

PR-04 REFERRAL FOR EVALUATION

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____
STREET: _____ GENDER: _____ GRADE: _____
CITY: _____ STATE: OH ZIP: _____
DATE OF BIRTH: _____

BUILDING OF CURRENT ATTENDANCE: _____

TEACHER(S): _____

STUDENT'S NATIVE LANGUAGE (if not English): _____

PARENTS' / GUARDIAN INFORMATION

NAME: _____
STREET: _____
CITY: _____ STATE: OH ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____

PARENT'S NATIVE LANGUAGE (if not English): _____

Reason for Referral:

EDUCATIONAL HISTORY

Provide data about the child's progress in the general curriculum or, for the preschool-age child, data pertaining to the child's growth and development:

Provide data from previous interventions, including Interventions required by rule 3301-35-06 or; for the preschool child, data from early intervention, community or preschool providers:

Provide any relevant trend data beyond the past twelve months, including the review of current and previous IEPs:

Number of school districts attended: _____

Years at present school building: _____

List schools/early childhood programs and dates:

ATTENDANCE:

Regular Irregular

Is this student age-appropriate for grade level? Yes No

BACKGROUND INFORMATION

A. Health Data

Do you suspect problems with Vision Hearing
Does the student Wear Glasses Use hearing aid(s)

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Does the student take medication Yes No

Does the student have any health/developmental/physical problems of which you are aware? Yes No

B. Environmental Factors

Describe any specific home factors that might affect the student's performance in school

For Preschool Children Only (please check the area(s) of concern):

- | | | | |
|--|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Eating | <input type="checkbox"/> Dressing | <input type="checkbox"/> Toileting | <input type="checkbox"/> Attention |
| <input type="checkbox"/> Receptive Communication | <input type="checkbox"/> Expressive Communication | <input type="checkbox"/> Hearing | <input type="checkbox"/> Gross Motor |
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Fine Motor | <input type="checkbox"/> Play | |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Social/Emotional Behavior | | |
| <input type="checkbox"/> Other | | | |

Describe any other pertinent information not previously described:

SIGNATURES

Signature of Person Initiating the Referral

Signature of Person Receiving the Referral

Position or Relationship to Student

Title

Date

Date Received

Date District Suspects a Disability

PR-05 PARENT CONSENT FOR EVALUATION

TYPE OF EVALUATION

Initial Evaluation

Reevaluation (if additional assessment is to be conducted)

PART 1: TO GRANT CONSENT

I HEREBY GIVE MY PERMISSION FOR _____ to receive an evaluation(s) by designated personnel. I understand the evaluation information will be shared by teachers, principals, and other appropriate school personnel, and that the school district will forward educational records upon request to another school district or educational agency in which my child seeks or intends to enroll. I further understand that my granting of consent is voluntary on my part and I may revoke my consent at any time.

I have received a copy of my procedural safeguards and I understand the information provided.

Signature of parent/legal guardian/custodian, or student (if age 18 or older) _____ Relationship to Child _____ Date _____

PART 2: TO REFUSE CONSENT

(Do Not complete Part II if you completed Part I)

I have received a copy of my procedural safeguards and I understand the information provided.

I DO NOT GIVE MY PERMISSION for an evaluation for: _____

Reasons: (It would be helpful to school personnel who are designing an educational program to meet your child's unique needs if you would share with us your reasons for not giving your permission for an evaluation.)

Signature of parent, legal guardian, custodian, or student (if 18 or older) _____ Relationship to Child _____ Date _____

PART 3 (To be completed by the school)

Information about the evaluation and a copy of the procedural safeguards notice were presented/sent by:

Signature of school district representative _____ Date(s) _____

The parents' native language is _____

If not English, was the information provided in the native language or other mode of communication of the parents? YES NO

If no, explain:

If the native language or other mode of communication is not a written language, attach documentation of the steps taken to ensure that the notice was explained and that the parent understands the content of the notice.

WATI Student Information Guide

SECTION 4

Communication

1. Student's Present Means of Communication

(Check all that are used. Circle the primary method the student uses.)

