

Special Education Process ManualInitial Evaluation



SAINT LOUIS PUBLIC SCHOOLS

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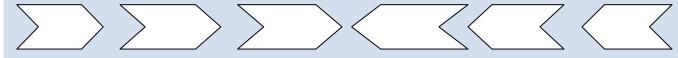


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GENERAL INFORMATION-REMINDERS

- The Department of Elementary and Secondary Education (DESE) Special Education Compliance Standards and Indicators is referenced to document the reasons for requiring special education process activities. The DESE expects staff to be knowledgeable about the Special Education Process and Eligibility Criteria. A copy of the Special Education Process and the Eligibility Criteria can be found on DESE's website at www.dese.mo.gov →Special Education Compliance.
- Confidential information about students, spoken or written, must be managed and disseminated in accordance with the Family Educational Rights and Privacy Act (FERPA). A copy of the FERPA regulations can be found at http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.
- Forms referenced in this manual can be found on both the Student Information System (SIS) and the District's intranet at http://www.slps.org/site/default.aspx?PageID=1. Site Shortcuts-SLPS Intranet, login in with your SLPS username, click on Forgot My Password if needed, District Forms, Special Education Forms & Resources. Electronic forms will expand to accommodate any amount of narrative but may cause a shift in page numbering. If this occurs, make sure you are entering data in the correct section.
- All documents completed during the processes should be maintained at the school site in the student's Legal Access Folder (red-colored folder).
- Speech/Language, vision and hearing screenings, other than for a mass screening, require parental consent. When conducted, these activities are considered Level 1 assessments and therefore, require parental permission to evaluate prior to conducting the screening.
- Student observation is a required prerequisite for a music therapy assessment. If this observation requires student isolation, then the observation becomes a Level I Assessment and therefore, requires parental permission to evaluate prior to conducting the screening.
- If applicable, efforts should be made to hold an Initial IEP meeting on the day of the Eligibility Staffing and to align the triennial reevaluation and the Annual IEP meeting. If this cannot be accomplished because of required attendees' scheduling, the IEP meeting must be held no later than 30 calendar days following the date of the Eligibility Staffing.

- Procedural Safeguards must be issued in the communication mode of the parent/adult student. They can be obtained in foreign languages, American Sign Language and Braille. The current version of the Procedural Safeguards for Parents and Children is dated August 2009. To view the current version, follow this link: http://dese.mo.gov/se/compliance/Proc Safe/index.html.
- References to the "parent" also include the "adult student". The adult student who has reached the age of majority (age 18).
- Foreign and sign language interpreters can be secured for meetings, when needed. International Institute at 314.773.9090.
- Speech Only notations refer to articulation/phonology, voice and/or fluency disorders.

CATEGORIES

Category 1

Category 2

Category 3

Suspected severe to profound disability

Suspected mild to moderate disability

Early
ChildhoodPrekindergarten
Suspected
developmental
delays

(District and Non-District)

CATEGORY 1

Suspected severe to profound disability

These students present indicators of an obvious disability(ies) that will not respond to regular education interventions. Obvious disabilities are usually suspected when a medical/outside report has been received that identifies a speech disorder (articulation/phonology, voice and/or fluency), or severe to profound disability (e.g., Intellectual Disability, Deaf/Blindness, Traumatic Brain Injury, severe Autism).

This category also includes students:

1) Who may present behaviors that endanger themselves or affect the safety of others and those whose suspected disability is not documented by an outside report.

OR

2) Whose obvious physical, sensory, social or cognitive impairments significantly prevent meaningful participation in the general education environment.

Category 1 - Referrals for a special education evaluation are made <u>without prior</u> <u>implementation of Student Intervention Team interventions</u> when the student has an obvious disability.

NOTE:

For suspected Category 1 students, the Principal should immediately contact the appropriate Special Education Manager for possible interim placement. The principal instructs the School Counselor to initiate the collections of existing data. The findings are reviewed by school counselor, psychological examiner/psychologist and/or speech/language pathologist and the LEA (principal).

NOTE:

For Speech Only, the Principal should confer with the Speech/language pathologist and instruct the School Counselor to initiate the collection of existing data. The findings are reviewed by the counselor, speech/language pathologist and LEA (principal).

CATEGORY 2
Suspected mild to
moderate
disability

These students present difficulties in the school setting that could possibly be remediated by the use of research-based interventions or students for whom a medical/outside report diagnoses a mild to moderate disability of any kind, except Speech.

Category 2 -Referrals for special education evaluations are made when the student has failed to respond to appropriate research-based interventions monitored by the Student Intervention Team.

NOTE:

Regular education intervention activities that precede consideration of the need for a special education evaluation involve a minimum of two (2) separate meetings. These meetings are scheduled in accordance with an individually determined timeline.

These students, ages 3, 4 and 5 years old, present indicators of a developmental delay.

NOTE:

If students are receiving Part C services (i.e., First Steps), an LEA (transition) meeting with First Steps providers must be held when the child reaches the age of 2 years, 6 months, provided the child was a part of the First Steps program 6 months prior to their 3rd birth date. This meeting is managed through the Early Childhood Special Education Department.

Early Childhood students can follow one of two paths in the referral process:

CATEGORY 3
Early Childhood (PreKindergarten) suspected
developmental delay

- Students who attend daycares, non-district preschools, parent referrals and non-district Head Start classes, follow Category 1 procedures.
- Students who attend St. Louis Public Schools preschools or Head Start classes follow Category 1 or 2 procedures depending on the nature and extent of the suspected concern.

CLARIFICATION OF ASSESSMENT RESPONSIBILITIES FOR PRESCHOOL STUDENTS

- The school-based evaluation team is responsible for all student evaluations (Pre-K and up) in the school(s) to which the team members have been assigned.
- The Early Childhood assessment teams are responsible for the assessment of students attending non-district preschools, daycares and Head Start programs.

PROCEDURES FOR STUDENTS CATEGORY 1 & CATEGORY 3

Category 1: A student who presents an obvious disability and does not go through the Student Intervention Team (SIT) process

Category 3 (Non-District): An EC student who is attending a <u>non-district site</u> (Processes and procedures for this group are managed by the ECSE Diagnostic Team.)

Category 3 (District): An EC student who is attending a <u>district site</u> (Processes and procedures for this group are managed by the school-based Diagnostic Team.)

Roles and Responsibilities:

The Regular Education Teacher or The Preschool Teacher (district site)

- Obtains from the School Counselor and completes
 - o The Student Data Profile (SDP), Section A (SDP, pgs 1-4)
 - o If there are social/emotional or behavioral concerns
 - Student Data Profile Section B (pgs 1-2) and
 - The Behavioral Observations and/or Correlates of Psychological Processing (BOC, pgs. 1-6).

Or for Preschool

- The Preschool Behavioral Observations Correlates Teacher Checklist-(P-BOC, pg. 1-2)
- Gathers copies of existing information and brings them to the Referral Review Meeting. This information may include:
 - o Report card
 - Work samples
 - SIS information
 - Appropriate anecdotal records, outside reports (behavior, medical, psychiatric)
 - o Discipline forms
 - Any other pertinent information

ECSE Intake Specialist (non-district site)

- Provides the following to non-district daycares, preschools and Head Starts:
 - Preschool Behavioral Observations Correlates Teacher Checklist- (P-BOC)
 NOTE: Parental requests do not require P-BOC's
 - Preschool Teacher/Parent Checklist
 - Procedural Safeguards within 5 school days of the date of the referral
 - Parent's Bill of Rights
- Collects and disseminates information to the ECSE diagnostic team
 This information may include:
 - Work samples, if applicable
 - o Anecdotal records
 - Outside reports (behavioral, medical, psychiatric)
 - o Discipline forms
- Birth certificates
- Registers new student for enrollment in SIS
- Any other pertinent information

The School Counselor

- Provides to the Regular Education or Preschool Teacher
 - The Student Data Profile (SDP), Sections A and the Behavioral
 Observations and/or Correlates of Psychological Processing (BOC, pgs. 1-6)
 - The Preschool Behavioral Observation Correlates Teacher Checklist (P-BOC, pgs. 1-2), if appropriate
- Collects the disseminated documents from the teacher
- Starts the student's case folder
- Meets the School Psychologist/Psychological Examiner <u>and</u> the Speech-Language
 Pathologist/Diagnostician (if a speech and/or language concern is noted in the collected information) and LEA (principal) to review all collected information
- Completes the *Request for Consideration for Initial Special Education Evaluation* form in the Referral Band in the SIS on-line system within 5 calendar days of the referral.
 - ➤ Build a team in the Referral Band in the SIS on-line system based on the referral concern(s), may include
 - School Psychologist/Psychological Examiner
 - Speech-Language Pathologist/Diagnostician
 - Occupational Therapist
 - Physical Therapist
 - Vision Itinerant
 - Hearing Itinerant
- Gives the case folders to the School Psychologist/Psychological Examiner (Multi-Disciplinary) or the Speech-Language Pathologist/Diagnostician (Speech only)

The School Psychologist/Psychological Examiner or Speech-Language Pathologist/Diagnostician

Schedules the Review of Existing Data Meeting



Students in the following categories would have received research-based interventions monitored by the Student Intervention Team (SIT).

