2010-2011 Development Committee

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SBLC Flowchart

Universal Screening Identified As At Risk

RTI Process

Teacher/Parent has Concern
Refer to 504 Committee

Gifted Referral
Gifted Teacher Screens

Monitor Progress Every 2 Weeks
Intervention Must Be At Least 12 Weeks

No Improvement

* Dyslexia
* ADHD
* Social/Emotional
* Medical
* Other Academic

No Further Consideration
Complete Gifted Packet

No Longer At Risk
Continue Current Intervention

No Improvement Change Intervention

Improve

Continue Intervention

Improve

No Improvement

Refer to Pupil Appraisal for Evaluation
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I. **MCS SBLC HANDBOOK PURPOSE:**
The development and implementation of this Monroe City School Building Level Committee Handbook will serve the following purposes:

A. Support the mandates of federal, state and local laws, policies and directives to locate and identify students with suspected disabilities for all Monroe City Schools and private/parochial schools within the MCS zoned jurisdiction.

B. Ensure a consistency of SBLC operational activities within the Monroe City School System.

C. Enable school site personnel to have immediate access to information which will help them conduct mandated screenings.

D. Enable school site personnel to have immediate access to information which will help them conduct Response to Intervention (RtI).

E. Enable school site personnel to have immediate access to information which will help them conduct pupil progression activities.

F. Serve as a resource guide which will support professional growth and development of teachers and other staff who participate in SBLC membership activities.

G. Serve as an in-service training guide for new teachers and other staff professionals.

H. Offer specific guidelines for organization and maintenance of records, as well as time management and scheduling, in order to facilitate the efficient delivery of services for children and families.

II. **MONROE CITY SCHOOLS SBLC MEMBERSHIP AND RESPONSIBILITIES:**

The School Building Level Committee (SBLC) is a general education, data driven, decision-making committee whose standing members consist of at least the principal/designee, a classroom teacher, and the referring teacher. Additional members can and should where available include reading or literacy coach, Early Intervening Specialist, 504 coordinator, curriculum coordinator, Pupil Appraisal staff and others who have pertinent information (school nurse, speech therapist, adapted physical education teacher, occupational therapist, etc.). The principal or designee will serve as the Chairperson. The designee may be an assistant principal, counselor, or certified teacher. SBLC activities are a function of regular education so the chairperson cannot be a special education teacher. In discussing an individual student’s difficulties, the student’s parent or guardian is an invited participant. This committee is a data-driven, decision making group that meets on a scheduled basis to problem solve concerns from teachers, parents, or other professionals on individual students who are experiencing difficulty in school due to academic and/or behavior problems.

A. **Required Members:**

1. **Principal:** The Principal will ensure that the SBLC Committee memberships are assigned when school begins and that it functions effectively and regularly throughout the school year. The Principal will approve the general schedule of regular SBLC meetings and ensure that adequate time is allotted, as well as necessary supports are in place, for the SBLC to conduct its activities effectively to meet the needs of the school’s students. The Principal will ensure activities
conducted by the SBLC are in accordance with policies and procedures outlined in the MCS SBLC Handbook. The Principal must sign and date the SBLC packet after a screening decision has been reached by the SBLC committee (See Appendix B p.47).

2. **SBLC Chairperson:** The Principal or designee will serve as the Chairperson. SBLC activities are a function of regular education so the chairperson cannot be a special education teacher. The SBLC chairperson’s responsibilities include performing or designating other SBLC members to be responsible for:
   - Scheduling of regular meetings
   - Establishment of a procedure for accepting referrals
   - Preparation of an agenda for regularly scheduled meetings
   - Conducting of pre-meeting activities to gather information from or disseminating information to teachers, parents, others. This includes progress reports, notifications of meetings, etc.
   - Maintaining records on individual students and taking minutes of all meetings.
   - Monitoring interventions for the regular classroom teacher.
   - Maintaining appropriate documentation of parent contacts and results of contacts.
   - Maintaining a system of all related appropriate policies, forms, and intervention resource materials which promote organizational efficiency.
   - Consulting with parents and teachers in the determination decision.

