

ASD Referral

Contact Sue Case when the referral is complete. This referral must be processed by the district ASD team before KEDC is contacted.

I. Personal Information

Date _____

School _____

Referring Teacher _____

Student _____

Grade _____

Is this student in special education? _____ Yes _____ No

If not, has this student been referred to your school's RTI team? _____ Yes _____ No
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II. Personnel Information

Check all the personnel currently working with the student. List the names of any checked area.

_____ special education teacher _____

_____ speech/language pathologist _____

_____ Comprehend counselor _____

_____ occupational therapist _____

_____ physical therapist _____

_____ paraeducator _____

III. Reason for the Referral

Why did you feel the need to contact us? What was “the straw that broke the camel’s back?” Describe as specifically as possible.

_____ behavior:

_____ social:

_____ communication:

_____ sensory:

IV. Supports Attempted

Mark a C in the blank for each strategy you are currently using. Mark a D in the blank for each strategy that you have tried and discarded. For any blank that you mark, write how long you have used the strategy.

_____ behavior intervention plan (Attach a copy.)

_____ modified work (Attach examples.)

_____ one-on-one paraeducator

_____ visual schedule. Describe.

_____ visual supports. Describe.

_____ modified environment. Describe how you modified it.

V. Additional Information

List any additional information that you feel the team needs to know.

VI. DATA

Please attach intervention data. If data has not been collected, please indicate your needs for assistance in this area. (This may include data from RTI, behavioral data forms i.e. ABC data form, classroom observations, etc)