

Date referral was received: \_\_\_\_\_



# MORTON

Community Unit School District 709  
Office of Student Support Services

1050 S Fourth Ave - Suite 100 - Morton, Illinois 61150-2502 - Phone: (309) 263-0522 - Fax: (309) 284-8015

## Request for Services

**Special Education Evaluation**

- determines eligibility for special education services, formal/legal process

**Consultation**

- observations, suggestions for teacher, informal process

Student Name	_____	Birthdate	_____
School	_____	Teacher & Grade	_____
Home Address	_____		
Parent/Guardian	_____		
Parent Phone	_____	Parent Email	_____

Referred by (name & title) \_\_\_\_\_

### 1. Strengths

Please describe student's strengths:

### 2. Area(s) of concern

Check the area(s) of concern and briefly describe the student's performance in each area checked. If you have identified more than one area of concern, \*star\* the one you consider most concerning.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Reading            | <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Health           |
| <input type="checkbox"/> Math               | <input type="checkbox"/> Behavior         | <input type="checkbox"/> Hearing/Vision   |
| <input type="checkbox"/> Written Expression | <input type="checkbox"/> Communication    | <input type="checkbox"/> Fine/Gross Motor |

Describe specific concerns in each area (marked above).

Describe alternative strategies and interventions attempted within the classroom, how long you tried, and what happened (extra guided reading, math fact practice, direct instruction of reading comprehension strategies).

Summarize the student's involvement in formal intervention, if any (MTSS groups, social/emotional group/intervention, behavior intervention, private therapies or intervention, etc...).

### 3. Data

Use the following key to respond to each item:

**0 = Not observed, 1= Below Average, 2 = Average, 3 = Above Average**

Attends class on time		Behavior is suitable for age	
Interacts positively w/peers		Interacts positively w/teachers/staff	
Is attentive		Follows oral directions	
Follows written directions		Begins work promptly	
Completes work on time		Contributes meaningfully to class discussions	
Puts forth adequate effort on tasks		Completes written assignments satisfactorily	

Comments on any of the above items:

Current classroom grades/performance (please include all subject areas) and data (please attach):

District/School wide assessment data (MAP, AIMSweb, SAT, ASPIRE, etc...please attach):

**4. Special Services History:**

Are you aware of any special services (IEP, 504 plan, etc...) provided for the student now or in the past?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please describe the type, location, and provider of the service.

**5. Other Relevant Information:**

Days absent this school year

Days tardy this school year

Hearing Screening Results/Date

Vision Screening Results/Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other relevant information you wish to share.

Signature of Principal

\_\_\_\_\_

Signature of Teacher

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_