3. **Regular Education Classroom Teacher:** This certified teacher is appointed as a regular member of the SBLC. The Chairperson will assign this teacher on-going responsibilities and duties which are required to support the SBLC process. Dependent upon the needs of the students in the school, the principal may choose to appoint more than one regular education classroom teacher as a regular SBLC member.

4. **Referring Teacher:** The student’s referring teacher is a member of the SBLC. The teacher will furnish information, conduct RtI, progress monitor interventions, report progress, make parent contacts, and participate in determination decisions made by the SBLC Committee.

B. **Optional Members:**
Dependent upon the needs of individual students, the following persons may attend meetings and provide information.

1. **Parents:** Parents must be provided the opportunity to participate in the SBLC pre-referral screening determination decision meeting as well as any other meetings as deemed necessary by the SBLC. (See Parental Rights section beginning on p.4 of this handbook for additional information.)

2. **School 504 Coordinator:** The school 504 Coordinator will serve as liaison between the SBLC and 504 committees.

3. **Reading/Literacy Coach:** This person provides expertise on DIBELS data and reading interventions.

4. **Early Intervening Specialist:** This person is a resource consultant for providing clarification of intervention concerns.
5. **Curriculum Coordinator:** This person is a resource consultant for providing clarification of curriculum concerns.

6. **Pupil Appraisal Contact:** This person serves as a resource consultant for the SBLC in the pre-referral screening process for students suspected of being exceptional. The Pupil Appraisal Contact may provide information, review and analyze or design regular education intervention, consult with teachers and parents, and participate in the SBLC determination decision meeting in which a student may be referred to Pupil Appraisal for an individual evaluation.

7. **Resource Personnel:** Other staff members in the school system such as special education personnel, school nurse, etc. may be invited to participate in the SBLC process if they have knowledge of the student or expertise in the student’s areas of need.

C. **Responsibilities and activities of the SBLC are primarily:**

1. **Referral Screening Activities**
   The SBLC shall review and analyze all screening data, including RtI results, to determine the most beneficial option for the student. The Committee's options include, but are not limited to one of the following actions:
   1. Conduct no further action at this time.
   2. Continue current intervention and progress monitoring through the RtI process.
   3. Conduct additional interventions through the RtI process.
   4. Refer the student to the appropriate committee to conduct a Section 504 evaluation.
   5. Refer the student to Pupil Appraisal personnel for support services.
   6. Refer the student to Pupil Appraisal personnel for an individual evaluation if exceptionality is suspected.

2. **Grade Placement Determinations in accordance with the MCS Pupil Progression Plan.**
   The principal and the School Building Level Committee (SBLC) shall be responsible for making all grade level placement decisions in accordance with the current MCS Pupil Progression Plan.
   (Refer to the current Pupil Progression manual for more information.)

   **Parent/Guardian Notification:** Parent/Guardian’s written notification must be sent prior to placement of the student at the next grade level. A student who has been placed at the next grade level through action of the SBLC shall have such placement noted on both the student’s report card and the student’s school records. “Placed through PPP” shall be recorded on the student’s report card and cumulative records. (See Appendix A p.31)

   **Pupil Progression Checklist** must be completed and signed by the principal, SBLC Chairperson and the referring teacher. The completed checklist must be placed in student’s cumulative record and a copy submitted to the chairman of Pupil Progression and the school’s assigned supervisor (See current Pupil Progression handbook). Pupil Progression must be done in May or August except for Students Targeted for Academic Recovery (STAR) students that meet promotion criteria at midterm.
3. **Section 504 Consideration and Eligibility Determinations**

The MCS 504 Policy will be provided to the SBLC and 504 committees. The 504 Policy states that all concerns related to the educational progress of students should be referred to the School Building Level Committee. This group shall determine the appropriate course of action for each concern.

