

Brazoria-Fort Bend RDSPD: AMPLIFICATION MONITORING RECORD

Month: _____
Year: _____

Date			
<input type="checkbox"/> absent	CI/Hearing Aid:	Right	yes no
		Left	yes no
	ALD:	In use	
	Not in use		

<input type="checkbox"/> absent	CI/Hearing Aid:		
	Right	yes	no
	Left	yes	no
	ALD:		In use
			Not in use

<input type="checkbox"/> absent	CI/Hearing Aid:	Right	yes	no
		Left	yes	no
	ALD:	In use		
		Not in use		

<input type="checkbox"/> absent	CI/Hearing Aid:	Right	yes	no
		Left	yes	no
	ALD:	In use		
		Not in use		

<input type="checkbox"/> absent	CI/Hearing Aid:	Right	yes	no
		Left	yes	no
	ALD:	In use		
		Not in use		

Date:	Problem/Comment

Write additional comments on the back of this form.

Student has daily access to classroom soundfield system (this does not need to be documented above daily).	yes	no
--	-----	----

AMR must be filled out daily after verifying student's Hearing Assistive Technology is in use and functioning.

Staff member responsible:

Ling Sound Checks: oo, ah, ee, mm, ss, sh

This record will serve as documentation of the student's use of the amplification as indicated on the Individual Education Plan (IEP) or by the 504 Committee. Therefore, keeping this documentation is not optional. At the end of the year, please file this document in the teacher's folder.

Name: _____
Campus: _____

Date			
<input type="checkbox"/> present <input type="checkbox"/> absent	CI/Hearing Aid:		
	Right	yes	no
	Left	yes	no
	ALD:	In use	
		Not in use	

<input type="checkbox"/> absent	CI/Hearing Aid:	
	Right	yes no
	Left	yes no
ALD:		In use Not in use

<input type="checkbox"/> absent	CI/Hearing Aid:		
	Right	yes	no
	Left	yes	no
	ALD:	In use	
		Not in use	

<input type="checkbox"/> absent	CI/Hearing Aid:		
	Right	yes	no
	Left	yes	no
ALD:		In use	
		Not in use	

<input type="checkbox"/> absent	CI/Hearing Aid:		
	Right	yes	no
	Left	yes	no
	ALD:	In use	
		Not in use	

Right:
Left:

Date			
<input type="checkbox"/> absent	CI/Hearing Aid:		
	Right	yes	no
	Left	yes	no
	ALD:		
	In use		
	Not in use		

<input type="checkbox"/> absent	CI/Hearing Aid: Right yes no Left yes no	
	ALD: In use Not in use	

<input type="checkbox"/> absent	CI/Hearing Aid: Right yes no Left yes no
	ALD: In use Not in use

<input type="checkbox"/> absent	CI/Hearing Aid:	
	Right	yes no
	Left	yes no
	ALD:	In use Not in use

<input type="checkbox"/> absent	CI/Hearing Aid:	
	Right	yes no
	Left	yes no
	ALD:	In use Not in use

<input type="checkbox"/> absent	CI/Hearing Aid:	
	Right	yes no
	Left	yes no
ALD:		In use Not in use

ALD: _____

Date			
<input type="checkbox"/> absent	CI/Hearing Aid:	Right	yes no
		Left	yes no
	ALD:	In use	
	Not in use		

<input type="checkbox"/> absent	CI/Hearing Aid:		
	Right	yes	no
	Left	yes	no
ALD:		In use	
		Not in use	

<input type="checkbox"/> absent	CI/Hearing Aid:		
	Right	yes	no
	Left	yes	no
ALD:		In use	
		Not in use	

<input type="checkbox"/> absent	CI/Hearing Aid:		
	Right	yes	no
	Left	yes	no
ALD:		In use	
		Not in use	

<input type="checkbox"/> absent	CI/Hearing Aid:		
	Right	yes	no
	Left	yes	no
ALD:		In use	
		Not in use	

<input type="checkbox"/> absent	CI/Hearing Aid:		
	Right	yes	no
	Left	yes	no
ALD:		In use	
		Not in use	

<input type="checkbox"/> absent	CI/Hearing Aid:		
	Right	yes	no
	Left	yes	no
ALD:		In use	
		Not in use	

Brazoria-Fort Bend RDSPD: AMPLIFICATION MONITORING RECORD

[illegible][illegible]

Assistive Technology Consideration Resource Guide

This is a companion document to the Assistive Technology Consideration Process Form to assist IEP teams by providing examples of each area within the AT Consideration Process Form. Each column contains general examples for each area but is not considered all inclusive. Remember that others who are not familiar with the student may refer to this document to provide supports.

Assistive Technology Services – applies to all instructional and/or access areas.

