

**Detroit Public Schools
Resource Coordinating Team**

Referral Form

Name : _____ DOB: _____ Gr/Prog _____
 Parent/Guardian: _____ Phone: _____
 Address: _____
 Teacher: _____ School: _____ Room: _____
 Date of Referral: _____ Referral Source: _____

- Presenting Problem:**
- | | | |
|---|---|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Science |
| <input type="checkbox"/> Phonetic awareness | <input type="checkbox"/> Computation: | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Phonics | <input type="checkbox"/> Whole numbers +, -, x, ÷ | <input type="checkbox"/> Prediction |
| <input type="checkbox"/> Vocabulary | <input type="checkbox"/> Fractions +, -, x, ÷ | <input type="checkbox"/> Observation |
| <input type="checkbox"/> Fluency | <input type="checkbox"/> Decimals +, -, x, ÷ | <input type="checkbox"/> Draw Conclusions |
| <input type="checkbox"/> Comprehension | <input type="checkbox"/> Measurement | <input type="checkbox"/> Vocabulary |
| <input type="checkbox"/> Oral Language | <input type="checkbox"/> Algebraic Thinking | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Geometry & Spatial Sense | |
| | <input type="checkbox"/> Data Analysis | |
| | <input type="checkbox"/> Vocabulary | |

Does this problem threaten anyone's safety? No Yes If yes, describe: _____

Background Information:

- List schools attended: _____ • Grades retained: _____
- Attendance: **Past-** Days absent last year _____;
Present - Days absent current school year _____ Tardies _____ • Early departure _____
- Physical/medical problems: _____ Is there documentation? Yes No
- Vision _____ • Hearing _____ • Medications: _____
- Other: _____

Family Information:

- With whom does the child live? _____ • Have they been informed of the school difficulties? _____
- Family reaction/concerns: _____ • Any family changes/stresses? _____

School Resources Utilized:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Speech/Language Services | <input type="checkbox"/> Guidance & Counseling | <input type="checkbox"/> Health Center | <input type="checkbox"/> After-School Programs |
| <input type="checkbox"/> School Social Work | <input type="checkbox"/> Psychological Services | <input type="checkbox"/> Attendance | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Other _____ | | | |

Current Test Data: Formal/Informal or Curriculum-Based Assessment (CBA) *not more than 1 year old

| Achievement Area | MEAP | | | MIP | | | TERA NOVA | | | Other: | | |
|------------------------|------|------|------|------|------|------|-----------|------|------|--------|------|------|
| | Date | S.S. | G.E. | Date | S.S. | G.E. | Date | S.S. | G.E. | Date | S.S. | G.E. |
| Reading: Basic Skills | | | | | | | | | | | | |
| Reading: Comprehension | | | | | | | | | | | | |
| Math: Computation | | | | | | | | | | | | |
| Math: Application | | | | | | | | | | | | |

Student Strengths:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Peer relationship | <input type="checkbox"/> Leader | <input type="checkbox"/> Verbal skills | <input type="checkbox"/> Motivated |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Academic skills | <input type="checkbox"/> Adult relationships | <input type="checkbox"/> Positive attitude |
| <input type="checkbox"/> Athletic skills | <input type="checkbox"/> Sense of humor | <input type="checkbox"/> Seeks information | <input type="checkbox"/> Social skills |
| <input type="checkbox"/> Art/Music/dance skills | <input type="checkbox"/> Decision-making skills | <input type="checkbox"/> Goal-setting | <input type="checkbox"/> Other _____ |

RCT Referral Form (Continued)

Student Name: _____ Birthdate: _____ Sex: _____ Grade/Program: _____

School: _____ ID#: _____ Clinic #: _____

Assessment - Six Developmental Pathways: Check all items that apply. Please asterisk (*) your most serious concerns:

1. Speech/Language

- Does not follow verbal directions
- Difficulty w/receptive language
- Does not have ability to process communication
- Lacks age-appropriate vocabulary
- Has articulation difficulty (e.g. omits, substitutes)
- Distorts speech sounds
- Noticeable hearing difficulties
- Lacks age-appropriate grammar
- Makes irrelevant, inappropriate remarks
- Other _____

2. Physical

- Sleepiness/ drowsiness
- Poor hygiene/grooming
- Frequent illnesses
- Malnourished
- Evidence of physical injury
- Physical Complaints
- Easily fatigued
- Other _____

3. Ethical

- Disregard for rules
- Steals
- Destroys property
- Insubordinate
- Does not accept responsibility
- Abuses property
- Defiant behavior
- Shows disrespect
- Other _____

4. Social/Interaction

- Difficulty w/ peer interaction
- Physically aggressive
- Conflictual relationships
- Impulsive/hyperactive
- Leaves the room often
- Easily distracted
- Immature behavior
- Daydreams
- Seeks attention
- Poor self-care skills
- Avoids eye contact
- Short attention span
- Other _____

5. Psychological/Emotional

- Withdrawn/extremely quiet
- Lies, denies, exaggerates
- Cannot work alone
- Cries frequently
- Temper tantrums
- Preoccupied with fears or anxieties
- Needs frequent reassurance
- Scapegoated
- Difficulty accepting mistakes
- Other _____

6. Cognitive/Intellectual

- Does not turn in work
- Disorganized
- Careless work performance
- Limited academic skills
- Slow in finishing work
- Poor handwriting skills
- Poor motor coordination
- Confused /uncertain about oral directions
- Longstanding academic problems
- Difficulty expressing self verbally
- Inconsistency in academic performance
- Appears frustrated when trying to speak
- Decline in quality of work
- Recent decline in quality of work
- Difficulty organizing work on paper
- Reading Problems: Grade Level _____
- Trouble with rote memory
- Difficulty copying work board
- Reverses letters/numbers
- Math problems: Grade Level _____
- Other _____

Classroom Strategies Attempted: (Attach documentation)

- Talked privately to student regarding problem
- Parent calls/conferences
- Proximity control with verbal reminders
- Adjust assignments to student's ability
- Use of study carrel
- Charting and graphing of academic progress and/or behavior
- Use of contracts
- Planned ignoring
- Planned time-out
- Other _____

- Changed student's seat
- Suspensions
- Progress reports
- Tutoring (peer, cross-age, aide)
- Mentorship
- Assignment sheets (daily)
- Reduced length of assignments
- Use of alternative classroom techniques

Describe the barriers that are continuing to inhibit the learning process:

What change in the student's behavior/learning would indicate that the student was progressing?

What is different about the times when the behavior academic/social is better? For example, not sitting with friends and/or writes down homework.