### III. FREQUENCY AND LENGTH OF SBLC MEETINGS

SBLC meetings should be conducted on a regular basis (i.e., once a month, every two weeks, once a week, etc.) in order to meet the specific needs of the students in each individual school setting. The SBLC may meet more frequently, as needed, in order to effectively and efficiently address new student concerns and to review the progress of students previously addressed.

In order for meetings to be efficient and productive, activities may need to be conducted by SBLC members on an on-going daily basis. Examples include collecting/disseminating information, scheduling meetings with teachers and parents, reviewing records, etc. Meeting length can be pro-actively managed through such pre-meeting activities, the use of the agenda (See appendix), and maintaining access to all essential policies, forms/documents, records, and other related material. Lengthy meetings may indicate the need to increase the frequency of meetings.

### IV. PARENTAL RIGHTS AND PARTICIPATION

**A.** Parents must be provided a report or summary by the SBLC on the status of the student’s response to scientifically research-based interventions (RtI) which would include repeated assessments of achievement at reasonable intervals, reflecting assessment of student progress during instruction. This report or summary **must** be provided to parents at least once each grading period until a decision is reached. If the parents disagree with the SBLC actions or decision, the parents must be provided a copy of their rights.

A meeting may be conducted without a parent in attendance when the local educational agency is unable to convince the parents they should attend. In this case, the LAE must have a record of its attempts to arrange a mutually agreed on time and place, such as detailed records of telephone calls made or attempted and the results of those calls; copies of correspondence sent to the parents and any responses received; and detailed records of visits made to the parent’s home or place of employment and the results of those visits. It is important that the parent be invited and included in the evaluation process. Documentation of efforts to involve the parent must be maintained. *(Louisiana Bulletin 1508 Pupil Appraisal Handbook, Parental Participation, pgs. 4-5)*

See Appendix A for SBLC documentation forms/letters for parent notification and participation requests.

**B.** Informed parental consent is not required before reviewing existing data as part of an evaluation or re-evaluation, or before administering a test or other evaluation that is administered to all students, unless, before administration of that test, consent is required of parents of all students.
C. A direct request for an individual evaluation of an enrolled student from sources other than the SBLC shall be routed through the SBLC for the collection of the required screening information and the conduct of the referral procedures. If the LEA suspects that the student has a disability, an evaluation shall be conducted. If the LEA disagrees with the referral source and does not suspect that the student has a disability, it may refuse to conduct an evaluation. When the LEA refuses to initiate an evaluation upon parental request, the parent shall be provided a copy of all procedural safeguards which includes the right to a due process hearing.

D. Parents may refuse consent to the initial provision of special education services.

V. RESPONSE TO INTERVENTION PROCESS (RtI):

The Response to Intervention (RtI) process is a three-tiered approach to providing services and interventions to struggling learners and/or students with challenging behaviors at increasing levels of intensity.

Essential components of the process include:

- three tiers of instruction and intervention
- use of standard protocols and/or problem-solving methods
- an integrated data collection/assessment system to inform decisions at each tier of instruction/intervention.

The process incorporates increasing intensities of instruction and/or intervention that are provided to students in direct proportion to their individual needs. Embedded in each tier is a set of unique support structures or activities that help teachers implement, with fidelity, research-based curricula, instructional practices, and interventions designed to improve student achievement. RtI is designed for use when making decisions in both general and special education, creating a well-integrated system of instruction and intervention guided by student outcome data.

Students aged six (6) years and older who are suspected of having a disability must participate in an RtI process. Sufficient data must be produced for the SBLC to recommend a comprehensive individual evaluation be conducted by Pupil Appraisal personnel.

For a student suspected of having a communication disorder, the Referral Process for Students Suspected of Speech or Language Impairment must be followed. For a child not enrolled in school, screening activities are to be conducted by Pupil Appraisal personnel.

Through the RtI process the SBLC shall coordinate and document results of all screening activities described below. RtI and screening activities for enrolled students (public and private) are conducted by general education personnel with assistance from other school personnel and Pupil Appraisal members, if necessary.

