**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) |

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

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

|  |  |
| --- | --- |
|  | 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:**

|  |  |  |
| --- | --- | --- |
|  | Adaptive PE: |  |

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

|  |  |  |
| --- | --- | --- |
|  | Diagnostician: |  |

|  |  |  |
| --- | --- | --- |
|  | LSSP: |  |

|  |  |  |
| --- | --- | --- |
|  | Speech Pathologist: |  |

|  |  |  |
| --- | --- | --- |
|  | Occupational Therapist: |  |

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

|  |  |  |
| --- | --- | --- |
|  | VI Teacher: |  |

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