Refer to the Student Intervention Team Process and Procedures Manual to review SIT activities.

PROCEDURES FOR STUDENTS CATEGORY 2 & CATEGORY 3

Category 2: A student who has failed to respond to appropriate researched-based interventions monitored by the Student Intervention Team (SIT) process

Category 3 (District): An EC student who is attending a <u>district site</u> (Processes and procedures for this group are managed by the school based team.)

<u>The Referral Review Team-</u> (School Counselor, School Psychologist/Psychological Examiner and/or Speech-Language Pathologist/Diagnostician and LEA)

PURPOSE: To accept or return the recommendation for consideration of a special education evaluation from the Student Intervention Team (SIT).

Roles and Responsibilities:

Referral Review Team

- o Reviews the collected information
- o Makes the determination to accept or return to the Student Intervention Team

School Counselor

- Records the decision and date on the Referral Review form by checking accepted or returned to the SIT. If the referral is returned, the reason must be stated along with the date of the decision. Regardless of the decision, the date the Referral Review Team receives the referral is the date of referral.
- Affixes signatures on the paper copy of the *Referral Review* form. The principal's signature is <u>required</u> to indicate attendance
- o If accepted, completes the SLPS Referral for Initial Evaluation (Paper Form)
 - Writes the reason for referral
 - Writes the description of concerns
 - Enters the referral decision. If the district determines an evaluation is or is not warranted, the referral date should be entered on the line provided.
 - o Enters the publication date of the Procedural Safeguards (most recent version)
 - Enters the date of provision to the parent (<u>within 5 school days of the referral date</u>).
 - o Enters the name and role of the persons making the referral decision

- o Completes the *Request for Consideration for Initial Special Education Evaluation* in the Referral Band in the SIS on-line system
 - a) Step one
 - b) Step two
 - c) Step three

<u>School Psychologist/Psychological Examiner or Speech-Language Pathologist/Diagnostician (Speech Only)</u>

• Establish the date for the Review of Existing Data Meeting (within ten (10) days of the referral date).

THE REVIEW OF EXISTING DATA MEETING

(Categories 1, 2 and 3)

PURPOSE

To decide what, if any, additional data/information is needed to determine eligibility for Special Education and Related Services

PARTICIPANTS IN THE REVIEW OF EXISTING DATA MEETING

Documentation is required that a group of individuals meeting the requirements of an IEP team and other qualified professionals, as appropriate, review all relevant existing data on the child. (Source: Special Education Compliance, Program Review Standards and Indicators. Department of Elementary and Secondary Education, Section, 200.30)

REQUIRED PARTICIPANTS (DISTRICT)

- Representative of the public agency (LEA)
- Student's Regular Education Teacher or Preschool Teacher of the child
- School Psychologist/Psychological Examiner
- Speech-Language Pathologist/Diagnostician (Speech only)
- Individual Interpreting Instructional Implications of Evaluation Results
- Other qualified professionals having pertinent information to share about the student

INVITED BUT NOT REQUIRED

- School Counselor, (except for Speech only) referrals
- Parent/Adult Student
- Student at any age, if appropriate

ROLES AND RESPONSIBILITIES OF THE REVIEW OF EXISTING DATA MEETING PARTICIPANTS

All team participants have the responsibility of preparing for the Review of Existing Data meeting. The information reviewed should include...

- Evaluations and information provided by the parents of the child
- Performance on current classroom-based assessments
- Performance on state and district-wide assessments
- Classroom-based observations
- Observations by teachers and related services providers, if available and applicable

Additionally, information to be reviewed should include but is not limited to:

- Latest report card
- Work samples: SIS Information (attendance, discipline, etc.)
- Outside discipline forms, if appropriate
- Appropriate anecdotal records, outside reports behavioral, medical, psych
- SLPS Student Data Profile
- School health records, if a vision, hearing, general health or motor concern has been previously identified

Advance preparation involves several activities important to the overall success of the meeting. These responsibilities may include, but not limited to, the described activities for each participant.

Local Education Agency (LEA) Representative

This staff member must have the authority to commit agency resources to implement the IEP and ensure that whatever services are set out in the IEP will not be vetoed at a higher administrative level within the agency. (Source: Special Education Compliance, Program Review Standards and Indicators, Department of Elementary and Secondary Education, Section 200.670).

This individual is any designated member of the school staff who meets the following requirements:

- Qualified to provide or supervise the provision of Special Education
- Knowledge of the general curriculum
- Knowledge of the availability of District resources

The LEA

- Shares any knowledge of the student
- Requests an educational surrogate for students who have no parent or someone acting as a parent
- Explains Procedural Safeguards to the parent/adult student when requested
- Monitors compliance with federal, state and local guidelines
- Makes the necessary arrangements for designated staff to attend the Review of Existing Data meeting

These documents should be in the case folder that was started by the school counselor.

- Assists the team in making appropriate decisions regarding the need for additional information
- Assures documents are appropriately completed and submitted in a timely manner
- Ensures completion of the *Notice of Action*

<u>School Psychologist/Psychological Examiner and/or Speech-Language Pathologist/Diagnostician for</u> a Speech Only

- Schedules the Review of Existing Data (RED) meeting
- Completes the *Notification of Meeting (NOM)*, in the Referral Band in the SIS on-line system
- Prints NOM for mailing to the parent. It can be emailed as well, within SIS.
- Sends the NOM to the parent, required and invited parties.
- Documents the attempts to contact the parent/adult student on the Record of District
 Attempts to Schedule Meeting form (page two of the NOM)
- Conducts the RED meeting
- Completes the RED document with input from the participants and supporting records in the Referral Band in the SIS on-line system
 - Completes the "Type and Description of Data Reviewed" section
 - Indicate the **source** (e.g., Easter Seals Midwest [formerly Touchpoint], Ranken Jordan Rehabilitation Center), **type of report** (e.g., 5-week progress report, Discharge Summary) and **date of the report** (e.g., 06-05-11).
 - Completes the "Summary of Information Gained" section
 - Should describe the student's present level of performance and educational needs

NOTE: Do not write "No concerns" or "N/A" as the summary of information gained. The reason(s) for having no concerns should be fully described.

- Completes the *Team Conclusions and Decisions* page of the RED in the SIS on-line system on the same day of the meeting
- Completes the Notice of Action (NOA) which reflects the decision of the participants/team
 NOTE: If the team's decision is to evaluate with formal testing, the parent/guardian or
 adult student must sign page two of the NOA. If the decision is not to evaluate, a copy of
 the NOA documenting the team's decision must be provided to the parent.

Parent/Guardian or Adult Student

"Parent" refers to a parent/ guardian, a person acting as a parent, or foster parent or an educational surrogate appointed by the Department of Elementary and Secondary Education.

(Source: Special Education Compliance, Program Review Standards and Indicators, Department of Elementary and Secondary Education, Section 200.700.d).

- Shares information regarding the student's strengths, abilities and needs
- Assists the team in making appropriate decisions regarding the need for additional information
- Signs NOA, if appropriate

Student, if appropriate

- Indicates school activities he/she enjoys and would like to pursue
- Shares concerns and/or questions, indicates accommodations that have been helpful
- Participates in the discussion regarding his/her strengths and needs
- Assists the team in making appropriate decisions

Regular Education or Preschool Teacher of the Child

At least one (1) Regular Education Teacher of the child must attend the Review of Existing Evaluation Data Meeting.

- Provides and discusses anecdotal records, work samples and other information relevant to the student's current performance in relationship to the general education curriculum, including behavior and attendance patterns
- Identifies instructional and classroom management strategies that have been successful
- Identifies the student's learning style in the general education classroom and discusses special factors that may impede the student's learning
- Assists the team in making appropriate decisions

<u>Other Qualified Professionals</u> (who were identified as required members of the Student Intervention Team or who have expertise in the area(s) of concern)

• Assist the team in making appropriate decisions about the need for additional information

Other qualified professionals may include but are not limited to:

- School Social Worker
 - Assists in obtaining permission to evaluate on the Notice of Action and provides Procedural Safeguards if the parent did not attend the Review of Existing Data Meeting.
- School Nurse
- Speech-Language Pathologist/Diagnostician
- Itinerant Teacher of the Hearing Impaired
- Itinerant Teacher of the Visually Impaired
- Occupational Therapist
- Physical Therapist

NOTE: For students ages 3, 4 and 5 years old not in Kindergarten, if existing information is more than one year old, the District must collect additional data/information.



