



**Utica City School District
Student Support Services
106 Memorial Parkway
Utica, NY 13501**

**REFERRAL TO CSD FOR SPECIAL EDUCATION
SERVICES**

In accordance with the Commissioner's Regulations, any professional staff member of the Utica City School District suspecting a child of having a disability may notify the Committee on Special Education, by completing this form.

Date: _____ School: _____

Referral Type (check one): _____ Initial _____ Program Review _____ Re-evaluation

STUDENT INFORMATION

Name: _____ DOB: _____ Gender _____ Ethnic Code: _____

Address: _____ Zip Code _____

Telephone Number: _____ Cell Phone Number _____

Grade: _____ Teacher: _____ Current Program/Class: _____

Has the student ever lived outside the United States? ___ Yes ___ No

Is the student currently eligible for ESL? ___ Yes ___ No
If yes, number of years in a non-English language school system: _____

Has the student ever been retained? ___ Yes ___ No If yes, grade _____

Attendance pattern: ___ Good ___ Fair ___ Poor

Number of Cumulative days absent, previous year _____ Number of Cumulative days absent, current year _____
(ATTACH SCHOOL TOOL PRINTOUT)

PARENT/GUARDIAN INFORMATION

Name _____ Relationship to Student _____

Address _____ City/State/Zip _____

Telephone _____ Work Phone _____

Emergency Contact _____ Relationship to Student _____

Emergency Contact Number _____ Emergency Work Phone _____

Primary Language of Parent _____ Primary Language of Student _____

Is a translator required? _____ Yes _____ No

Reason for Referral to CSD (check area of primary concern)

_____ Academic

_____ Speech/Language

_____ Social

_____ Occupational Therapy (fine motor development concerns)

_____ Emotional

_____ Physical Therapy (gross motor concerns)

_____ Other

Comments _____

Utica City School District
Referral to Committee on Special Education
(For new referrals and program review)

Student Name _____ Date of Birth _____

Interventions by the classroom teacher, with support from the Instructional Support Team, School Psychologist, Social Worker, Counselor, Speech/Language Therapist, OT/PT, etc., are the initial methods expected to be utilized to address the needs of the individual student. **What intervention services, programs, or instructional methodologies have been attempted prior to referral?**

Services student is currently receiving (please check appropriate boxes)

AIS Reading Yes No Frequency & Duration _____
AIS Math Yes No Frequency & Duration _____
RTI/ERSS Yes No Frequency & Duration _____

1. Academic Intervention/Classroom Supports _____
Provider _____ Start Date: _____ End Date: _____
Detailed Report of results (Was this effective? Why or Why Not? Attach Data:

2. Academic Intervention/Classroom Supports _____
Provider _____ Start Date: _____ End Date: _____
Detailed Report of results (Was this effective? Why or Why Not? Attach Data:

3. Academic Intervention/Classroom Supports _____
Provider _____ Start Date: _____ End Date: _____
Detailed Report of results (Was this effective? Why or Why Not? Attach Data:

Statement of Progress and recommendation from AIS/Remedial Teacher (please attach progress monitoring information)-

Describe the Extent of Parental Contact or Involvement Prior to this Referral to CSE

<u>Date</u>	<u>Description of Contact</u>	<u>Contact Made By</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Are Parent(s)/Guardians Supportive of this referral? _____Yes _____No

Present Level of Performance:

Academic- Level of knowledge and development in subject and skill areas including activities of daily living, level of intellectual functioning, expected rate of progress and learning style

Needs (What specific academic areas need to be addressed?)

Strengths (What can or does the student do well?)

Social Development The degree (extent) and quality of the student’s relationships with peers and adults, feeling about self and social adjustment to school and community environments:

Needs:

Strengths (how/when is the student successful socially?)

Physical Development The degree/extent and quality of the student’s motor and sensory development, health, vitality and physical skills and/or limitations which pertain to the learning process:

Needs:

Strengths

Management Needs The nature (type) and degree (extent) to which environmental and human or material resources are needed to address needs identified above

Other Concerns Regarding Student: (attach medical information if there is a current diagnosis, copy of notes from parent’s regarding concerns, etc.)

Please attach:

- Progress monitoring forms
- Report Card
- Other supporting documentation

This referral is confidential and follows the Utica City School District FERPA policy.

I am aware of and support this referral:

Principal Signature

Parent Signature

Referrer/Position

Individuals from the building, necessary to invite to the CSE meeting once scheduled:

Principal	
Regular Education Teacher	
Special Education Teacher	
Support Staff	
Guidance Counselor	