The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services. If it is the opinion of the SBLC that the student be referred for an initial evaluation, a Pupil Appraisal team member must be present to review supporting documentation.
Monroe City Schools has developed the following procedures for Intervention Implementation to Comply with State Regulations:

The intervention process is data driven. The intervention must match area of need and target skills at the student’s instructional level. At-risk students are identified through universal screening (DIBELS, STAR Reading, STAR Math, Universal Math Screening, and Universal Behavior Screening) along with classroom performance / behavioral data / standardized test scores. Interventions for at-risk students must occur at least 3 times a week for at least 12 weeks.

Progress monitoring (documentation of frequency, duration, and skill level gain/loss) is essential:
- Informal progress monitoring (computer tracking, time log, teacher observations, etc.) is done daily.
- Formal progress monitoring must occur at least once a month, with a graphed data point & goal.

The intervention must be reviewed/adjusted (more time, change level of instruction, different intervention, etc.) if the student is not making progress after each graphed data point. Many computer software intervention programs automatically adjust to the level of the student. Level of instruction and intensity of interventions should be appropriate for the student. Do not continue to do something if the data shows it is not working; try something else.

Note: Documentation of the intervention is required.

Parents must be notified when intervention begins and be informed of student progress at least once each marking period.

**AREA OF CONCERN – SCREENING -- GRAPHAED DATA POINTS**

<table>
<thead>
<tr>
<th>AREA OF CONCERN</th>
<th>INTERVENTION SUGGESTIONS</th>
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<tr>
<td>Reading Fluency – (DIBELS)</td>
<td>Reading Curriculum Intervention - documented</td>
</tr>
<tr>
<td>Use DIBELS graph for K-3 or graph 1 minute probes</td>
<td>The Reading Center / My Reading Coach <a href="http://www.starfall.com">www.starfall.com</a></td>
</tr>
<tr>
<td></td>
<td>Success Maker</td>
</tr>
<tr>
<td></td>
<td>Other research based intervention that targets need</td>
</tr>
<tr>
<td>Reading Comprehension – (STAR Reading)</td>
<td>Accelerated Reading – supervised</td>
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<tr>
<td>Reassess STAR Reading monthly for data point (the program will make a graph)</td>
<td>Success Maker</td>
</tr>
<tr>
<td></td>
<td>Other research based intervention targeting need</td>
</tr>
<tr>
<td>Reassess STAR Math monthly for data point (the program will make a graph)</td>
<td>Success Maker</td>
</tr>
<tr>
<td></td>
<td>Other research based intervention targeting need</td>
</tr>
<tr>
<td>Graph 2 minute probes as data points</td>
<td>Other research based intervention that targets need</td>
</tr>
<tr>
<td>Behavior Concerns – (Universal Behavior Screener)</td>
<td>Check-in/Check-out (Mentor Based Support</td>
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<tr>
<td>Graph progress report data</td>
<td>Behavior Contract/Chart</td>
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<td></td>
<td>Home-School Note System</td>
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<td></td>
<td>Self-Monitoring</td>
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<td></td>
<td>Refer to Behavior Interventionist</td>
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VI. ROLE OF THE CLASSROOM TEACHER IN THE REFERRAL PROCESS FOR STUDENTS SUSPECTED OF HAVING A DISABILITY

A. Prior to SBLC Meeting

1. Communicate concerns to parent through use of the School-Based Response to Intervention/Gifted/504/Speech/language difficulties form letter (See Appendix A p.24-25).