Following the Review of Existing Data Meeting, the team must make 1 of 2 evaluation decisions.

Decision 1

- No Additional Data Is Needed
- Must provide parent with prior written Notice of Action **and** an Evaluation Report that includes an eligibility determination based on the Review of Existing Data

Decision 2

- Additional Data Is Needed
- MUST provide parent with prior written Notice of Action for intent to evaluate and provide a description of the area(s) to be assessed and the tests to be administered, if known. Parental consent is required to initiate the evaluation.



Generally, existing data is not sufficient to meet all requirements of initial eligibility criteria even when an outside report has been received. The outside evaluation report must include...

- A. Information in all areas of functioning
 - A. Vision
 - B. Hearing
 - C. Healthy/Motor
 - D. Speech
 - E. Language
 - F. Intellectual/Cognitive
 - G. Adaptive Behavioral
 - H. Social/Emotional/Behavioral
 - I. Academic Achievement
 - J. Post-Secondary Transition
 - K. Assistive Technology
- B. Diagnostic information that meets all requirements of initial eligibility criteria
- C. Documentation of educational significance that has been collected through observation of the student in the school setting

Select Decision 1- "No Additional Is Data Needed" when requirements A, B and C are met

Select Decision 2 – "Additional Data Is Needed" and will be collected by administering assessment instrument(s) requiring parental consent" when existing data/information is not sufficient to meet all requirements of initial eligibility criteria "A", "B" and "C" are not met.

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DECISION I – CATEGORY 1 & CATEGORY 3 (NON-DISTRICT)

"No Additional Data Is Needed"

<u>The School Psychologist/Psychological Examiner</u> or <u>The Speech-Language Pathologist (Diagnostician (Speech Only)</u>

- Checks the "Area/Data Source", enters the "Type and Description of Data Reviewed,"
 and enters the "Summary of Information Gained" on the Review of Existing Data
 Documentation Form in the Referral Band in the SIS on-line system
- Checks "no" in each area where no further assessment information is needed
- Completes Team Conclusions and Decisions
 - Checks "No Additional Data is Needed" when existing information is sufficient to determine eligibility
 - Checks "For Initial Evaluation" (Provide parent with Notice of Action)
 NOTE: The parent must be provided with a Notice of Action that explains the decision not more than 30 calendar days from the date of the referral
- Checks "The following individuals, meeting the requirements of an IEP team...."
- Enters the date of meeting
- Obtains the signature of the attendees

<u>NOTE:</u> If an individual is serving in more than one (1) role, all parties must be aware of each role in which the individual is serving and each role must be documented

- Enters the following in the Referral Band in the SIS on-line system within 5 school days of completion
 - Review of Existing Data
 - Notice of Action
 - Description of Areas
- Writes the evaluation report within the SPED Assessment Band in the SIS on-line system



TIP: If the report is not completed, a working draft of the evaluation report should be present at the meeting to facilitate discussion and decision-making. The document should be marked "**DRAFT**."

- Convenes and conducts the Eligibility Meeting within 45 calendar days of the date the Notice of Action-Initial Evaluation (with assessment or without assessment)
 NOTE: Although the Department of Elementary and Secondary Education requires the eligibility staffing be held within 60 calendar days of the date of the Notice to Evaluate, if no consent is required, it is the practice of the St. Louis Public Schools to convene the eligibility staffing within 45 calendar days of the date of the Notice to Evaluate, if no consent is required.
- Writes the evaluation report in the SPED Assessment Band in the SIS on-line system

<u>NOTE</u>: All areas requiring additional information in the Review of the Existing Data must be addressed in the evaluation report.

 Uploads the <u>completed</u> evaluation report to the Imported Documents Band in the SIS on-line system (for viewing purposes)

<u>NOTE</u>: A case delay rationale <u>must</u> be completed for all evaluations that exceed the abovementioned timeline (see Case Delay Rationale Form).

- Gives the original <u>final report</u> (**NO DRAFT REPORTS**), within <u>10 calendar days</u> of the eligibility staffing to:
 - Parent/Legal Guardian
 - o Preschool (Non-District Sites) ECSE Supervisor
 - Preschool (District Sites) Special Education staff person designated by the ECSE Supervisor
 - o **Elementary Level –** person designated by the principal to conduct the initial IEP
 - o Middle Level Team Leader
 - o High School Department Head
 - Speech Only Speech-Language Pathologist

<u>NOTE</u>: The date and method by which the parent was provided a copy must be included in the evaluation report.

DECISION 2 - CATEGORIES 1, 2 & 3 (NON-DISTRICT)

"Additional data is necessary and will be collected by administering assessment instrument(s) requiring written parental consent"

The School Psychologist/Psychological Examiner or The Speech-Language Pathologist/Diagnostician (Speech Only)

- Checks the "Area/Data Source," enters the "Type and Description of Data Reviewed," and enters the "Summary of Information Gained" in the Review of Existing Data/Documentation Form in the SIS on-line system
 - Checks "Yes" or "No" to indicate the need for further assessment information in each area. DO NOT WRITE 'N/A or NO CONCERNS'. Write a brief statement why information is not needed
- Completes Team Conclusions and Decision
 - Checks "Additional Data is Needed..."
 - Checks "For Initial Evaluation"
 - o Checks "The following individuals, meeting the requirements of an IEP team..."
 - Enters the date of meeting
 - Obtains the signatures of the attendees
- Completes the "Description of Areas" form
- Retains the case folder with all completed documents

NOTE: The ONLY time the Speech-Language Pathologist-Diagnostician retains the case folder is when additional data/information will be collected in the area of Speech and in no other area(s)

- Completes the *Notice of Action (NOA)* that proposes intent to evaluate in the Evaluation Band in the SIS on-line system
- Presents the completed NOA to the parent/legal guardian/adult student for consent to evaluate

NOTE: Signature is **required** before proceeding with formal evaluation.

- E-mail the Office of Special Education at SPEDSupport@slps.org to notify that parental consent to evaluate has been obtained
- Provides Procedural Safeguards to the parent/legal guardian/adult student within 5 school days of the referral date

NOTE: If the parent does not attend the Review of Existing Data meeting, the School Social Worker should be notified to assist in obtaining the required permission to evaluate.

- Conducts formal assessment
- Writes the evaluation report within the SPED Assessment Band in the SIS on-line system

NOTE: The completed report must be entered in the SPED Assessment Band in the SIS on-line system within 10 days of the eligibility staffing

Convenes and conducts the Eligibility Meeting within 45 calendar days of the District's receipt
of the parent's <u>signed</u> consent

<u>NOTE</u>: Although the Department of Elementary and Secondary Education requires the eligibility staffing be held within 60 calendar days of the agency's receipt of the parent's signed consent, it is the practice of the St. Louis Public Schools to convene the staffing within 45 calendar days of the agency's receipt of the parent's signed consent.

<u>TIP</u>: If the report is not completed, a working draft of the evaluation report should be present at the meeting to facilitate discussion and decision-making. The document should be marked '**DRAFT**'.

• Uploads the completed evaluation report to the Imported Documents Band in the SIS on-line system

<u>NOTE</u>: A case delay rationale <u>must</u> be completed for all evaluations that exceed the abovementioned timeline (see Case Delay Rationale Form).

- Gives the original <u>final report</u> (**NO DRAFT REPORTS**) within <u>10 calendar days</u> of the eligibility staffing to:
 - The parent **AND** one of the following individuals:
 - o Preschool (Off-Site): ECSE Supervisor
 - Preschool (District): Special Education staff member designated by the ECSE Supervisor
 - Elementary Level: Special Education staff member designated by the principal to be responsible for the initial IEP
 - o Middle Level: Special Education Team Leader
 - o **High School:** Special Education Department Head
 - Speech Only: Speech-Language Pathologist

<u>NOTE</u>: The date and method by which the parent was provided a copy must be included in the evaluation report.

IMPLICATIONS FOR IEP TEAMS

The evaluator must notify school staff that an initial IEP meeting is required within 30 calendar days of the eligibility meeting.

NOTE: Case folders for students receiving a non-disabled category should be filed with the student's cumulative school file or with the ECSE Office for students attending non-District sites.



Select Decision I – "No Additional Data Is Needed" when <u>all</u> of the following criteria are met.