- Activities that help teams select, acquire and/or provide technical assistance in the use of assistive technology devices
 - Assistive Technology Evaluation of the student
 - Acquisition of AT - purchasing or leasing
 - Selecting, designing, fitting, customizing, adapting, applying, maintaining, replacing, and/or repairing AT devices
 - Coordinating and using other therapies, interventions or services with AT devices
 - Training or technical assistance for student or student's family
 - Training or technical assistance for professionals, employees or others who are involved with the student

Useful Notes for Using this Resource Guide

Column A: Relates to basic instructional tasks that support the curriculum. IEP goals and objectives that do not fall into these tasks should also be considered.

Column B: Standard classroom materials available for student use (listed in alphabetical order)

Column C: Accommodations, modifications and/or strategies (listed in alphabetical order)

Column D: Potential Assistive Technology solutions (corresponds to Step 5 on the Consideration Process Form)

A. Area and Sample Instructional Tasks	B. Standard Classroom Materials	C. Accommodations/Modifications/Strategies	D. Assistive Technology Solutions
Writing/Written Composition: <ul style="list-style-type: none"> • Draw/illustrate • Write name • Copy information • Write letters/words/numbers • Align numbers and text • Write from dictation • Writes legibly • Complete written worksheets and/or tests • Outline/organize thoughts • Write sentences, paragraphs or narratives 	<ul style="list-style-type: none"> • Computer/tablet/word processor • Crayon/Marker • Dictionary, grammar and/or spell checker • Document camera • Interactive whiteboard • Letter and number strip • Paper/writing surface • Pen • Pencil 	<ul style="list-style-type: none"> • Change format or substitute alternatives for written assignments • Decrease assignment length • Decrease number of responses • Increase print size • Increase time • Optimal student seating <ul style="list-style-type: none"> • appropriate lighting (not facing glare or in shadows) • away from extraneous noises • close proximity to the 	Level 1: No/Low-Tech
			<ul style="list-style-type: none"> • Pencil grip or other alternative writing aids • Adapted paper <ul style="list-style-type: none"> ○ bold line ○ raised line ○ different spacing ○ colored ○ graph • Positioning Aids (slant board/clip board) • Non-slip material • Personal dry erase board • Timers
			Level 2: Mid-Tech Solutions

Assistive Technology Consideration Resource Guide

A. Area and Sample Instructional Tasks	B. Standard Classroom Materials	C. Accommodations/Modifications/Strategies	D. Assistive Technology Solutions
<ul style="list-style-type: none"> • Take notes • Graph • Use appropriate spelling, grammar, punctuation, and/or capitalization • Use digital tools to produce and publish writing • Writes within time frames 		<ul style="list-style-type: none"> teacher (distance) • individualized visual proximity to educational environment/materials • Oral dictation • Peer note taker • Picture symbols to supplement written words • Pre-teach content specific vocabulary • Provide outline or copy of lecture notes • Use outline and/or webbing strategies • Word banks, sentence starters, and cloze format writing activities for supports 	<ul style="list-style-type: none"> • Classroom/Campus computer, tablet, software or app with built-in accessibility features <ul style="list-style-type: none"> ○ spell and grammar checker ○ outlining/ graphic organizers ○ word prediction software • word processor <ul style="list-style-type: none"> ○ text-and-picture-based (such as Boardmaker Plus or Unique Learning) ○ speech to text (talking) (such as Write Outloud/Co:Writer/MS Word Dictation) ○ speech recognition (campus computer) • online dictionaries • digital recorders/recording software • onscreen keyboard • screen enlargement • Alternate access/accessibility features <ul style="list-style-type: none"> ○ adapted pointers ○ alternative mice ○ keyguards ○ alternative keyboards ○ switch access ○ screen readers ○ speech recognition ○ magnifiers
			Level 3-High Tech Solutions
			<ul style="list-style-type: none"> • Smartpen • Electronically scanned worksheets • Advanced software on district-provided student laptop or tablet device that includes: <ul style="list-style-type: none"> ○ Optical Character Recognition ○ text-to-speech with highlighting ○ study tools ○ dictionary ○ word prediction • Braille writer • Braille note taker with refreshable display

Assistive Technology Consideration Resource Guide

A. Area and Sample Instructional Tasks	B. Standard Classroom Materials	C. Accommodations/Modifications/Strategies	D. Assistive Technology Solutions
Spelling: <ul style="list-style-type: none"> Identify correctly spelled word Write spelling words from dictation Spell words orally Use correct homonyms Look up words Complete writing tasks with correct spelling 	<ul style="list-style-type: none"> Alphabet strip Computer/tablet/word processor Dictionary, grammar and/or spell checker Document camera Flashcards Interactive whiteboard 	<ul style="list-style-type: none"> Peer/adult assistance Personal dictionary Preview of vocabulary Use synonyms Word wall/list 	Level 1: No/Low-Tech
			<ul style="list-style-type: none"> Phonics phone
			Level 2: Mid-Tech
			<ul style="list-style-type: none"> Portable spell checker with or without auditory output Classroom or Campus Device, software or app <ul style="list-style-type: none"> spell and grammar checker word prediction (such as Co:Writer) word processor <ul style="list-style-type: none"> picture-based text-to-speech speech recognition online dictionaries
			Level 3: High-Tech
			<ul style="list-style-type: none"> Advanced software on district-provided student laptop or tablet device that includes: <ul style="list-style-type: none"> Optical Character Recognition text-to-speech with highlighting study tools dictionary word prediction

