

**BARRINGTON PUBLIC SCHOOLS**  
**SPECIAL EDUCATION PREREFERRAL FORM**

**Information Gathering for Special Education Decision Making** (Use when referring a student to special education.)

*Attach this to front of a folder that contains the relevant data and submit to Evaluation Team chairperson or building principal prior to referral meeting.*

Student Name:	DOB:	CA:
School:	Grade:	
Teacher:	Parent Name(s):	
Student Language Proficiency:	Language Spoken at Home:	

Name of person(s) submitting this documentation:

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1. Is this a parent referral? Yes    No
  
2. Is there a suspicion by school staff that this student may have a disability which adversely impacts school performance and requires special education? Yes    No
  
3. Are parent(s) or guardian(s) aware of this referral? Yes    No    (If  
*No, proceed to make them aware.)*
4. Has the student had extended absences? Yes    No
5. Has the student had repeated change of schools? Yes    No

***Circle Area of Need***

Academic                  Social/Emotional                  Speech/Language                  Motor

*(Proceed to appropriate column on next page.)*

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Academic	Social/Emotional	Speech/Language	Motor																				
<p><i>Ensure that there was a consult with the relevant Professional Support Staff (e.g. Special Educator, Reading Specialist, English Language Learner Teacher, Math Intervention Provider)</i></p> <p><b>Area of Need(s)</b>            Reading ____            Math ____            Written Language ____</p> <p>What is the assessment evidence to show this academic need? <i>(Include all relevant data in folder.)</i></p> <table border="1" data-bbox="123 800 737 1165"> <thead> <tr> <th>Name of Assessment and Area Measured</th> <th>Date of Assessment</th> <th>Expected Performance</th> <th>Student's performance</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Has the student received <u>intensive intervention</u> to address this academic need? Yes No</p> <p>Has the student received frequent progress monitoring in the area of need with reliable and valid measures including both mastery measurement and curriculum-based measurement? Yes No</p> <p><i>Have the results of this progress monitoring been discussed with the student(s) parent(s) or guardian(s)?</i> Yes No</p> <p><i>Include written plan (e.g. Intervention Plan, Personal Literacy Plan) and progress monitoring data in folder.</i></p>	Name of Assessment and Area Measured	Date of Assessment	Expected Performance	Student's performance																	<p><i>Ensure that there was a consult with the relevant Professional Support Staff (e.g. School Psychologist, Social Worker, Guidance Counselor)</i></p> <p><b>Area of Need(s)</b>            Behavioral ____            Organization/Attention ____            Social Interactions ____            Emotional/Affective ____            Behavior ____</p> <p><i>Include any relevant data that evidences this need in folder (e.g. SWIS data, work samples).</i></p> <p>Has the student received <u>intensive intervention</u> to address this social/behavioral need? Yes No</p> <p><i>Include written plan (e.g. Behavior Intervention Plan) in folder</i></p>	<p><i>Ensure that there was a consult with the Speech/Language Therapist</i></p> <p><b>Area of Need(s)</b>            Articulation ____            Expressive Language ____            Receptive Language ____</p> <p><i>Include any relevant data that evidences this need in folder (e.g., work samples).</i></p>	<p><i>Ensure that there was a consult with the Occupational Therapist or Adaptive PE Teacher</i></p> <p><b>Area of Need(s)</b>            Fine Motor ____            Gross Motor ____            Sensory Processing ____</p> <p><i>Include any relevant data that evidences this need in folder (e.g., work samples).</i></p>
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