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Bridgehampton Union Free School District



Accredited by the Middle States Association/Council on Elementary and Secondary Education

REQUEST FOR REFERRAL TO THE COMMITTEE ON SPECIAL EDUCATION (Refer to Section 200.4(a) (2))

1. STUDENT INFORMATION

Student Name: _____ Birth Date: _____ ID#: _____ Gender: M F
School: _____ Teacher/Counselor: _____ Grade: _____
Native Lang: _____ Ethnicity: _____ Translation: Yes No
Address: _____ City: _____ State: _____ Zip: _____
Home Telephone: _____ Other Contact Number: _____

2. PARENT/GUARDIAN INFORMATION

Parent/Guardian: _____	Parent/Guardian: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, and Zip: _____
Home Tel: _____	Home Tel: _____
Work Tel: _____	Work Tel: _____
Native Lang: _____	Native Lang: _____
Translation: Yes No Translation: Yes No	

3. REFERRAL INFORMATION:

Area of Suspected Disability: Check and describe the specific reason(s) and/or situations that may indicate the presence of a disability.

PRIMARY CONSIDERATIONS

- Educational Achievement
- Social/Behavioral
- Physical
- Other: _____

SECONDARY CONSIDERATIONS

- Educational Achievement
- Social/Behavioral
- Physical
- Other: _____

Describe in detail the reason for referral, attach minutes of building level team or additional sheets if necessary:

4. BACKGROUND INFORMATION

Describe child’s educational, cultural and experiential background and how this may be affecting progress. This especially pertains to students new to the district and whose native language is other than English. Regulations require that the determinant factor for eligibility for a child to have a disability cannot be the lack of appropriate instruction in reading or math or limited English proficiency.

- Is absenteeism or lateness a problem? Yes No
- Has the student ever been retained? Yes No

5. FOR STUDENTS WHOSE LANGUAGE IS OTHER THAN ENGLISH

How long has the student been going to school in the USA? _____

Has the student ever received instruction in English as a Second Language? Yes No

If Yes, indicate test results with the dates and intensity of services provided:

6. HEALTH INFORMATION (TO BE COMPLETED BY THE SCHOOL NURSE)

Are there any medical conditions which may be contributing to the student's reason for referral?

Yes No If Yes, Please describe below:

Indicate any medications the student is receiving:

Date of Last Physical Examination: _____

Signature of School Nurse: _____

**7. RESPONSE TO INTERVENTION & ACADEMIC INTERVENTION SERVICES PREVIOUSLY PROVIDED
(MUST BE COMPLETED BY CURRENT PROVIDERS/TEACHERS)**

INTERVENTIONS	IMPLEMENTATION DATES & PROGRESS INFORMATION
<input type="checkbox"/> AIS – Reading Instruction <input type="checkbox"/> Response to Interventions	Start Date: _____ End Date: _____ Teacher: _____ Assessment: _____ Pre-test: _____ SS _____ %ile _____ GE Post-test: _____ SS _____ %ile _____ GE
<input type="checkbox"/> AIS – Math <input type="checkbox"/> Response to Interventions	Start Date: _____ End Date: _____ Teacher: _____ Assessment: _____ Pre-test: _____ SS _____ %ile _____ GE Post-test: _____ SS _____ %ile _____ GE

<input type="checkbox"/> AIS – Written Expression <input type="checkbox"/> Response to Interventions	Start Date: _____ End Date: _____ Teacher: _____ Assessment: _____ _____ Pre-test: _____ SS _____ %ile _____ GE Post-test: _____ SS _____ %ile _____ GE
<input type="checkbox"/> AIS – Listening Comprehension <input type="checkbox"/> Response to Interventions	Start Date: _____ End Date: _____ Teacher: _____ Assessment: _____ _____ Pre-test: _____ SS _____ %ile _____ GE Post-test: _____ SS _____ %ile _____ GE