Assistive Technology Consideration Resource Guide

A. Area and Sample Instructional Tasks	B. Standard Classroom Materials	C. Accommodations/Modifications/Strategies	D. Assistive Technology Solutions
Reading <ul style="list-style-type: none"> Positioning reading material Identify letters/numbers Recognize/read name Decodes words Read common high-frequency words by sight Read words, sentences and/or longer passages Comprehend age/grade appropriate reading materials Literal meaning Inferential meaning Main idea Summarize key points Retell stories with key details in correct sequence Reads with fluency 	<ul style="list-style-type: none"> Computer/tablet/word processor Document camera Electronic texts Interactive whiteboard Projected information Supplemental texts Tests Textbooks Whiteboard <p>Worksheets</p>	<ul style="list-style-type: none"> Change complexity of material Custom vocabulary list Decrease assignment length High interest, low reading level materials Highlight to emphasize key points Increase print size Increase time Optimal student seating <ul style="list-style-type: none"> appropriate lighting (not facing glare or in shadows) away from extraneous noises close proximity to the teacher (distance) individualized visual proximity to educational environment/materials Peer/adult assistance Pre-teach new vocabulary Provide key points/details ahead of time Provide picture symbols to supplement printed words Provide questions ahead of time Provide two sets of textbooks Read text aloud Supplement print with audio 	Level 1: No/Low-Tech
			<ul style="list-style-type: none"> Page fluffers Positioning Aids (slant board/book holders for positioning books) Colored paper, overlay filters or lens Tracking aids Adapted books
			Level 2: Mid-Tech
			<ul style="list-style-type: none"> Portable dictionary with speech output Handheld reading devices Specialized format books <ul style="list-style-type: none"> large print audio electronic (eBook) braille Classroom or Campus Device, software or app <ul style="list-style-type: none"> variable color text/background combinations text to speech (Immersive Reader) Alternate access/accessibility features <ul style="list-style-type: none"> adapted pointers alternative mice keyguards switch access magnifiers
			Level 3: High-Tech
			<ul style="list-style-type: none"> eBook Readers document scanner/OCR Advanced software on district-provided student laptop or tablet device that includes: <ul style="list-style-type: none"> Optical Character Recognition text-to-speech with highlighting study tools dictionary text to speech (Snap & Read, Learning Ally) Braille note taker with refreshable display

Assistive Technology Consideration Resource Guide

A. Area and Sample Instructional Tasks	B. Standard Classroom Materials	C. Accommodations/Modifications/Strategies	D. Assistive Technology Solutions
Math: <ul style="list-style-type: none"> Identify numbers Use number concepts Complete basic calculations Complete complex calculations Complete math word problems Use time concepts Use money concepts Use measurement concepts Use geometric concepts Use fractions and decimals Use and interpret data Explain knowledge of mathematical process 	<ul style="list-style-type: none"> Calculator Computer/tablet/word processor Document camera Formula sheet Graph paper Interactive whiteboard Manipulatives Math chart Math drawing tools Math fact sheet Number line 	<ul style="list-style-type: none"> Change assignment format Change complexity of material Color-code operation symbols and/or text Decrease assignment length Dictionary of math terms Group similar problems together Have students verbalize the process Increase print size Increased time Peer/adult assistance Provide additional spacing between problems Re-phrase vocabulary in word problems Turn lined paper vertically for ready-made columns 	Level 1: No/Low-Tech
			<ul style="list-style-type: none"> Adapted paper Tactile graphics Calculator
			Level 2: Mid-Tech
			<ul style="list-style-type: none"> Alternative calculators <ul style="list-style-type: none"> talking on-screen braille money Talking watch/clock
			Level 3: High-Tech
			<ul style="list-style-type: none"> Advanced software on district-provided student laptop or tablet device that includes: <ul style="list-style-type: none"> equation editors math translator document scanner electronic math worksheets graphing color identifier money identifier Adapted measuring devices <ul style="list-style-type: none"> measuring cups talking tape measures rulers compasses or protractors thermometers