- A. There is an outside report that identifies the same concerns that were addressed by interventions
- B. Diagnostic information in the report is sufficient to meet all requirements of initial eligibility criteria. The report must include information in all of the following areas of functioning:
 - 1. Vision
 - 2. Hearing
 - 3. Health/Motor
 - 4. Speech
 - 5. Language
 - 6. Intellectual/Cognitive
 - 7. Adaptive Behavioral
 - 8. Social/Emotional/Behavioral
 - 9. Academic Achievement
 - 10. Post-Secondary Transition, if applicable
 - 11. Assistive Technology, if applicable

Select Decision II – "Additional Data Is Needed" and will be collected by administering assessment instrument(s) requiring written parental consent, when existing data is not sufficient to meet all requirements of initial eligibility criteria. This decision is also selected when an outside report has been received that does not include all of the following areas of functioning:

- 1. Vision
- 2. Hearing
- 3. Health/Motor
- 4. Speech
- 5. Language
- 6. Intellectual/Cognitive
- 7. Adaptive Behaviors
- 8. Social/Emotional Behavioral
- 9. Academic Achievement
- 10. Post-Secondary Transition, if applicable
- 11. Assistive Technology, if applicable

DECISION 1- CATEGORY 2 and CATEGORY 3 (DISTRICT)

"No Additional Data Is Needed"

<u>The School Psychologist/Psychological Examiner or</u> The Speech-Language Pathologist/Diagnostician (Speech Only)

- Checks the Área/Data Source," enter the "Type and Description of Data Reviewed," and enters the "Summary of Information Gained" in the Review of Existing Data Documentation Form in the SIS on-line system
- o Checks "no" in each area to indicate that there is no need for further assessment information.
 - o Completes Team Conclusions and Decisions in the Referral Band in SIS
 - a) Checks "No additional data is needed" when existing information is sufficient to determine eligibility
 - Checks "Initial Evaluation"
 - o Provide parent with Notice of Action

NOTE: The parent must be provided with a *Notice of Action* that explains the decision and an Evaluation Report that include an eligibility determination based on the Review of Existing Date <u>not more than 30 calendar days from the date of the referral</u>

- Enters the date of meeting
- Obtains the <u>signatures</u> of the attendees
 <u>NOTE</u>: If an individual is serving in more than one (1) role, all parties must be aware of each role in which the individual is serving and each role must be documented
- Writes the evaluation report in the SPED Assessment Band in the SIS on-line system
 <u>NOTE</u>: The <u>completed</u> report must be entered within 10 days of the eligibility staffing
- Convenes and conducts the Eligibility Meeting within 45 calendar days of the date the Notice of Action is received by the District

<u>NOTE</u>: Although the Department of Elementary and Secondary Education requires the eligibility staffing be held within 60 calendar days of the date of the Notice to Evaluate, if <u>no</u> consent is required, it is the practice of the St. Louis Public Schools to convene the staffing within 45 calendar days of the date of the Notice to Evaluate, if <u>no</u> consent is required.

<u>TIP</u>: If the report is not completed, a working draft of the evaluation report should be present at the meeting to facilitate discussion and decision-making. The document should be marked 'DRAFT'

 Uploads the completed evaluation report to the Imported Documents Band in the SIS on-line system

<u>NOTE</u>: A case delay rationale <u>must</u> be completed for all evaluations that exceed the abovementioned timeline (see Case Delay Rationale Form).

- Gives the original <u>final report</u> (NO DRAFT REPORTS) within <u>10 calendar days</u> of the eligibility staffing to:
 - The parent **AND** one of the following individuals:
 - Preschool (Off-site): ECSE Supervisor
 - Preschool (District): Special Education staff member designed by the ECSE Supervisor
 - **Elementary Level:** Special Education staff member designated by the principal to be responsible for the initial IEP
 - Middle Level: Special Education Team Leader
 - High School: Special Education Department Head
 - Speech Only: Speech-Language Pathologist

<u>NOTE</u>: The date and method by which the parent was provided a copy must be included in the evaluation report.

DECISION 2- CATEGORY 2 and CATEGORY 3 (DISTRICT)

"Additional Data Is Needed"

<u>The School Psychologist/Psychological Examiner</u> or <u>The Speech-Language Pathologist/Diagnostician (Speech Only)</u>

- Checks the "Area/Data Source," enters the "Type and Description of Data Reviewed," and enters the "Summary of Information Gained" in the Review of Existing Data Documentation Form in the SIS on-line system
- o Checks "yes" or "no" to indicate the need for further assessment information in each area
- Completes Team Conclusions and Decisions

- Checks "Additional Data is Needed"
- Checks "For Initial Evaluation"
- Enters the date of meeting
- Obtains the signatures of the attendees

<u>NOTE</u>: If an individual is serving in more than 1 role, all parties must be aware of each role in which the individual is serving and each role must be documented.

- o Completes the *Description of Areas* form in the Referral Band in the SIS on-line system
 - Writes the name of the instruments, if known, in the space provided
- Completes the Notice of Action Initial Evaluation in the Referral Band in the SIS on-line system

<u>NOTE</u>: The parent must be provided with a *Notice of Action that explains the decision* and an Evaluation Report that includes an eligibility determination based on the Review of Existing Data not more than 30 calendar days from the date of the referral.

- * If the parent does not attend the Review of Existing Data Meeting, the School Social Worker should assist in obtaining the required permission to evaluate.*
- Conducts formal assessment
- Enters the draft of the evaluation report in the SPED Assessment Band in the SIS on-line system
- Convenes and conducts the eligibility meeting within 45 calendar days of the date the Notice of Action is received by the district

<u>NOTE</u>: Although the Department of Elementary and Secondary Education requires the eligibility staffing be held within 60 calendar days of the agency's receipt of the parent's signed consent, it is the practice of the St. Louis Public Schools to convene the staffing within 45 calendar days of the agency's receipt of the parent's signed consent.

 Enters the final report and marks <u>complete</u> in the SPED Assessment Band in the SIS on-line system within 10 calendar days of the eligibility staffing

TIP: If the evaluation report is not completed, a working draft of the evaluation report should be present at the meeting to facilitate discussion and decision-making. The document should be marked 'DRAFT.'

 Uploads the completed evaluation report to the Imported Documents Band in the SIS on-line system

<u>NOTE</u>: A case delay rationale <u>must</u> be completed for all evaluations that exceed the abovementioned timeline (see Case Delay Rationale Form).

- Gives a copy of the <u>final report</u> (NO DRAFT REPORTS) within 10 calendar days of the eligibility meeting to the <u>parent</u> and one of the following individuals:
 - Preschool (Non-District Suites) and ECSE Supervisor
 - Preschool (District Sites): Special Education staff member designated by the ECSE Supervisor
 - **Elementary Level:** Special Education staff member designated by the principal to be responsible for the initial IEP.
 - Middle Level: Special Education Team Leader
 - **High School:** Special Education Department Head
 - Speech Only: Speech/Language Pathologist

<u>NOTE</u>: The date and method by which the parent was provided a copy must be included in the evaluation report.

 Retains the case folder with all completed documents or gives it to the Speech-Language Pathologist/Diagnostician (Speech Only)

<u>NOTE</u>: Case folders for students who have a non-disabled category should be filed with the student's cumulative school file with the ECSE Office for students attending non-District sites.