8. OTHER INTERVENTIONS ATTEMPTED TO RESOLVE REFERRAL CONCERNS

INTERVENTIONS (MARK ALL THAT APPLY)	IMPLEMENTATION DATES AND PROGRESS INFORMATION
<input type="checkbox"/> Alternative Programs (e.g.: Summer School)	Start Date: _____ End Date: _____ Teacher: _____ Comments on Progress: _____ _____
Speech Improvement Services	Start Date: _____ End Date: _____ Therapist: _____ Comments on Progress: _____ _____
Adjusted Assignments	Start Date: _____ End Date: _____ Describe Adjustments: _____ _____ Comments on Benefit / Progress: _____ _____ _____

<p>Scheduled Adjustments</p>	<p>Start Date: _____ End Date: _____</p> <p>Adjustments:</p> <p>_____</p> <p>Comments on Benefits / Progress:</p> <p>_____</p> <p>_____</p> <p>—</p>
<p>Individualized Curriculum based on Skills</p>	<p>Start Date: _____ End Date: _____ Curriculum Changes: _____</p> <p>Comments on Progress:</p> <p>_____</p> <p>_____</p> <p>—</p>
<p>Alternative Approaches to Learning</p>	<p>Start Date: _____ End Date: _____ Teacher: _____</p> <p>Alternatives Offered:</p> <p>_____</p> <p>_____</p> <p>—</p> <p>Benefits / Progress:</p> <p>_____</p> <p>_____</p> <p>—</p>

9. OTHER INTERVENTIONS ATTEMPTED TO RESOLVE REFERRAL CONCERNS (CONTINUED)

<p>Suspension from School</p>	<p>Days Suspended: _____</p> <p>Reasons Why:</p> <p>_____</p> <p>_____</p> <p>—</p>
<p>Counseling</p>	<p>Start Date: _____ End Date: _____ Counselor: _____</p> <p>Comments on Progress:</p> <p>_____</p> <p>_____</p> <p>—</p>
<p>Other: _____</p>	<p>Start Date: _____ End Date: _____</p> <p>Comments:</p> <p>_____</p> <p>_____</p> <p>—</p>

CONSULTATION WITH:

Principal / Assistant Principal Guidance Counselor
Psychologist Special Education Teacher
Social Worker Other
Speech Therapist

Additional Comments and Details: _____

10. WORK HABITS

	ALWAYS	USUALLY	SOMETIMES	RARELY
Completes Class Work				
Completes Homework				
Motivated to Learn				
Attentive to Task				
Can Transition Between Activities				
Generalizes Learning to New Situations				
Works Independently				
Frustrates Easily				
Distractible				
Short Attention Span				
Inconsistent Learning				

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11. SPEECH AND LANGUAGE INFORMATION

Indicate any areas that appear problematic for the student:

Articulate Expressing Self Verbally

Dysfluencies (stuttering) Comprehension of Basic Information / Vocabulary Maintaining Topic Relevancy

Additional Concerns: _____

12. INDICATE THE STUDENT'S PERFORMANCE LEVELS

Please describe levels of academic achievement (reading, math, written language), learning characters, ability to function in classroom, and/or adaptive behavior skills. Include specific areas of strength and

weakness.

Attach report cards, standardized test results and transcripts.

Reading Comprehension: _____

Reading Decoding: _____

Math Computation: _____

Math Concepts / Applications: _____

Written Language: _____

Learning Characteristics, Adaptive Behavior, Strengths and Weaknesses: _____

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Please describe levels of social development. Include the quality of the student's relationship with peers and adults, adjustment to school and community, and indicate any behaviors that interfere with the learning environment or may impede the student's learning process. Attach Functional Behavioral Assessment (FBA) / Behavior Intervention Plan (BIP), if applicable.

Please describe levels of physical development. Include the student's motor and sensory development and any physical skills or limitation that may pertain to the learning process.

13. CONTACTS WITH THE FAMILY AND THEIR UNDERSTANDING OF THE REQUEST FOR REFERRAL

The family was contacted to discuss the request for referral to the Committee on Special Education: Date: _____
Person Contacted: _____ Describe the extent of the parent contact and/or involvement prior to the request for referral:

Indicate any interventions the student is receiving outside the school environment:

14. SIGNATURES

I am requesting a referral for this student to the Committee on Special Education for evaluation because I believe this student may have a disability.

Request for Referral Made by: _____ Position: _____

Principal's Signature: _____ Date: _____