Assistive Technology Consideration Resource Guide

A. Area and Sample Instructional Tasks	B. Standard Classroom Materials	C. Accommodations/Modifications/Strategies	D. Assistive Technology Solutions
Study/Organizational Aids <ul style="list-style-type: none"> Maintain dedicated study time Maintain 'to do' list Follow organizational system Keep track of assignments Follow steps to complete assignments Complete assigned task within designated timelines Request teacher/peer assistance when needed Have appropriate materials/ supplies Identify important points Compile and organize information from various sources 	<ul style="list-style-type: none"> Agendas Calendars Classroom reminders Computer/tablet/word processor Document camera Interactive whiteboard Notebooks Parent/student portals Rubrics Social learning networks Study guides Syllabuses Provide electronic storage file system (Microsoft 365) Schoology 	<ul style="list-style-type: none"> Additional spacing between desks Assignment sheet Color coding Daily planner book Dedicated study time Highlighters/sticky notes Optimal student seating <ul style="list-style-type: none"> appropriate lighting (not facing glare or in shadows) away from extraneous noises close proximity to the teacher (distance) individualized visual proximity to educational environment/materials Outline of key points Peer/adult assistance Provide extra supplies of classroom materials Provide long-term assignment timelines Provide oral and printed directions Provide print copies of ordered steps in a task Sensory supports Show a model of the end product Student checklist Study carrel 	Level 1: No/Low-Tech
			<ul style="list-style-type: none"> Timers Binder/Folder System with tabs and color-coding Visual schedule (picture or written)
			Level 2: Mid-Tech
			<ul style="list-style-type: none"> Digital recorder Classroom/Campus Device, software or app <ul style="list-style-type: none"> auditory reminders speech prompting daily planners outlining/graphic organizers Specialized tote for students with visual impairments
			Level 3: High-Tech
			<ul style="list-style-type: none"> Advanced software on district-provided student laptop or tablet device that includes: <ul style="list-style-type: none"> Optical Character Recognition text-to-speech with highlighting study tools dictionary word prediction Braille note taker with refreshable display

Assistive Technology Consideration Resource Guide

A. Area and Sample Instructional Tasks	B. Standard Classroom Materials	C. Accommodations/Modifications/Strategies	D. Assistive Technology Solutions
Oral Communication/Language <ul style="list-style-type: none"> Gain attention of peers/adults within environment Express wants/needs Request assistance as needed Provide appropriate greetings Inform others Request clarification Participate in collaborative conversations Terminate conversation Ask and answer questions Retell stories Describe Define Sequence Explain Summarize Compare and contrast Persuade Give oral presentations 	<ul style="list-style-type: none"> Books Computer/tablet/word processor Document camera Interactive Whiteboard Manipulatives Non-verbal communication (gestures and body language) Verbal communication Writing materials 	<ul style="list-style-type: none"> Accept alternative responses (i.e. shortened, single word, less grammatically correct) Accept descriptive responses Additional response time Interpreter Provide questions ahead of time Repetition of spoken answers Teacher modeling Verbal prompts Video modeling Visual supports 	Level 1: No/Low-Tech
			<ul style="list-style-type: none"> Communication representation (objects, pictures, symbols, tactile, letters, words) Object-based calendar box Augmentative & Alternative Communication (AAC) solutions <ul style="list-style-type: none"> sign language / gestures communication books/boards/wallets/vests Picture Exchange Systems core vocabulary boards with up to 75 locations and a flip section for fringe vocabulary eye-gaze Aided Language Stimulation/Model use of AAC system Engineering the environment Use “Multi-modal Communication”
			Level 2: Mid-Tech
			<ul style="list-style-type: none"> Basic Voice Output Communication Aids <ul style="list-style-type: none"> Single message device Sequenced messaging 2 Location devices Voice Output Communication Aids <ul style="list-style-type: none"> multi-level static display 4-32 locations Campus/Classroom computer/tablet app-based
			Level 3: High-Tech
			<ul style="list-style-type: none"> Augmentative Alternative Communication (AAC) Devices on an tablet OR dedicated device <ul style="list-style-type: none"> digitized / synthesized speech dynamic display computer/tablet app-based Eye-gaze

DATE OF EVALUATION

**BRAZORIA-FORT BEND
REGIONAL DAY SCHOOL PROGRAM
FOR THE DEAF**

☐ Initial Assessment
☐ Reevaluation
☐ Special Request
by ARD/IEP Committee

COMPREHENSIVE INDIVIDUAL ASSESSMENT

**Eligibility Report: Deaf/Hard of Hearing
Otological Examination**

NAME: _____ **DOB:** _____

PROFESSIONAL EVALUATOR: Otologist or other licensed physician (if Otologist is not available)

ENT EXAMINATION:

Physical Findings:

Pathology

Otitis Media (Acute) R _____ L _____ B _____

Otitis Media (Chronic) R _____ L _____ B _____

Other, specify: _____

***Type of impairment:**

Hearing loss

None R _____ L _____ B _____

Conductive R _____ L _____ B _____

Sensori-Neural R _____ L _____ B _____

Mixed R _____ L _____ B _____

Are there any structural anomalies of the ear, nose, or throat?