IMPLICATIONS FOR IEP TEAMS

THE EVALUATOR MUST NOTIFY

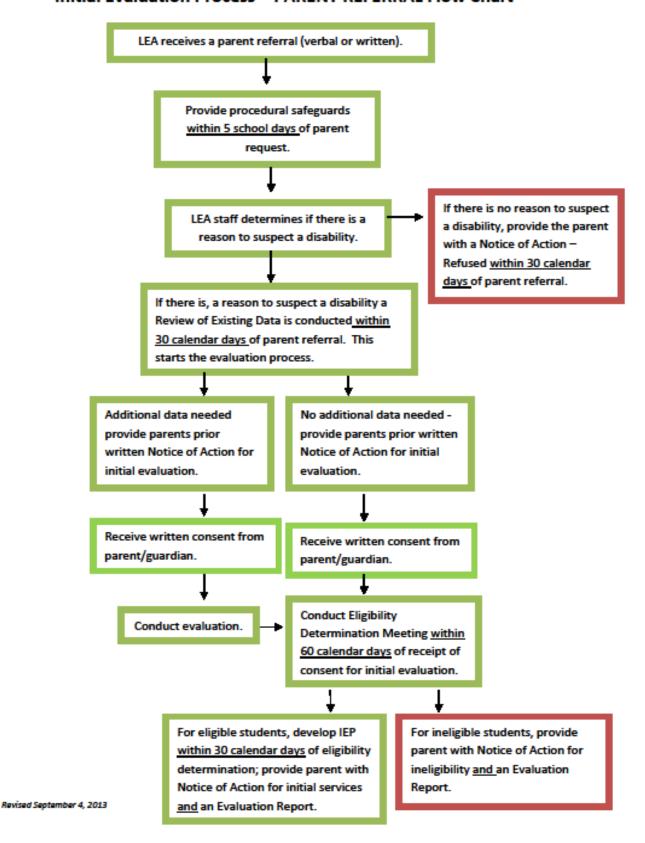
SCHOOL STAFF THAT AN INITIAL

IEP MEETING IS REQUIRED

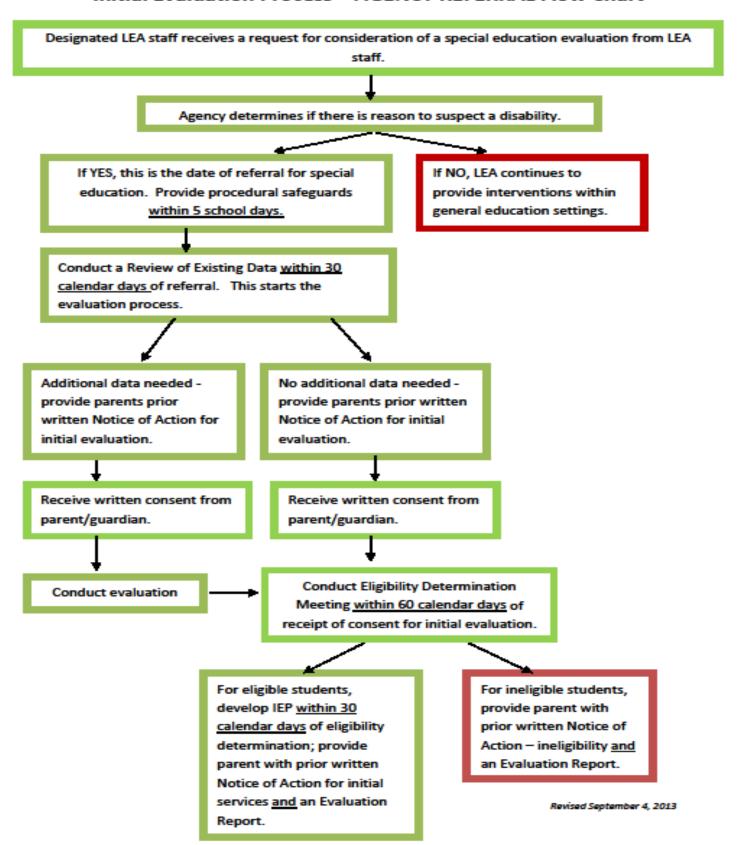
WITHIN 30 CALENDAR DAYS OF

THE ELIGIBILITY MEETING.

Initial Evaluation Process - PARENT REFERRAL Flow Chart



Initial Evaluation Process – AGENCY REFERRAL Flow Chart



FORMS

St. Louis Public Schools STUDENT DATA PROFILE

Name			ID	DOB_		Age
School_			Room/Grade	Teach	er	
Parent(s)) <u> </u>			Teleph	ione	
Address_				Zip Co	ode	
A	At-Risk Stud	ent Referral	Form			
	THE PERSON OF TH	car receive	101111			
Date of R	lequest					
Person m	aking the request			Role		
*For pare 1 & 2.	ntal requests for SIT as	sistance, parent sl	nould complete the S	Student Interventio	n Team-Parent In	put Form, pages
*For stud pages 1 &	ent requests for SIT ass : 2.	istance, student sl	nould complete the S	Student Interventio	n Team-Student I	input Form,
Reason fo	or Request - What are	the concerns ab	out the student's p	erformance?		
	udent exhibits social/be				lection B.	
How and	when was parent firs	t notified of the s	tudent's concerns?			
_	Phone call				Conference	(date)
Note con-	cerns expressed by the	navant				
Note com	cerus expressed by the	е рагени.				
-						

Name		_ ID	DOB	School
I	ACADEMIC SKILLS - Identify any (C). Gather work samples to illustra	areas in which te the student's	the student displays a signifi concerns.	cant strength (S) or concern
	CC). Gather work samples to illustrate READING sight word recognition phonics skills comprehension Other Estimated Grade Level WRITTEN LANGUAGE sentence structure vocabulary organization spelling and/or punctuatio Other Estimated Grade Level		MATHcomputationreasoningOtherEstimated Gradent Communicatingcommunicatingcommunicatingcommunicatingcommunicatingcommunicatingcommunicatingcommunicatingcommunicatingcommunicatingcommunicatingcommunicatingcommunicatingcommunicatingcommunicatingcommunicatingcommunicatingcommunicatingcommunicating	g with peers
	SPELLING Estimated Grade Level			
п	STUDENT STRENGTHS - Check a Positive AttitudeHandles conflict wellWorks well independentlyTrustworthyTakes pride in appearanceCooperatesRespectful of AuthorityArtistically inclinedTransitions easilyOrganized	all that apply.	High expectations for Hard Worker _Athletic _Good sense of humor _Works well in groups _Musically talented _Responsible _Motivated _Possesses leadership q _Other_	
ш	. Identify areas in which the stud expected level.	ent displays sig	guificant difficulties or functi	ons significantly below the
	LEARNING BEHAVIORS working in a group working independently distractibility impulsivity energy level too high energy level too low frustration tolerance organization		SOCIAL ADJUSTMENT develops appropriate fi relates appropriately to emotional outbursts withdrawal chronic lying chronic cheating chronic absences stealing bullying difficulties at home	riendships

Name	!	в		DOB	School
	PROCESSING (motor/atfine motor skills/eye-h _gross motor skills/gen _reversal/transportation _manuscript _cursive writing _copying from board _visual memory _right/left confusion _auditory memory _Other	and coordination	delaye sociall rs)immat	VE SKILLS (con d self-help skills y immature ure language	npared with same age peers)
	COGNITIVE Below average compa Average compared to Above average compa	peers			
	. EDUCATIONAL HISTO				
Numb	er of Schools Attended: _	G	rades Repeated	: (Specify)	
	sive Absenteeism:				
Grade_	Days Absent	_ Grade D	ays Absent	Grade	_ Days Absent
Extenu	iating Reason(s) for excessi	ve absenteeism [date(s) a	nd specify (seve	re illness; hospita	lization, etc.)]:
	er of Suspensions: student involved in Englis NO	— h for Speakers of Other YES	Lauguages (ES	OL)?	
Has in	struction been inconsisten NO	t within a school year? YES, specify (e.g., ser	ies of substitute t	eachers) and give	dates
				, ,	
		the classroom assignm _YES, describe			chool year, last school year,
Are ac	ademic deficiencies a resu NO	lt of lack of instruction YES, explain	in reading and/	or mathematics?	,
Additi	ional relevant factors:				
					-

Name	ш	DOR2CB00I
		vention Plan Components/Monitoring in the Individual mplete the following section.
	ention strategies have bee t? Check all that apply.	n employed to address the student's academic concerns
Intervention	How Long Tried? Enter begin and end dates.	Outcome of Intervention
☐ Instructional accommodations- Specify: ☐ Modified curriculum/demands	_	
☐ Modified curriculum/demands		
☐ Materials modification -		
☐ Alternative materials		
☐ Small-group instruction		
☐ Tutoring		
☐ Assistive technology		
☐ Daily guided reading		
☐ ESOL Support		
☐ Contract		
☐ Assigned seating		
☐ Rearranged physical setting		
☐ Problem-solving conference		
with Collaborative Support Team Parent Conference		
☐ Other — Specify:		
☐ Other -Specify:		
☐ Other –Specify:		
☐ Specific Tier 1 Support		
☐ Specific Tier 2 Support		
☐ Specific Tier 3 Support		
VI. Student Data and Evid	ence	
evidence that may be t	used to support the SIT p	ndent concern. Following are examples of the types of process. Gather your supporting evidence and check each
type of evidence you wi Individual Acader		meeting of the Student Intervention Team. Observations Attendance Records
Class quizzes and	tests	Report Card Discipline Forms
Student Work San	nples	Other pertinent SIS information
	school (OSS) and in-school	
		s (behavioral, medical, psychiatric)
Any other pertine	nt information, specify	



Behavioral Observations and/or Correlates of Psychological Processing Deficits-Initial Evaluation/Reevaluation