- Changes in breathing patterns Body position changes Eye-gaze/eye movement
- Facial expressions Gestures Pointing
- Sign language approximations Sign language (Type _____ # signs _____
combinations _____ # signs in a combination _____)
- Vocalizations, list examples _____
- Vowels, vowel combinations, list examples _____
- Single words, list examples & approx. # _____
- Reliable no Reliable yes
- 2-word utterances 3-word utterances
- Semi intelligible speech, estimate % intelligible: _____
- Communication board Tangibles Pictures Combination pictures/words Words
- Voice output AC device (name of device) _____ Intelligible speech
- Writing Other _____

2. Those Who Understand Student's Communication Attempts (Check best descriptor.)

	Most of the time	Part of the time	Rarely	Not Applicable
Strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers/therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Current Level of Receptive Language

Age approximation _____

If formal tests used, name and scores _____

If formal testing is not used, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate. _____

4. Current Level of Expressive Language

Age approximation: _____

If formal tests used, name and scores _____

If formal testing is not used, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate. _____

WATI Assessment Package

5. Communication Interaction Skills

Desires to communicate Yes No

To indicate *yes* and *no* the student

- Shakes head Signs Vocalizes Gestures Eye gazes
 Points to board Uses word approximations Does not respond consistently

Can a person unfamiliar with the student understand the response? Yes No

	Always	Frequently	Occasionally	Seldom	Never
Turns toward speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aware of listener's attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to communication interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requests clarification from communication partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repairs communication breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires frequent verbal prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires frequent physical prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains communication exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminates communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe techniques student uses for repair (e.g. keeps trying, changes message, points to first letter etc.).

6. Student's Needs Related to Devices/Systems (Check all that apply.)

- Walks Uses wheelchair Carries device under 2 pounds
 Drops or throws things frequently Needs digitized (human) speech
 Needs device w/large number of words and phrases
 Other _____

7. Pre-Reading and Reading Skills Related to Communication (Check all that apply.)

- Yes No Object/picture recognition
 Yes No Symbol recognition (tactile, Mayer-Johnson, Rebus, etc.)
 Yes No Auditory discrimination of sounds
 Yes No Auditory discrimination of words, phrases
 Yes No Selecting initial letter of word
 Yes No Following simple directions
 Yes No Sight word recognition
 Yes No Putting two symbols or words together to express an idea

WATI Assessment Package

8. Visual Abilities Related to Communication (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Maintains fixation on stationary object | <input type="checkbox"/> Looks to right and left without moving head |
| <input type="checkbox"/> Scans line of symbols left to right | <input type="checkbox"/> Scans matrix of symbols in a grid |
| <input type="checkbox"/> Visually recognizes people | <input type="checkbox"/> Visually recognizes common objects |
| <input type="checkbox"/> Visually recognizes photographs | <input type="checkbox"/> Visually recognizes symbols or pictures |
| <input type="checkbox"/> Needs additional space around symbol | <input type="checkbox"/> Visually shifts horizontally |
| <input type="checkbox"/> Visually shifts vertically | <input type="checkbox"/> Recognizes line drawings |

Is a specific type (brand) of symbols or pictures preferred? _____

What size symbols or pictures are preferred? _____

What line thickness of symbols is preferred? _____ inches

Does student seem to do better with black on white, or white on black, or a specific color combination for figure/ground discrimination? _____

Explain anything else you think is significant about the responses the student currently uses or his/her need for augmenting communication (Use an additional page if necessary) _____

Summary of Student's Abilities and Concerns Related to Communication _____

Dear Parents/Guardians:

We would like to notify you that Region 14 – Hopewell Center has become eligible to receive Medicaid reimbursement for Augmentative Communication, Audiological, Speech Therapy Service, Occupational Therapy Services, Physical Therapy Services and Psychological Assessments. Unless we receive a note of denial or a phone call from you, we will be billing Medicaid for your child.

If you have any questions, please call Diane Mason at Region 14 – Hopewell Center, 937-393-1904 ext. 115.

Thank you.