Ear _____ Nose _____ Throat _____

☐ YES

☐ NO

***Is medical treatment recommended?**

For what condition? _____

***Severity of hearing loss:**

Normal limits (0-20dB)

R _____ L _____ B _____

Mild hearing loss (20-30dB)

R _____ L _____ B _____

Moderate hearing loss (30-50dB) Moderately-

R _____ L _____ B _____

severe hearing loss (50-70dB) Severe hearing

R _____ L _____ B _____

loss (70-90dB)

R _____ L _____ B _____

Profound hearing loss (over 90dB)

R _____ L _____ B _____

***Severity of hearing loss is based upon:**

☐ YES

☐ NO

Puretone Audiometry

Date: _____

☐ ABR

Date: _____

Other, specify: _____

☐ YES

☐ NO

***Do you recommend this student be
fitted with a hearing aid?**

***SIGNATURE OF OTOLOGIST OR OTHER LICENSED PHYSICIAN**

ADDRESS

***NAME (PLEASE PRINT)**

TELEPHONE NUMBER

Return completed form to: _____

NAME

at: _____

ADDRESS

***Denotes required items**

*DATE OF EVALUATION

**BRAZORIA-FORT BEND
REGIONAL DAY SCHOOL PROGRAM
FOR THE DEAF**

☐ Initial Assessment
☐ Reevaluation
☐ Special Request
by ARD/IEP Committee

COMPREHENSIVE INDIVIDUAL ASSESSMENT

**Eligibility Report: Deaf/Hard of Hearing
Audiological Evaluation**

NAME: _____ DOB: _____

PROFESSIONAL EVALUATOR: Licensed Audiologist

*RESULTS (Attach audiogram and other results available)

Otoscope Examination:

Immittance Testing:

***UNAIDED TESTING:**

Puretones(dBHL):	250	500	1000	2000	3000	4000	6000	8000Hz
Right								
Left, or								
Soundfield								

Speech: ☐ SDT ☐ SRT

Word Discrimination (Quiet):

Right _____ Left _____ Soundfield _____
Stimulus _____ Presentation Level _____
Right _____ Left _____ Soundfield _____

ADDITIONAL TEST RESULTS:

Auditory Brainstem Response (ABR) _____

Other, please specify _____

Type and severity of the hearing loss: _____

☐ YES ☐ NO Need for amplification (*if YES, complete the **AMPLIFICATION** section, p.2)

***AIDED TESTING:**

Puretones(dBHL):	250	500	1000	2000	3000	4000	6000Hz
Binaural, or							
Right							
Left							

Speech: ☐ SDT ☐ SRT

Word Discrimination (Quiet):

Right _____ Left _____ Binaural _____
Stimulus _____ Presentation Level _____
Right _____ Left _____ Binaural _____

Word Discrimination (Noise):

Stimulus _____ Presentation Level _____ S/N Ratio _____
Right _____ Left _____ Binaural _____

* Denotes required items

Child's Name: _____ DOB: _____ Date of Evaluation: _____

***LISTENING TECHNOLOGY**

	HEARING AID(S)/COCHLEAR IMPLANT(S)			FM SYSTEM	
	RIGHT	LEFT		RIGHT	LEFT
Make					
Model					
Serial					
Type					
Receiver					
Vol. Setting					
Ext. Setting					
Int. Settings					

Electroacoustic analysis of amplification:

☐ YES ☐ NO Hearing aid(s) meet(s) manufacturer's specification for gain, output, and distortion.

Hearing aid benefit/ program settings verified using the following method(s):

_____ Aided soundfield testing Date: _____

_____ Real Ear Measures (REM) Date: _____

(or Simulated REM)

***Implications:** With and without listening device, this child **may** be expected to:

With **Without**

_____ have no difficulty hearing in most listening environments.

_____ have some difficulty hearing and/or understanding speech in difficult listening environments.

_____ have some sound awareness; likely to have significant difficulty understanding speech in most listening environments.

_____ hear and understand little to no speech in any environment without visual cues.

_____ have difficulty localizing sounds.

_____ Other _____

Recommendations in the classroom setting:

_____ Consistent use of listening technology(s)

_____ Preferential seating

_____ Use of an Assistive Listening Device (ALD)/Hearing Assistive Technology (HAT)

_____ Educational Audiologist should evaluate this child to determine appropriate classroom placement and modifications

_____ Other _____

*Hearing aid(s) programmed for use with: _____ neckloop _____ boots/DAI _____ ALD only _____ FM + Mic _____

Other: _____

ALD/HAT/FM program is in program # _____ Access this program by: _____

***Signature of Licensed Audiologist**

Date of this Report

Name (Please Print)

Audiologist's Telephone Number

***Denotes required items**

Initial Referral for Special Education

Two paths to referral, the parent or the school:

- School-Based Referral – this will generally come from the IST committee who have been discussing this child and they have decided to refer the child for a special education evaluation. The CCC/AF (elementary/middle school) or Counselors (High School) will get the referral packet together and hand it off to you.
- Parent – parent has sent a formal request for testing to the administrator on the campus. Once this is received, the campus has 15 days to make contact with the parent, set up a meeting to discuss parent concerns and make an ultimate decision about if the school will refer for testing or will decline testing at this time. If testing is agreed on, the CCC/AF/Counselor will get the referral documents together and hand it off to you.