2. Review the student’s cumulative school history by completing the Teacher Referral Form (See Appendix B p.39).

3. Place the student’s name on the SBLC agenda with pre-referral concerns.

B. Initial SBLC Meeting

1. At initial SBLC meeting, the teacher will bring:
   - Previous classroom based interventions/progress monitoring
   - Work samples
   - Current grades
   - Parent Conference Documentation
   - Results of DIBELS/STAR Reading/STAR Math/District Math Screener
   - Dyslexia screening (See Appendix A p.37)
   - Relevant information from cumulative records review

2. Student information/data will be discussed by the committee, and the following decisions may be made:

   Teacher Responsibility:
   - Complete appropriate screening checklists (as based on area(s) of concern): Sensory Processing Screening checklist, Communication Skills teacher checklist, Louisiana Assistive Technology Screening (revised), and Psycho-Social/Behavior checklist (See Appendix B for all screening checklists)
   - Conduct any additional evidence based interventions/progress monitoring developed by the SBLC. Maintain documentation (See Appendix A pgs. 32-35 for examples of intervention logs)

   SBLC Committee Members’ Responsibility:
   - 504 Recommendation
   - WRAT for academic concerns
   - Conduct behavioral observations
   - Request further information needed per student concerns (ex: medical records, vision/hearing, occupational therapy screening, etc.)

C. Subsequent SBLC Meetings

1. Report to SBLC every two weeks for a review of data/progress monitoring to determine a change of intervention as needed. Intervention must run for a minimum of 12 weeks unless student is suspected of having low incidence impairment.
The following determination decisions are possible based on the data/information collected by the SBLC:

- Conduct no further action at this time.
- Continue current intervention and progress monitoring through the RtI process.
- Conduct additional interventions through RtI process.
- Refer the student to the appropriate committee to conduct a Section 504 evaluation.
- Refer the student to Pupil Appraisal personnel for support services.
- Refer the student to Pupil Appraisal personnel for individual evaluation if an exceptionality is suspected.

**NOTE:** If a Pupil Appraisal referral is made, you may maintain intervention support during the evaluation process, but there should be sufficient data to show lack of response to intervention before referral is made to Pupil Appraisal.

2. Send home the SBLC determination meeting notification requesting parents attend the determination meeting (See Appendix A p.28).

3. Attend the SBLC determination decision meeting.

4. When the parent is unable to attend the determination decision meeting, send home the Notice of SBLC Determination Meeting Results (See Appendix A p. 29)

* For students under the age of six, teachers will complete the Early Childhood Referral instead of Teacher Referral (See Appendix B pgs. 48-49).

*RtI is not required if an IEP could be in place prior to the child’s sixth birthday.*
VII. ROLE OF THE CLASSROOM TEACHER/SPEECH THERAPIST IN THE REFERRAL PROCESS FOR STUDENTS SUSPECTED OF SPEECH OR LANGUAGE IMPAIRMENT

A. Prior to SBLC Meeting

1. Communicate concerns to parent through use of the School-Based Response to Intervention/Gifted/504/Speech/language difficulties form letter (See Appendix A p.24-25).

2. Teacher refers to SBLC with speech concerns for student.

3. Teacher completes Teacher referral (page 1) and Communication Skills Checklist.

B. Initial SBLC Meeting

1. Committee reviews results of the Checklist.

2. Speech Therapist screens student based on results of the Communication Skills Checklist.

C. Second SBLC Meeting

Speech Therapist attends and shares results of the speech/language screening

For Language Concerns the Classroom Teacher will:

- Follow the remaining procedures as outlined in the Referral Process For Students Suspected Of Having A Disability (p. 7-8).

- Interventions may include: Reading First, Language!, Intervention Clubs, Kindergarten Flash card drill, My Reading Coach, www.Starfall.com, or other research-based scientifically validated intervention.

For Articulation, Fluency, and Voice (after doctor’s orders provided), the Speech Therapist will:

- Obtain parent permission (See Appendix A p.26). Consent is required for instruction that removes student from regular classroom instruction or instructs them in a before-school or after-school program. SBLC retains copy for their records.

- Provide small group intervention 2X weekly

- Monitor student progress frequently. Chart weekly.

- Review and analyze student performance data. Adjust intervention based on data. For adequate progress-continue and/or fade. For lack of progress-adjust interventions.

- Share progress with school staff and families. (Intervention provider should disseminate progress reports every grading period).