Name		ID	DOB	School	ol			
	General Education Teac School Counselor comp permission except for Spe Special Education Teac evaluate the following accordi	letes this form during to each Only (sound system her completes this form	ne initial evaluation m, voice, fluency) r n during reevaluatio	n phase follow eferrals. on following no	tification fi	rom the	evaluat	tor.
	0-Not a problem	1-Mild Problem	2-Moderate Prot	blem	3-Sever	e Proble	m	
F	RATE SEVERITY-Place 0, 1, 2	or 3 on each LINE AND	INDICATE FREQUE	NCY-Place a 🗌	In the appr	opriate C	OLUMN	
						_		
					TEACHE	R	COUNT	SELOR
					Daily	Weekly	Daily	Weekly
	READING SKILLS							
	Has limited sight word vocab	ulary compared to peer						
	Exhibits problems in decoding							
	Does not know sound-symbo							
	Cannot recognize/identify let							
	Has difficulty discriminating t							
	Has difficulty with left to right							
0	Loses place or skips words f	requently						
0	Exhibits reluctance to read or	r strong dislike					Ш	
	Letter reversals (e.g., b-d, p-	· ·					Ш	
	Transpositions (e.g., was-sa	w, slat-salt)						
O	Other							
					Daily	Weekly	Daily	Weekly
	IG COMPREHENSION						П	
	Has difficulty understanding Has difficulty understanding							
-	Does not use context cues					H	H	
	Cannot draw inferences/con						-	
ō	Has difficulty recalling facts of	or details.					-	
	Cannot identify main idea							
0	Does not follow written direct	tions						
0	Cannot determine cause-effe	ect relationships					Щ	
0	Has difficulty predicting outco	omes						
0	Other							
	-	rfere with student's clar	scroom performance	and/or	Ш	<u> </u>		
erentiii fili								
Counse	or's							
Comme	nts:							
Ger	neral Education Teacher	Special Education Te	apher (*one)		8 oho	ol Counc	elor	
Observa	ation Dates: FROMTO		Observation Do	ates: FROM	TO	_		
	ation Time: FROM TO	<u></u>		me: FROM				
Setting:			Setting:			_		
Subject			Subject:					
•			• —					
	re							
Date of	Rating:		Date of Rating:					
Notice o	Education Teacher: This date of Action to Evaluate/Reevalua		•	not precede the	date of pan	ental con	sent.	
DOC D	4.0944P0							

BOC, Pg. 1 (3/14 R)

Behavioral Observations and/or Correlates of Psychological Processing Deficits-Initial Evaluation/Reevaluation

Name	ID	DOB	School				
	General Education Teacher completes this form School Counselor completes this form during the permission except for Speech Only (sound system Special Education Teacher completes this form evaluate the following according to observed occurrence:	e initial evaluation phase to n, voice, fluency) referrals. during reevaluation follow	ollowing ing notific	ation	from the	evalua	ator.
	0-Not a problem 1-Mild Problem	2-Moderate Problem			re Proble		
1	RATE SEVERITY-Place 0, 1, 2 or 3 on each LINE AND I	NDICATE FREQUENCY-Plac	e a 🗆 In ti	е арри	roprilate C	OLUMI	٧
				TEAC	HER	cour	ISELOR
WEITT	EN EXPRESSION		i	Daily	Weekly	Daily	Weekly
WIND IN	Cannot accurately write information dictated by others						
Ö	Exhibits difficulty with writing conventions (i.e., spelling,						
ō	Uses incorrect grammatical constructions (i.e., plurals, stense endings, etc.).	subject-verb agreement, verb					
	Uses primarily short, simple sentence structure			П	1 🗖	П	1 [
n	Has a limited writing vocabulary (repeats frequently use			П			
ñ	Cannot express ideas or meaning clearly when writing			П			
ō	Demonstrates difficulty with handwriting (i.e., formation,			П			
0	Reverses letters when writing (e.g., b-d)			П			
0	Inverts letters when writing (e.g., n-u, p-d, m-w)			П		П	
0	Transposes letters when writing (e.g., salt-slat, read-rae			П			
0	Omits letters from words			П			
0	Omits words from sentences			П			
0	Other			П			
	be how noted behaviors interfere with student's 's Comments:	classroom performance	and/or s	ichool	l functio	ning:	
Counsel	or's Comments:						
Пан	neral Education Teacher	shan (Mana)		0 mbs	ool Coun	ralne	
	ation Dates: FROMTO	Observation Dates: FRO Observation Time: FRO					
Observa Setting: Subject		Observation Time: FRO Setting: Subject:	мТ	0			
Signatu		Signature:					
Date of	Rating:	Date of Rating:					
Notice o	Education Teacher: This date may not precede the of Action to Evaluate/Reevaluate date + 10 days (if not by page of)	This date may not preced	ie the dati	of pa	rental con	isent.	

SAINT LOUIS

CONFIDENTIAL

Behavioral Observations and/or Correlates of Psychological Processing Deficits-Initial Evaluation/Reevaluation

Name	ID	DOB	School		
	General Education Teacher completes School Counselor completes this form permission except for Speech Only (sou Special Education Teacher completes	during the Initial evaluation of system, voice, fluency) this form during reevaluations.	n phase following recorderrals. on following notification	on from the	evaluator.
Please	evaluate the following according to observed				
	0-Not a problem 1-Mild Probl			were Proble	
	RATE SEVERITY-Place 0, 1, 2 or 3 on each i	LINE AND INDICATE FREQUE	ENCY-Place a 🛘 In the a	ppropriate C	OLUMN
_			1	TEACHER	COUNSELOR
	WATER ALL AND ATION		Be	By Weekly	Daily Weekly
	MATICS CALCULATION				
0	Cannot identify numerals				
	Does not understand the meaning of symbol				
0	Does not know basic math facts			1 F1	
ň	Makes careless computational errors freque	affu		 	
ō	Does not understand place value			 	
0	Cannot perform calculations which require "r	enrouning"		 	┝┾╡┼┾┽┤
ō	Has difficulty with multi-step computations				
Ö	Confuses arithmetic operations when workin	п			
ō	Has difficulty with fractions/decimals/geometr				
ō	Exhibits reversals/inversion/transposition of				
ō	Other	The state of the s			
_			 	+	
	MATICS REASONING		Canada de la Canad	ny meety	Daily Weekly
0	Does not understand concepts related to siz				
•	Cannot identify concepts of sequence, quan-				
0	Cannot solve word problems				
0	Has difficulty using correct problem solving s				
0	Cannot judge whether results are reasonable				
0	Cannot understand/construct charts, graphs			1 F1	
0	Has difficulty applying math to daily situation	s (money, time, measurement		+ + + -	
0	Other		 -	+ + + -	
				للاليا	
	e how noted behaviors interfere with stud	ent's olassroom performano	e and/or school function	ining:	
Teacher	's Comments:				
Counse	lor's Comments:				
П					
	neral Education Teacher 3 Special Educ			shool Count	1019E
Observ	ation Dates: FROMTO	Observation D	ates: FROM TO		
Contraction of the Contraction o	ation Time: FROM TO	Observation T	Ime: FROM TO		
Setting:	duon time. ProducTO	Setting:	ine. PROM10_		
Subject	<u> </u>	Subject:			
outlytti	· 	ouujeur	•		
Signatu	re	Olonosh re-			
	Rating:	Date of Ratino			
		-			
Notice (Education Teacher: This date may not prece of Action to Evaluate/Reevaluate date + 10 d by parent)		not precede the date of	parental con	sent.

CONFIDENTIAL Behavioral Observations and/or Correlates of Psychological Processing Deficits-initial Evaluation/Reevaluation

Name		ID	DOB	Scho	00l			
:	General Education Teache School Counselor complete permission except for Speed Special Education Teacher	es this form during t h Only (sound syst	the initial eva em, voice, flu	aluation phase follow ency) referrals.	- '	' '		or.
Please	evaluate the following according				(s) using th	ne scale be	low.	
	0-Not a problem RATE SEVERITY-Place 0, 1, 2 o			ate Problem REQUENCY-Place a D		ere Proble propriate C		
					TE	ACHER	COUNT	SELOR
WORK	HABITS				Daily	Weekly	Daily	Weekly
0	is easily distracted							
0	Demonstrates short attention so							
0	is rejuctant to begin tasks							
0	Gives up easily, does not comp Has difficulty organizing or app				⊢⊢		-	
Ö	Performs work in a careless ma	rupnately using time. Oner			- ├ 			
ō	Needs directions repeated or re				H		H	븀
õ	Works slowly, requires addition				 	+		
•	Has difficulty working independe	ently			 	++		
0	Has difficulty making transitions							
0	Socializes at inappropriate time	5			⊢Ħ	- - - - - - - - - - 		Ħ
0	Other				⊢Ħ		Ħ	F
O O O O O O O O	ROOM BEHAVIORS Does not follow class/school rul Appears fidgety/restiess Leaves seat/room without permit Talks out when not appropriate. Abuses school property	vior	ilng, snapping	fingers, etc.)	Cuty	Waskly	Daily	Weekly
	ior's Comments:							
counse	or a Comments:							
Observa	ation Dates: FROMTO	_		Observation Dates: FR: Observation Time: FR:	ом		selor	
Setting: Subject				Betting: Bubject:				
Signatu				lignature:				
Date of	Rating:			ate of Rating:				
	Education Teacher: This date m o Evaluate/Reevaluate date + 1	-,,		This date may not prec	ede the dat	te of paren	tal consi	ent.