The referral packet must have the Home Language Survey and a recent Vision and Hearing screening from the nurse. If the screener indicates that either vision or hearing are not within normal limits, take a pause and get more information. You can talk to the nurse, the parents, the teachers, etc.

Now you have the referral packet....

- Look at the cover page and see the areas that are checked as far as concerns:

Date: _____

Fort Bend ISD: Referral for Full and Individual Evaluation

Student Name: _____ ID#: _____ Grade: _____
Campus: _____ Teacher(s): _____
Schedule: Lunch: _____ Recess: _____ Ancillary: _____
**Fill in the schedule above or attach a copy of campus schedule*

Student referred by: ☐ RTI committee ☐ 504 committee ☐ Parent

Must include the following with this referral:
☐ Passed Vision/Hearing Screening
☐ Home Language Survey
☐ Outside Reports (if applicable)

Academics: what type of academic problem(s) does this student have?
☐ Reading - Fluency: _____
☐ Reading - Phonics/Decoding: _____
☐ Reading - Comprehension: _____
☐ Math - Problem Solving: _____
☐ Math - Calculation: _____
☐ Writing: _____

Speech Concerns: Yes/No
☐ Articulation: _____
☐ Language: _____
☐ Pragmatics: _____
☐ Fluency: _____
☐ Voice/Other: _____

Behavior: What type of behavior problem(s) does this student have?
☐ Aggression: _____
☐ Anxiety/Depression: _____
☐ Social Skills: _____
☐ Outside Diagnoses: _____
☐ Other: _____

Other:
☐ AI: audiogram & otologist report: _____ ☐ VI: Texas State Eye Report: _____
☐ Orthopedic Impairment (OI)/Other Medical: _____
☐ OT/PT: _____
☐ Assistive Technology: _____

**Please include any other supporting documents that are readily available: For example, Student Grades/Report Card, Intervention Data, Discipline Data (if applicable), Copies of teacher data/behavior tracking (if applicable).*

Revised 08/2019

- Contact the parent to discuss the referral and notate their concerns as well.
- Change the child to a Special Education referral in Success Ed.
 - Type the child's name into the "Select a Student" page in Success Ed
 - Click on the pencil next to their name
 - On the enrollment tab, choose the Special Education box:

Accessible in the following Programs:

☒ Special Education ☐ Bilingual/ESL

☒ Section 504 ☐ Rtl

- Add your name as the Case Manager
 - Staff Assignments
 - Click on your name

Accessible in the following Programs:

☒ Special Education ☐ Bilingual/ESL

☐ Section 504 ☐ Rtl

Staff Assignments

Case Manager:

ZIHLMAN, EMILY ▼

Special Education Teacher:

▼

- On the Program Compliance tab, choose Referral as the status:

Status

Referral ▼

- Schedule a meeting to provide informed consent to the parent to work through the initial referral documents. If parent is unable to meet in person, you can do this over the phone, but in person or via Microsoft Teams is preferred.
- The point of informed consent is to make sure that the parent fully understands the testing process, their rights, the overall plan, and that the results of assessment could mean a recommendation of Special Education services for their child or it could result in a DNQ (does not qualify). Keep in mind that you are the parent's first point of contact into Special Education. Take your time in answering any and all questions they may have.
- Find the Indicator 11: Compliance with Initial Evaluation Timeline:

Indicator 11: Compliance with Initial Evaluation Timelines

☐ The district received a request to evaluate the student for special education eligibility on

☐ The student was referred for a special education evaluation by If other

☐ A claim was made that the student should have been referred for an evaluation prior to the current school year.
The claim was made by If other

☐ District declined to evaluate. PWN provided to parent. ☐ Parent declined the district's offer to evaluate

Here you will put the date that the campus or parent requested testing. **You will check this box and complete for every initial referral.**

Indicator 11: Compliance with Initial Evaluation Timelines

☐ The district received a request to evaluate the student for special education eligibility on

☒ The student was referred for a special education evaluation by If other

☐ A claim was made that the student should have been referred for an evaluation prior to the current school year.
The claim was made by If other

☐ District declined to evaluate. PWN provided to parent. ☐ Parent declined the district's offer to evaluate

Initial Consent For Evaluation: FIIE Due Date: IEP Mtg Due Date: # of Absences:

Actual FIIE Date: Actual IEP Meeting Date: Determined Eligible: ☐ Yes ☐ No

- On this line, you will indicate who requested the testing. It is usually parent or school. If that is not the case, you will indicate on the "other" space (not common). **You will check this box and complete it for every initial referral.**

Indicator 11: Compliance with Initial Evaluation Timelines

☐ The district received a request to evaluate the student for special education eligibility on