- After 12 weeks, SBLC meets on decision making as to remaining in interventions or referring for PA evaluation.
Intervention data is now a part of the pre-referral process and must be carried out prior to a Pupil Appraisal referral. Complete RtI data and a speech/language rescreen should be part of the evaluation packet.

**NOTE**: If a Pupil Appraisal referral is made, you may maintain intervention support during the evaluation process, but there should be sufficient data to show lack of response to intervention before referral is made to Pupil Appraisal.
VIII. REFERRAL PROCESS FOR STUDENTS SUSPECTED OF BEING GIFTED

1. A student may be referred to SBLC for screening by a parent/guardian or certified school personnel. The student’s regular education teacher will be notified.

2. A gifted teacher, Pupil Appraisal personnel, and/or the gifted and talented program coordinator will review the student’s current norm referenced, standardized test scores. The national percentiles or standard scores in the areas of reading and math must earn gifted screening matrix points in order for screening to continue. Those students earning reading and/or math point(s) on the matrix will be considered for further screening, taking into account age, grade placement, educational history, etc.

The matrix is as follows:

**Screening Matrix**

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<tr>
<th></th>
<th>1 point</th>
<th>2 points</th>
<th>3 points</th>
</tr>
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<tbody>
<tr>
<td><strong>Total Reading</strong></td>
<td>84-90% / 115-121</td>
<td>91-96% / 122-129</td>
<td>97-99% / 130+</td>
</tr>
<tr>
<td><strong>Total Math</strong></td>
<td>84-90% / 115-121</td>
<td>91-96% / 122-129</td>
<td>97-99% / 130+</td>
</tr>
<tr>
<td><strong>Cognitive Screener</strong></td>
<td>84-90% / 115-121</td>
<td>91-96% / 122-129</td>
<td>97-99% / 130+</td>
</tr>
</tbody>
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**Referral Criteria:** 4 points on the Screening Matrix or 3 points if at least 1 point is earned based on a cognitive screener.

3. Communicate concerns to parent through use of the School-Based Response to Intervention/Gifted/504/Speech/language difficulties form letter (See Appendix A p.24-25).

4. Place the student’s name on the SBLC agenda and complete the **Gifted School Based Screening** (See Appendix B p. 50-51).

5. Attend the initial SBLC meeting.

6. SBLC sends the parent/guardian the determination meeting notification requesting that the parent/guardian attend the determination meeting.

7. Pupil Appraisal personnel will pick up the Gifted packet at the determination meeting to conduct the Gifted evaluation.
IX. REFERRAL PROCESS FOR STUDENTS SUSPECTED OF BEING TALENTED

DEFINITION:

Talented means possession of measureable abilities that give clear evidence of unique talent in visual or performing arts or both.

PROCEDURES FOR SCREENING FOR TALENTED-VISUAL ARTS:

1. The timelines for SBLC screening activities are established and disseminated by Pupil Appraisal.

2. The regular or special education teacher completes the appropriate screening instrument for Talented – Visual Arts.

3. After careful review of all screening information, the SBLC determines if the student meets criteria to be referred to Pupil Appraisal for evaluation.
X. GENERAL DISABILITY SCREENING/REFERRAL ACTIVITIES:

A. Overview:

A local educational agency (LEA) shall identify a student, enrolled in an educational program operated by the LEA, as suspected of having an exceptionality by the School Building Level Committee coordinating and documenting results of the activities described below.

For disability screening all components of screening are required.

Screening activities are conducted by school based personnel.

B. Sensory Screening

1. Hearing Screening

a. Hearing screening shall be conducted unless the following three conditions are true:

i. Normal screening results have been obtained within the past 24 months for enrolled students and within the past 12 months for non-enrolled students.
ii. No hearing problems are currently being exhibited by the student.
iii. There is no history of acute or chronic ear infections or persistent head colds indicated in the health screening.

b. The student is considered "at-risk" of having a hearing impairment when one of the following conditions exist:

i. failure to respond at 20db in one of 1000 Hz, 2000 Hz or 4000 Hz frequencies in at least one ear;
ii. failure to respond at 25db in two or more frequencies in at least one ear;
iii. middle ear pressure outside the range of -200 and +50 mm H2O in either ear; or
iv. excessively stiff or flaccid tympanogram in either ear.