BOC, Pg. 4 (3/14 R)

Behavioral Observations and/or Correlates of Psychological Processing Deficits-Initial Evaluation/Reevaluation

Name	ID	DOB	School	
	General Education Teacher completes this form during School Counselor completes this form during the initial permission except for Speech Only (sound system, voice Special Education Teacher completes this form during it	evaluation phase folio , fluency) referrals.		
Please e	evaluate the following according to observed occurrences in the	suspected area(s) of defici	it(s) using the scale	below.
	0-Not a problem 1-Mild Problem 2-Mo	derate Problem	3-Severe Pro	blem
F	RATE SEVERITY-Place 0, 1, 2 or 3 on each LINE AND INDIGAT	E FREQUENCY-Place a	□ In the appropriate	COLUMN
			TEACHER	COUNSELOR
INTERP	ERSONAL BEHAVIORS		Daily Week	by Daily Weekly
0	is physically aggressive to peers/adults underline)			
0	Is verbally aggressive to peers/adults (underline)		- 	- - - -
0	Uses obscene or profane language			
0	Teases and/or bulles others (underline)			
ŏ	Prefers to Interact with younger/same-age students/older students	nts (underline)		
0	Has difficulty making friends			
0	Takes/abuses property of others (underline)			
0	Responds inappropriately to comments from others		<u> </u>	<u> </u>
	Engages in inappropriately sexually-related behavior			
ō	is defiant, stubborn, obstinate (underline)			
0	Other			
		L		
INTEAD	ERSONAL BEHAVIORS		Daily Week	by Daily Weekly
O O	Acts impulsively.			
ō	Reacts negatively when touched			
0	Does not smile, laugh, or demonstrate happiness			
0	Demands immediate response from others – unable to delay Threatens to hurt self/commit suicide (underline)			
0	Is apathetic/unmotivated/withdrawn (underline)			
ō	Makes bizarre, unrelated, or disconnected statements			
0	Is overly dependent, lacks self-confidence			
0	Complains of physical discomfort			
0	Engages in self-stimulating behaviors (twirling, rocking, handfla) Engages in self-destructive behaviors (scratches/bites self/ tant			
ň	Other	rums, cu. j		
		_		
	be how noted behaviors interfere with student's classr s Comments:	room perrormance and	a/or sendoi tune	tioning:
rescueding.	e sommend.			
Counsel	or's Comments:			
Gen	eral Education Teacher 🔲 Special Education Teacher (ビ	one)	School Co.	uncelor
	tion Dates: FROM TO	Observation Dates: FR0	ON TO	
	 			
Observa Setting:	tion Time: FROMTO	Observation Time: FR0 Setting:	ом10	-
Subject:		Setting: Subject:		
				
3 Ignatur		Signature:		
Date of	Rating:	Date of Rating:		
	Education Teacher: This date may not precede the Notice of Evaluate/Reevaluate date + 10 days (If not waived by	This date may not prece	ede the date of pare	ental consent.

BOC, Pg. 5 (3/14 R)

Behavioral Observations and/or Correlates of Psychological Processing Deficits-Initial Evaluation/Reevaluation

Name		ID	DOB	School			
:	General Education Teache School Counselor complet Speech Only (sound system Special Education Teache	es this form during the in , voice, fluency) referrals	itial evaluation phase folio			sion exc	ept for
Please	evaluate the following accord	ing to observed occurrent	ces in the suspected area(s) of deficit(s) using the	scale be	low.	
,	0-Not a problem RATE SEVERITY-Place 0, 1,	1-Mild Problem 2 or 3 on each LINE AM	2-Moderate Problem DINDICATE FREQUENCY		re Proble ropriate C		
LISTEN	ING COMPREHENSION			The State of	CHER	COUNS	SELOR
0	Confuses similar words due			,		-	
0	Misunderstands what is said Asks for instructions to be re						
ō	Cannot repeat or imitate sen						
0	Has difficulty understanding				\square		
0	Cannot remember information Exhibits difficulty sequencing				╁╫╢	Н	-
ō	Does not follow oral direction						
0	Has difficulty focusing on the						
0	Exhibits a short attention spi Demonstrates disruptive/off-						
0	Cannot learn from or appear				\Box		
0	Does not seem to understan	d relationships between i	information presented verba	ally and		H	
0	Information acquired through Other	reading/other sources					
	- Culci			-	$\vdash \overline{\vdash}$	H	
				Daily	Weekly	Daily	Weekly
	EXPRESSION				- The state of the	Daily	Weeks Name of Street, Name of
0	Has difficulty producing special Speech is difficult to underst						
0	Demonstrates Inappropriate						
_	(Above severe voice probler				ᅡH	ᄖ	_
0	Uses words in incorrect orde Uses primarily short, simple				╁┾╅┤	+	
ŏ	Exhibits difficulty finding pro						
0	Exhibits dysfluent speech (e						
0	Demonstrates grammatical p Demonstrates problems with						
	maintaining/ending conversa				\vdash		-
	for a variety of purposes: to	express feelings, ask que	stions, provide information,	, etc.)			+
0	Other						
Descri	be how noted behaviors	interfere with studen	t's classroom performa	ince and/or school	functio	ning:	
Teacher	's Comments:						
Counsel	lor's Comments:						
Ger	neral Education Teacher	Special Education Te	saoher (*one)	Soho	ol Counc	selor	
Observa	ation Dates: FROMTO		Observation Dates	: FROM TO	_		
Observa	ation Time: FROMTO		Observation Time:	FROM TO			
Setting:			Setting:				
Subject			Subject:				
	re						
	Rating:		Date of Rating:				
	Education Teacher: This dat n to Evaluate/Reevaluate dat			precede the date of pa	arental co	nsent.	
poc p	C (OH 4 D)						



PRESCHOOL BEHAVIORAL OBSERVATION CORRELATES TEACHER CHECKLIST Page 1

STUDENT NAME:	DOB:
SCHOOL/PRESCHOOL:	
TEACHER COMPLETING THIS FORM:	Date:
Please evaluate student according to observations of daily	classroom functioning, using the scales below:
1. Not a Problem 2. Moderate Problem	n 3. Serious Problem
PRE-ACADEMICS/READINESS SKILLS	COMPLETE FOR CHILD AGE 5:
Able to name and match shapes (underline)	knows age, birth date
Able to name and match colors (underline)	names penny, nickel, dime, quarter (underline)
Able to point-out and name body parts (underline)	names left and right on own body
Understands prepositions: in, out, on, under,	points to and names 10 numbers and letters
behind, in front, next to, and beside (underline)	Names letters in own name
Knows whole name	knows the difference between letters and numbers
Understands concepts of same/different (underline	
Answers "wh" (who, what, where, why) questions	
with an appropriate explanation	
Can rote count to 10	
Speaks in simple clear sentences	
LISTENING COMPREHENSION	
Follows directions when given individually	
Follows directions when given to a group	COMMENTS:
Easily distracted by noise and sound	
Easily distracted/short attention span	
Follows 2 or 3 step directions	·
Remembers directions	
Needs instructions and directions repeated	<u> </u>
Able to focus on a task	
Demonstrates disruptive/off task behavior	
SOCIAL/EMOTIONAL/BEHAVIORAL	
Expresses verbal aggression	
Expresses physical aggression	
Shares and take turns	COMMENTS:
Demonstrates self-confidence and self-	
worth	
Reacts to disappointment and failure in an	
appropriate manner	
Plays cooperatively	
Makes and maintains friendships	
Eats independently	

Toilets independently



SAINT LOUS PUBLIC SCHOOLS

PRESCHOOL BEHAVIORAL OBSERVATION CORRELATES TEACHER CHECKLIST

Page 2

BEHAVIORAL/WORK HABITS

Easily distracted/short attention span Disruptive in class Follows class/school rules Reluctant to begin tasks Gives up easily/does not complete tasks (underline) Exhibits attention seeking behaviors Appears withdrawn, shy, discouraged (underline) Does not participate in group activities Exhibits impulsivity (does not think before acting) Is defiant, stubborn, or uncooperative (underline)

