jackson County Schools

16003 AL Hwy 35, Scottsboro, Alabama, 35768, 256-259-9500

REFERRAL FOR EVALUATION

Date Received: _____

STUDENT INFORMATIONStudent's
Complete
Legal
Name: _____

Sex: _____ Grade: _____ Race: _____ Date of Birth: _____

School/Service Provider: _____

Parent Name(s): _____

Address: _____ Primary Phone: _____

_____, _____ Phone Contact Name: _____

Other Phone (Opt.): _____

Primary Language in Home: _____ Phone Contact Name: _____

Type of Referral: (Select one that represents the type of referral for the student.)

Person Referring: _____ Position: _____

Reason for Referral (List specific concerns):**The referral is based on concerns checked below and/or continuing concerns following interventions:****INSTRUCTIONAL CONCERNS**

- ☐ Poor progress acquiring pre-literacy skills
- ☐ Poor progress acquiring basic reading skills
- ☐ Poor progress acquiring pre-numeracy skills
- ☐ Poor progress acquiring basic math skills
- ☐ Difficulty producing written work
- ☐ Few appropriate cognitive learning strategies
- ☐ Poor progress acquiring communication skills
- ☐ Difficulty producing speech sounds
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ None

BEHAVIORAL CONCERNS

- ☐ Poor attention and concentration
- ☐ Noncompliance with teacher directives
- ☐ Excessively high/low activity level
- ☐ Difficulty following directions
- ☐ Easily frustrated
- ☐ Extreme mood swings
- ☐ Difficulty working with peers
- ☐ Difficulty staying on task
- ☐ Limited adaptive behavioral skills
- ☐ Inappropriate social interaction skills
- ☐ Other: _____
- ☐ None

MEDICAL INFORMATION1. Does the student exhibit any signs of health, orthopedic, or medical problems? ☐ Yes ☐ No If yes, what?

2. Does this student exhibit any behaviors in the classroom which might indicate vision or hearing problems? ☐ Yes ☐ No If yes, what?

3. Does student currently wear glasses? ☐ Yes ☐ No

4. Does student currently wear a hearing aid? ☐ Yes ☐ No

5. Is the student receiving any medication at school and/or at home? If yes, what? ☐ Yes ☐ No

6. Does this student currently use an assistive technology device? If yes, what? ☐ Yes ☐ No

HISTORICAL INFORMATION

Have the following been considered?

1. Latest Report Card
2. Cumulative records containing grades and attendance.
3. Current work samples.
4. Current interventions and supporting documentation.
5. Other relevant information (from parent/school/other agencies).

6. Relevant evaluations including state assessment results.
7. Student's grades have: 8. Student's grades in the indicated area(s) of concern are:
9. Compared to last year, this student has been absent:
10. Out of school days for year to date, the student has been:
Absent days
Tardy times
Checked out times
Failing to attend class(es) times
11. Has this student ever repeated a grade(s)? If yes, which one(s)/how many times?

12. Has this student been suspended or expelled for disciplinary reasons during the current school year? If yes, explain.

13. Has this student been previously referred for special education services? If yes, note previous referral date.
14. Did this student qualify for special education services?
15. Has the student received other services such as, Title I, Migrant, 504, EL, etc.? If yes, which ones?

ENVIRONMENTAL, CULTURAL, AND/OR ECONOMIC CONCERNS

Use this checklist:

- (1) To determine factors impacting a student's learning and therefore excluding him/her from being identified as a student with a disability.
- (2) To determine whether or not a student needs to be administered a non-traditional intelligence test if there is environmental, language, cultural, and/or economic concerns checked.
- (3) To consider if there has been a lack of appropriate instruction in reading and/or math.

Check each that applies to student.

- ☐ Limited experiential background.
- ☐ Irregular attendance (for reasons other than verified personal illness).
- ☐ Transiency in school years.
- ☐ Home responsibilities interfering with learning activities.
- ☐ Lack of proficiency in any language (a discrepancy of two or more grade levels or years between the student's grade level or age in language and ability).
- ☐ Nonstandard English constituting a barrier to learning (only a foreign language or nonstandard English spoken at home, the language of the home exhibits strong dialectal differences).
- ☐ Limited opportunity to acquire depth in English (English not spoken in the home, transience due to migrant employment of family, dialectal differences acting as a barrier to learning).
- ☐ Limited cultural experiences (student does not participate in community activities).
- ☐ The student receives other services such as Title I, Migrant, 504, EL, etc.
- ☐ Limited participation in supplemental organized learning opportunities, e.g., preschool, Head Start, after school programs.
- ☐ **NONE OF THE ABOVE APPLY.**

Referral Checklist for SPED Form

The following items should be sent to Sheila Fairbanks when making a special education referral.