c. Students for whom specific audiometric test results cannot be obtained because of age or degree of involvement or for whom informal hearing test results do not rule out the possibility of a hearing loss should be considered "at risk." The extent of the student’s hearing loss must be determined, using electrophysiological techniques when necessary.

d. If screening results indicate “at risk” hearing parents must be notified by SBLC (See Appendix A p. 36).
Procedures for Failed Hearing Screening in the Referral Process

Hearing screening is conducted by the school’s assigned speech/language pathologist. When a student fails hearing screening, the speech/language pathologist must re-screen the student after a two week period has elapsed.

If a student fails the re-screening, then the following must occur:

A. Speech/Language Pathologist notifies the parent in writing of failed screening results and encourages further evaluation by an audiologist.

B. Speech/Language Pathologist submits the screening results to the SBLC along with documentation of parent notification.

C. SBLC determines the relationship between the perceived or possible hearing loss on school performance, discusses other significant information related to hearing such as history of ear infections, current history of colds, sinusitis, etc.

2. Vision Screening

a. Vision screening shall be conducted unless the following three conditions are true:

i. Normal screening results have been achieved within the past 24 months for enrolled students and within the past 12 months for non-enrolled students.
ii. No vision problems are currently being exhibited by the student.
iii. There is no history of eye infections, either acute or chronic, indicated in the health screening.

b. A student's vision is considered "at risk" as dictated by the criteria in the manual of the instrument used for testing. Vision screening must include tests for the following three conditions:

i. acuity (near point and far point);
ii. color blindness; and
iii. muscle balance.

c. When the required techniques are unsuccessful because of the student’s immaturity, physical impairment, or mental ability, adapted methods of testing shall be used to determine the extent of the loss.

d. If screening results indicate “at risk” vision, parents must be notified by SBLC.

Procedures for Failed Vision Screening in the Referral Process

A. The SBLC discusses with the teacher the need for general accommodations within the regular classroom itself based on vision screening failure.

B. Continue with all other SBLC referral and screening activities.
C. In the SBLC determination meeting, discuss:

- vision screening results and any community based testing with the parent
- the relationship of a perceived or possible vision impairment on school performance
- any and all other significant information related to vision, such as history of eye infections, accidents, etc.

Referral to Pupil Appraisal for an individual evaluation can not be delayed solely on the purpose of waiting to obtain vision screening or optometric or ophthalmological diagnostic assessment results. If vision screening, or if further diagnostic results are not available in an expeditious manner during screening, the evaluation coordinator will address these issues during evaluation.

C. Sensory Processing Screening

1. Sensory processing screening is conducted to determine if a student is “at risk” for Sensory, processing difficulties (Refer to the Sensory Processing Screening Checklist in Appendix B p. 40). Sensory processing concerns may include the following:
   a. visual symptoms;
   b. auditory symptoms;
   c. tactile symptoms;
   d. vestibular (balance) symptoms;
   e. olfactory (smell) symptoms;
   f. gustatory (taste) symptoms;
   g. proprioceptive (movement) symptoms;
   h. motor planning difficulties; or
   i. attention/arousal difficulties.

2. If screening results indicate “at risk” for sensory processing, interventions must be completed to address concerns.

D. Health Screening

1. Health screening is conducted to determine the health status of the student. (Refer to the General Health section of the Assistive Technology Screening Checklist in Appendix B p.44).

2. A student’s health is considered “at risk” if through history, observation, or other procedures, health concerns are noted.

E. Speech and Language Screening

1. Speech and language screening is conducted by a speech-language pathologist unless the following four conditions are true as documented by a teacher-completed checklist of communication skills (Refer to the Communication Skills Teacher Checklist Appendix B p. 41).
   a. The student exhibits normal voice quality.
   b. The student speaks with normal rate and fluency.
   c. The student’s articulation skills appear normal with respect to age and social/cultural factors.
d. The student’s overall receptive and expressive language skills appear adequate with respect to age and social/cultural factors.

