**Deer Park Independent School District**

**Department of Special Services**

**Request for Evaluation Section I**

This form **must** be completed in entirety or referral will be returned to campus

To: Campus Assessment Staff Member

 [ ]  Psychological Evaluation [ ]  Psycho-educational evaluation [ ]  Speech Evaluation

**\*Suspected eligibility must be stated or referral will be returned to campus:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of student: |        |  | ID number: |        |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DOB: |        |  | Campus: |        |  | Teacher: |        |

|  |  |
| --- | --- |
| DPISD Assessment Team Member: |        |

[ ]  **Initial Referral** [ ]  **Re-evaluation**  [ ]  **Special Request from ARD**  [ ]  **Other** (i.e. parent request)

|  |  |
| --- | --- |
| **Please include the following and attach in order****the following checklist (if applicable)** |  **Date Reviewed by CART** |
| [ ]  | Parent has been notified student is being **considered** for evaluation |        |
| [ ]  | School Enrollment History (include retention information) |        |
| [ ]  | *Attendance Record\** |        |
| [ ]  | *LPAC information (if applicable also include Language Profile)\** |        |
| [ ]  | *All Report Cards\** |        |
| [ ]  | *Cumulative Student Record Card (Buff Card)\** |        |
| [ ]  | *Home Language Survey\** |        |
| [ ]  | *Language dominance testing prior to Tier 3 (WMLS-NU)\** |        |
| [ ]  | *Current progress report\* (Jr. & High School only)* |        |
| [ ]  | Student’s class schedule |        |
| [ ]  | Discipline records for past 12 months |        |
| [ ]  | *Teacher Information (Section II)\** |        |
| [ ]  | *Current Vision & Hearing (Section III)\** |        |
| [ ]  | *Health Plan/data (if applicable)\** |        |
| [ ]  | *History of STAAR results\** |        |
| [ ]  | *Benchmark Data (attach copy of Aware)\** |        |
| [ ]  | *Cognitive Abilities Test (CogAT) – attach scores\** |        |
| [ ]  | *DRA levels\** |        |
| [ ]  | *TELPAS results and OLPT data from AWARE\** |        |
| [ ]  | *504 Plan\** |        |
| [ ]  | RtI Record (attach all RtI logs and information) |        |
| [ ]  | *Speech only TIER* |  | *Length* |  | *\** |        |
| [ ]  | AIMSweb/STAR Data (attach print-outs/reports) |        |
| [ ]  | Attach any additional Progress Monitoring Data (running records, IRIS-PMT etc.) |        |
| [ ]  | Parent updated on Tier 3 intervention |        |
|  |   |  |

*\*Italicized are Speech only referrals.*

[ ]  *Dyslexia Information below (attach dyslexia profile if applicable)\**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates (start – end) of****dyslexia intervention** | **Number of sessions /****Number of minutes** |       | **Current Lesson Number****(at time of referral)** |
|       |       |       |       |

**Has the student been previously referred:** **[ ]**  Yes [ ]  No

|  |  |
| --- | --- |
|  **If Yes,** when and what was the purpose of the referral? |        |
|  |  |
| **Should this student have been referred prior to 18-19:** |  **[ ]**  Yes [ ]  No |
|  |  |
| **If Yes,** when and why (explain) |        |
|  |  |
| **Additional Information/Notes for the CART Team:** |        |

**\*Signature of Campus Administrator or Designee (Required) Date**

**To be Completed by CART:**

|  |  |
| --- | --- |
|  Date Received in Special Services Office: |        |

|  |  |
| --- | --- |
|  Date Reviewed by CART and Campus Assessment Staff: |        |

 CART Outcome Summary:

|  |  |
| --- | --- |
| [ ]  | Outcome 1: Immediate Action Required: Collect Sections II, IV and Consent to Evaluate(Observation if required) |

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| --- | --- |
| [ ]  | Outcome 2: Insufficient Evidence/Documentation returned to campus |

|  |  |
| --- | --- |
| Reason: |       |

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| [ ]  | Outcome 3: Sufficient Evidence/Documentation is present. Collect Section II, IV and Consent(Observation if needed) within the first 4 weeks of the following school year |

 Signature of Executive Director Special Services or CART Member Date

 **RFA goes to staff checked below:**

|  |  |  |
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|  [ ]  | Adaptive PE: |   |

|  |  |  |
| --- | --- | --- |
|  [ ]  | AI Teacher: |  **Laura Cothran** |

|  |  |  |
| --- | --- | --- |
|  [ ]  | Diagnostician: |   |

|  |  |  |
| --- | --- | --- |
|  [ ]  | LSSP: |   |

|  |  |  |
| --- | --- | --- |
|  [ ]  | Speech Pathologist: |   |

|  |  |  |
| --- | --- | --- |
|  [ ]  | Occupational Therapist: |   |

|  |  |  |
| --- | --- | --- |
|  [ ]  | Physical Therapist: |  **Meredith Brown** |

|  |  |  |
| --- | --- | --- |
|  [ ]  | VI Teacher: |   |

|  |  |  |
| --- | --- | --- |
|  [ ]  | O & M: |  **Jodie Eakin** |