☐ The student was referred for a special education evaluation by If other

☒ A claim was made that the student should have been referred for an evaluation prior to the current school year.
The claim was made by If other

☐ District declined to evaluate. PWN provided to parent. ☐ Parent declined the district's offer to evaluate

Initial Consent For Evaluation: FIIE Due Date: IEP Mtg Due Date: # of Absences:

Actual FIIE Date: Actual IEP Meeting Date: Determined Eligible: ☐ Yes ☐ No

- This box is checked if the parent or school feels that the child should have been referred the previous school year. This is not a common box to check. An example of this would be if a parent requested testing for a child in the spring and the informed consent meeting was not held until the following fall. **Do not check this box for every student and be sure you have documentation to support the decision regarding a claim.**

Dyslexia ONLY Referrals

- Parents have the option to proceed with testing for dyslexia via Special Education or 504; however, we must always provide and inform the parents of what Special Education testing would consist of ***first***.

- Parent will need to understand the difference between 504 and Special Education testing. It is your role to fully explain what Special Education testing can provide and then work with your CCC/ARD-Facilitator on explaining the 504 piece.
- If parent declines special education testing, all steps mentioned below will still need to be followed. Parent will need to indicate that they do NOT give consent to test on the Consent for Evaluation form. You will replicate the parents yes/no answers on the consent form and date it.
- You will update the contact log, send parent a Ready, Willing and Able Letter, and upload a copy of the letter into Success Ed.
- Lock the consent forms and the student's status will automatically change to Parent Declined Evaluation in the Program Compliance tab.

Initial Referral Documents

- **Procedural Safeguards** – this is a document that explains parents' rights in the Special Education process. This is for the parent to keep.
- **Guide to ARD Process** – this is a document that explains the ARD process and parent rights. This is for the parent to keep.
- **Notice of Evaluation** – this document explains the areas that will be assessed and the reasons for assessment. This is for the parent to keep.
- **Consent for Evaluation** – this document is used for the parent to give consent for testing. Parents will complete this and *give it to you*. It is important that the parent understands each line item and check off on each one. They must sign and date the form as well.
- **Parent/Guardian Acknowledgement** – this confirms that parents were given a copy of the Guide to the ARD Process.
- **Procedural Safeguards Log** – confirms that you sent a copy of the Procedural Safeguards.
- **Social Developmental History** – this gives background information on the child. You do not need this to move forward with the referral, but it is important to have.
- **Notice of Release/Consent to Request Confidential Information** – this form is not for everyone. You will draft this if the child has a known medical diagnosis (cerebral palsy, epilepsy, etc.) that could lead to an OHI, OI, TBI eligibility or they have an outside therapy provider that can offer information. This is a consent form that gives the school permission to communicate directly with the doctor, therapist, etc. To complete it you will need the name of the doctor or service provider as well as their phone, fax and address. Alternatively, for those students with ADHD, the LSSP assigned to the case can also obtain. This form does not guarantee that the student will qualify under the eligibilities above, rather it allows us permission to communicate with these medical providers in order to consider the information.
- **OPTIONAL** – you can include a short email or letter explaining the documents and what the purpose of each one is if you send the documents how to the parent via email or hard copy.

Waiting for Documents:

- If you do not get anything back from the parent, you can reach out via email or phone to check on the progress and answer any questions.
- If you do not receive anything back after doing your due diligence to retrieve the documents you will draft a Ready, Willing, and Able letter to send home.
- You will upload a copy of this letter into Success Ed and check no to all questions on the electronic Consent for Evaluation form in Success Ed.

We are requesting permission to test Parker to determine her educational needs.

I have been fully informed and understand the evaluation process and why it is being recommended for Parker .

☐ Yes ☒ No

Selecting No will change the student's Special Education status to Parent Declined when this form is locked.

I give my permission for testing. I understand that my consent for testing is voluntary and may be revoked at any time. However, I understand that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).

☐ Yes ☒ No

I waive the 5 school days notice before testing can occur.

☐ Yes ☒ No

I have received the Notice of Procedural Safeguards.

☐ Yes ☒ No

I have been informed of the evaluation in my native language.

☐ Yes ☒ No

- Enter today's date next to the parent signature:

Signature of Parent/Guardian/Adult Student

Signature Date

4/23/2021



- Lock the Consent for Evaluation document
- This will update all information in the Program Compliance tab of the student section in Success Ed.

When you receive the Documents:

- You must get the consent for evaluation back to move forward. The other documents are helpful, but cannot hold up the evaluation process.
- Check over the documents received to make sure that they are complete and correct.
- Replicate the Consent for Evaluation form from the parent onto the Success Ed draft form. You will choose yes/no for the boxes depending on what the parent put on their form. Ensure the parent checked each statement and signed/dated in the correct text box. If anything is checked "no", follow up with the parent to ensure accuracy and understanding.

We are requesting permission to test Parker to determine her educational needs.

I have been fully informed and understand the evaluation process and why it is being recommended for Parker .