It is absolutely acceptable to scan and email this information. If paper copies of the file are sent to the office, please place the confidential information into an envelope To: Sheila Fairbanks and send her an email that a packet is coming.

Please list the **Reason for Referral**, and be specific and detailed. (See Reasons for Referral examples Provided by Felicia Harding in packet)_____

- ☐ Considerations Before SPED Referral Sheet
- ☐ Problem Solving Team Referral Form
- ☐ Copy of completed Referral For Evaluation Form.
- ☐ Parent Conference Form (Parent is confirming knowledge of interventions and referral)
- ☐ Completed and Current V/H Forms (Please include permission form signed by parent and form completed by nurse.)
- ☐ Documentation of Appropriate Instruction (Elementary - grades K-8; Secondary- Grades 9-12).
- ☐ Work Samples- **5 or 6** graded content area work samples in the area(s) of concern including notes about interventions implemented with the submitted samples.
- ☐ Copy of Transcript
- ☐ Copy of the most recent grades
- ☐ State Assessments results - all available
- ☐ ACAP Summative if applicable
- ☐ Copy of Behavior Plan if applicable
- ☐ Copy of Health Care Plan if applicable
- ☐ Copy of 504 Plan if applicable
- ☐ School based testing (STAR Reports to include STAR Diagnostic Report and STAR Record Report)
- ☐ Copy of SRIP or the interventions detailed on the Problem Solving team SPED Referral Form and a copy of PST Documentation.
- ☐ Any additional information from parent (s) or Outside Agency
- ☐ Copy of documentaion for any additional related servies they may receive privately (Occupaitonal Therapy, Physcial Therapy, Mental Health Services etc.)
- ☐ Copy of the file has been given to the SPED teacher by the PST Facilitator, so they can complete the SPED Referral Meeting.

Reasons for Referral

You must be specific. Do not make statements such as “reading or math below grade level” or “STAR score is low.”

These are examples:

Student cannot retain letter sounds.

Student does not recognize letters and/or numbers.

Student cannot blend words.

Student lacks phonemic awareness

Student has difficulty reading fluently

Student has no concept of basic additions and subtraction strategies.

Referral Checklist for SPED Form

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 - ☐ Copy of the file has been given to the SPED teacher by the PST Facilitator, so they can complete the SPED Referral Meeting.

Dyslexia Screening Process

K – 1st grade:

Recommended that students receive interventions at these grade levels.(SPIRE or other approved dyslexic specific interventions) At this level, any screening is unlikely to produce any viable results.

2nd grade and up:

Before referring for a dyslexia screening/test, students need to have received Tier 3 interventions with an approved program with several progress monitoring results demonstrating lack of progress. If no progress is made by the middle of the year benchmark assessment, dyslexia screening can be requested.

This should be an issue that has already been discussed with the parent and stated that this does not diagnose dyslexia but rather indicates if there are characteristics present during the assessment.

When deciding to proceed with a dyslexia screening, complete the following steps:

_____ Signed and completed permission form on your school letterhead.

_____ Cleared vision and hearing screenings

_____ Dyslexia Screener from the school, and progress monitoring data.

Send to Sheila Fairbanks.

After the dyslexia screening is completed, the results will be sent to the PST coordinator at the school. Results should be shared with the student's teacher(s) and parent(s). If additional clarification or discussion is needed, please contact the administrator of the screening.

Parent Referrals: Students should receive interventions through PST prior to Dyslexia screening even with a parent referral. Parent communication before and during the intervention process and involving them in this process is important in resolving issues that may arise.

DYSLEXIA SCREENING PERMISSION FORM

Dear Parent/Guardian,

It has been requested that your child, _____, be screened for characteristics of Dyslexia. In order for us to proceed, we need to have vision and hearing screenings performed by our school nurse or other trained individual. We need your signed permission in order to perform these screenings.

_____ Vision Screening _____ Hearing Screening _____ Dyslexia Screening

Please check one of the responses below, sign, date, and return the form to your child's teacher, the school office, or the school nurse.

_____ Yes, I give permission for the screenings.

_____ No, I do not give permission for the screenings.

Parent/Guardian Signature

Date

School Use Only:

Student Name: _____ DOB: _____ Grade: _____

School: _____ Teacher: _____ Requested by: _____

Has this student ever repeated a grade? If so, which one and how many times? _____

Family History of Dyslexia/Academic Concerns: _____