MOTOR EXPRESSION

Can alternate feet on steps
Can: balance, hop, and jump (underline)
Can copy shapes: vertical line, horizontal
line, circle, cross, square
Can hold a pencil with the appropriate grasp
Can cut a line with scissors

COMMENTS:		

SENSORY

Engages is repetitive movements of his/her
body with objects
Reacts to loud or unexpected noises
Reacts to bright lights
Mouths, thews nonfood items
Constantly touches things or people
Makes noise a lot
Avoids eye contact
Picky eater
"on the go"
withdraws in busy environments
difficulty with changes

COMMENTS:

LANGUAGE

Follows one-step directions	
Follows two-step directions	
Understands prepositions and simple concept words	5
Uses language to: ask questions, label, make requests, greet, ask for help (underline)	
Produces verb phrases (e.g. drinking, eating, walked)	
Vocabulary is limited or there are very few	
descriptive words used (e.g. big, little, etc.)	
Consistently uses 3-5 word sentences	

SPEECH

Substitutes or omits speech sounds
Percentage of time that you can understand
the child: (circle) 25% 50% 75% 100%
Difficulty producing fluent speech (**e.
repetitions, attempts to talk but no words come out,
has distracting behaviors while attempting to talk)
Has noticeable voice abnormalities (e.g.,
hoame or natal)

ANY ADDITIONAL INFORMATION OR COMMENTS:

Signature:		Title:
Date of Observation:	From	То

Name	в	DOB	School
	REFER	s Public Schools RAL REVIEW he Referral Review Team	
Student Intervention T Education Evaluation:	eam sends complete file to the l	Referral Review Team for Co	asideration of a Special
YesNo		Date	
Referral Review TeamAccepted		Date	
Returned to the Stud	ent Intervention Team	Date	
Reason:			
School Guidance Counselo		ist/Psychological Examiner or Pathologist/Diagnostician	Principal

Name	ID	DOB	School

St. Louis Public Schools REFERRAL FOR INITIAL EVALUATION Course of Action Selected by the District

			Completed by the Refere	al Review Ieam	
Reason	ı for Re	eferral			
Descri	ption of	f Concerns			
	Parent certifica	Referral (Provide Referral D ted staff received a verbal or written	Pate:	This is the date a member of the District?	İs
			ation (Refused). Con	arranted and will provide the parents v sider implementing intervention strate	
	_	The District determined that a	n evaluation is warrar	nted.	
_		t personnel request evaluation The District determined that a		arranted.	
		The District determined that a was made to evaluate:		nted. Provide date on which the deci . (Referral Date)	sion
Proced	ural Saf	eguards dated	_given to Parents on	(within 5 days after refe	rral)
Names o	of Person	mel Making Above Determination		Role	
				School Counselor	
				School Psychologist/Psychological Examine Speech Pathologist/Diagnostician (Speech C	
				Principal, if in attendance	

SANT LOUIS

CONFIDENTIAL

ST. LOUIS PUBLIC SCHOOLS Documentation and Acknowledgment of PARENTAL REQUEST FOR EVALUATION/REEVALUATION

Liate Request was Received:				
Name/Title of Person Receiving/Making Request:				
Parent/Guardian(s) Name:				
Home Phone:	Cell Phone:			
Address:	City/State/Zip:			
Student's Name:	Date of Birth:			
School/Grade:	Student ID:			
Reason For Request				
This request was forwarded to This request was forwarded to who was asked to initiate the collect	Principal, on Counselor/Casemanager, on tion of screening data within one (1) school day			
of the date of receipt from the Principal. I, Counselor/Casemanager, received this	request form on			
If the parent has requested eve	e student's school file. sluation/reevaluation, detach bottom portion and send to safeguards for Children and Parents.			
Date:				
Dear Parent/Guardian,				
screening information results in the areas of ad	ch and language and vision and/or hearing. You			
If you have questions, please call me at Safeguards for Children and Parents.	Enclosed is a copy of Procedural			
Sincerely,				
Principal				
School				



ST. LOUIS PUBLIC SCHOOLS MOTOR SKILLS SCREENING CHECKLIST FOR OCCUPATIONAL THERAPY EVALUATION

IF MOTOR SKILLS ARE OF CONCERN WHEN COMPARED TO SAME AGE, NON-DISABLED PEERS, PLEASE COMPLETE THE FOLLOWING REFERRAL INFORMATION AND SUBMIT TO THE OCCUPATIONAL THERAPIST SUPERVISOR.

☐ INITIAL REFERRAL (PSYCHOLOG ☐ RE-EVALUATION (CASE MANAGE		OLOGICAL E	EXAMINER)
STUDENT'S NAME: SCHOOL: PARENT/GUARDIAN: CASE MANAGER:) 1	D: TEACHER: PHONE: DATE:	DOB:
Student has a medical diagnosis: YE EXPLAIN:	S □ NO □ UNK	NOWN	
In the student currently receiving OT/PT service	en in school: TES	I NO	
This student displays the following is expe Awkward pencillerayon group Poor handwriting Unable to color within lines Unable to cut on lines Difficulty copying from board book Rightleft confusion			ng educationally-related skills:
_	SENSORY CONC		
Over semitive to touch/noise/food textures/ Under semitive to touch/noise/food textures/ Difficulty calming down after physical activ Difficulty tolerating changes in plans or ros OTHER SENSORY or MOTOR CONCERNS:	n/movement (Circle) vides utines	Avaids en	evel too high or too low e contact hand flapping, spinning, biting realise than peers; leans on decks or adults
— — — — — — — — — — — — — — — — — — —	: <u>——</u>		
Describe how noted behavior: negatively affect	this student's involvens	ot and particip	ation in the General Education Corriculum.
	-		
<u> </u>			
THIS SECTION TO BE COMPLETE	ED BY PSYCHOLOG	ICAL EDUCA	ATIONAL ASSESSMENT SERVICES
	() -		
Psychological Examiner	() - Telephone Number		
Fine Motor Evaluation	Sensory Evaluatio	n	
DATE OF REFERRAL:			
ENSURE PARENTAL CONSENT IS AT:	TATCHED: YE	5	
MSSC - OT (3/14 R)			



ST. LOUIS PUBLIC SCHOOLS MOTOR SKILLS SCREENING CHECKLIST FOR PHYSICAL THERAPY EVALUATION

IF MOTOR SKILLS ARE OF CONCERN WHEN COMPARED TO SAME AGE, NON-DISABLED PEERS, PLEASE COMPLETE THE FOLLOWING REFERRAL INFORMATION AND SUBMIT TO THE PHYSICAL THERAPIST SUPERVISOR.

INTITAL REFERRAL (PSYCHOLOG RE-EVALUATION (CASE MANAGE	CAL EXAMINER) RAND THEN PSYCHOLOGICAL EXAMINER)	
STUDENT'S NAME: SCHOOL: PARENT/GUARDIAN: CASE MANAGER:	ID: D TEACHER: PHONE: () - DATE:	OB:
Student has a medical diagnosis: YEEXPLAIN:	NO UNKNOWN	
Is the student currently receiving PT services in	school: YES NO	
This student displays the following/is expe	iencing difficulties with the following educations	ally-related skills:
GROSS MOTOR CONCERNS Bumps into things frequently Needs to support self to maintain balance Arypical walking / running pattern Seambles / falls frequently Poor performance of basic gross motor shill	s such as throwing/catching, hopping, shipping	
Describe how above noted concerns negatively Curriculum.	ffect this student's involvement and participation in	the General Education
THIS SECTION TO BE COMPLETE	D BY PSYCHOLOGICAL EDUCATIONAL A	SSESSMENT SERVICES
Psychological Examiner	() - Telephone Number	
Fine Motor Evaluation	Sensory Evaluation	
DATE OF REFERRAL:		
ENSURE PARENTAL CONSENT IS AT	ATCHED: YES	



CASE DELAY RATIONALE (COMPLETE WHEN TIMELINES ARE NOT MET)

NAME	BD	DOB	SCHOOL	
REASON FOR DELAY (Ci	rcle and document b	elow with reason	s and specific dates)	
01- Medical reasons (expla	nation below)			
02- Awaiting evaluation/inf	ormation from outsid	de agency (specif	y type/source and date receive	d)
03- Parent missed scheduler	d appointment(s) (lis	st date(s))		
04- Staffing scheduled/resci	heduled at parent req	uest (documentar	tion attached)	
05- School holiday (list)				
06- Summer break (last day	of class/start of scho	ool)		
07- Delay in obtaining pare	nt's consent (docume	entation attached		
08- Absences/suspensions (documentation attacl	hed)		
09- Unable to contact paren	t (documentation of	attempts attached	0	
10- other (specify below)				
EXPLANATION:				
T. C	a Total	<u> </u>		
Information provider (Name	and little)		Date	