☒ Yes ☐ No

Selecting No will change the student's Special Education status to Parent Declined when this form is locked.

I give my permission for testing. I understand that my consent for testing is voluntary and may be revoked at any time. However, I understand that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).

☒ Yes ☐ No

I waive the 5 school days notice before testing can occur.

☒ Yes ☐ No

I have received the Notice of Procedural Safeguards.

☒ Yes ☐ No

I have been informed of the evaluation in my native language.

☒ Yes ☐ No

- **You will put the date that you received the physical consent documents as the signature date:**

Signature of Parent/Guardian/Adult Student

Signature Date

4/23/2021



- In this situation, the complete consent form was received on April 23, 2021 and that is the date that was put in the Signature Date line on the consent form.
- **Lock the form in Success Ed**
- Sign (do not initial) and date (with a stamp or hand-written) all documents received.
- If you received hard copies, you will scan and upload them.
- If you received them electronically, you will save them, print them, and upload them.
- Update the Contact Log with the date that complete consent documents were received.
- This date starts your testing timeline.

Indicator 11: Compliance with Initial Evaluation Timelines

☐ The district received a request to evaluate the student for special education eligibility on

☐ The student was referred for a special education evaluation by If other

☐ A claim was made that the student should have been referred for an evaluation prior to the current school year.
 The claim was made by If other

☐ District declined to evaluate. PWN provided to parent. ☐ Parent declined the district's offer to evaluate

Initial Consent For Evaluation: FIIE Due Date: IEP Mtg Due Date: # of Absences:
 8/3/2020 10/21/2020 11/20/2020 —

Actual FIIE Date: Actual IEP Meeting Date: Determined Eligible: ☐ Yes ☐ No

This is the date of consent that you put in the Consent for Evaluation form. It auto populates here.

Indicator 11: Compliance with Initial Evaluation Timelines

☐ The district received a request to evaluate the student for special education eligibility on

☐ The student was referred for a special education evaluation by If other

☐ A claim was made that the student should have been referred for an evaluation prior to the current school year.
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Initial Consent For Evaluation: FIIE Due Date: IEP Mtg Due Date: # of Absences:
 8/3/2020 10/21/2020 11/20/2020 —

Actual FIIE Date: Actual IEP Meeting Date: Determined Eligible: ☐ Yes ☐ No

This is the FIE due date based on the consent date. It auto populates.

Indicator 11: Compliance with Initial Evaluation Timelines

☐ The district received a request to evaluate the student for special education eligibility on

☐ The student was referred for a special education evaluation by If other

☐ A claim was made that the student should have been referred for an evaluation prior to the current school year.
 The claim was made by If other

☐ District declined to evaluate. PWN provided to parent. ☐ Parent declined the district's offer to evaluate

Initial Consent For Evaluation: FIIE Due Date: IEP Mtg Due Date: # of Absences:
 8/3/2020 10/21/2020 11/20/2020 —

Actual FIIE Date: Actual IEP Meeting Date: Determined Eligible: ☐ Yes ☐ No

This is the IEP/ARD meeting date based on the projected FIE date. It auto populates.

Indicator 11: Compliance with Initial Evaluation Timelines

☐ The district received a request to evaluate the student for special education eligibility on

☐ The student was referred for a special education evaluation by If other

☐ A claim was made that the student should have been referred for an evaluation prior to the current school year.
 The claim was made by If other

☐ District declined to evaluate. PWN provided to parent. ☐ Parent declined the district's offer to evaluate

Initial Consent For Evaluation:
 FIIE Due Date:
 IEP Mtg Due Date:
 # of Absences:

Actual FIIE Date:
 Actual IEP Meeting Date:
 Determined Eligible: ☐ Yes ☐ No

Once the FIE is locked, the actual FIE date will auto populate.

Indicator 11: Compliance with Initial Evaluation Timelines

☐ The district received a request to evaluate the student for special education eligibility on

☐ The student was referred for a special education evaluation by If other

☐ A claim was made that the student should have been referred for an evaluation prior to the current school year.
 The claim was made by If other

☐ District declined to evaluate. PWN provided to parent. ☐ Parent declined the district's offer to evaluate

Initial Consent For Evaluation:
 FIIE Due Date:
 IEP Mtg Due Date:
 # of Absences:

Actual FIIE Date:
 Actual IEP Meeting Date:
 Determined Eligible: ☐ Yes ☐ No

Once the FIE is locked and the new FIE date is in, the actual IEP meeting date will auto populate.

You should not have to manually enter any of the dates. They transfer over from Success Ed documents.

- Once all documents have been received and are confirmed to be correct, you will send an email to Jennifer Byrne with the title "INITIAL REFERRAL". In the body of the email please include the following:
 - Student name
 - Student campus
 - Current grade
 - Date of consent
 - FIE due date
 - Areas of concern (brief summary only) – this is needed so we know which evaluators to assign