2. The tasks, items, or tests used in screening should include a sampling to determine the following pertinent skills or conditions:

   a. auditory processing skills (e.g., reception, discrimination);
   b. articulation;
   c. receptive and expressive language;
   d. voice;
   e. fluency;
   f. oral motor functioning; and
   g. oral structure.

3. If the student’s communication skills are “at risk,” evidence-based interventions shall be conducted by a speech-language pathologist or other appropriate personnel with fidelity and for the length of time necessary to obtain sufficient data to determine their effectiveness. Informed parental consent must be obtained before conducting these interventions. In the case of suspected voice impairment, there must also be an assessment conducted by an appropriate medical specialist prior to implementing the interventions.

F. Motor Screening

1. Motor screening is accomplished through the observation of the student’s gross and fine motor skills by the teacher responsible for providing physical education to the student and, if necessary, in consultation with the teacher responsible for classroom-based activities. The evaluation coordinator shall ensure that motor screening is conducted by Pupil Appraisal personnel during the evaluation for students not enrolled in school. (Refer to the Physical Functioning/Motor Abilities, Fine Motor Skills, and Recreation and Leisure section of the Louisiana Assistive Technology Screening Checklist located in Appendix B p. 42).

2. A student’s gross or fine motor skills are considered “at risk” if the screening results indicate concerns in the following areas:

   a. lack of strength, endurance, flexibility;
   b. difficulty with balance activities;
   c. failure to show opposition of limbs when walking, sitting, or throwing;
   d. lack of control with ball skills;
   e. difficulty in crossing the vertical midline;
   f. poor sense of body awareness; or
   g. difficulty in demonstrating motor sequences.

G. Assistive Technology Screening

1. Assistive Technology screening is conducted through an observation of the student’s skills and educational environment (See Appendix B for the Louisiana Assistive Technology Screening Checklist pgs. 42-44).

2. A student’s functional capabilities should be considered “at risk” if the screening results indicate concerns in the following areas:

   a. physical functioning/motor abilities;
   b. fine motor skills;
   c. communication functioning;
   d. vision/hearing;
e. academic functioning;
f. recreation and leisure;
g. vocational functioning;
h. general health; or
i. self-help.

H. Social/Emotional/Behavior Screening

1. Social/emotional/behavior screening (Refer to the Psycho-Social/Behavior Checklist in Appendix B p. 45) should include, at a minimum, a review of:
   a. incident reports/discipline records;
   b. teacher reports;
   c. parent reports and information provided by the parent;
   d. developmental profiles;
   e. previous behavior intervention plans; and
   f. anecdotal records.

2. If a review indicates current concerns in the above areas, the student’s social/emotional/behavior status is “at risk.” Documented, evidence-based intervention(s) appropriate to the student’s age and behavioral difficulties shall be conducted with fidelity for the length of time necessary to obtain sufficient data to determine their effectiveness.

   Interventions are required for students with a suspected emotional disturbance unless there is substantial documentation that the student is likely to injure him/herself or others.

I. Educational Screening

Educational screening is accomplished by conducting:

1. A review of the results of student's educational history;

   a. For a preschool-aged child not in school, a developmental screening shall be conducted by Pupil Appraisal personnel prior to or during the evaluation.
   b. For a preschool-aged child enrolled in school, a developmental screening shall be conducted by the student’s teacher.

2. A review of the student's academic performance, including dyslexia screening results and results of applicable statewide and district-wide tests.

3. A summary of the teacher/parent communication regarding the student's specific difficulties or exceptional skills.

4. A review of available results from universal screening(s), conducted by the teacher or other staff member, which enables school personnel to measure the performance of students as compared to peers within their class, school, and/or district.

5. A comprehensive and documented review of evidence-based intervention(s) conducted with fidelity and for the length of time necessary to obtain sufficient data to determine their effectiveness. Interventions should be appropriate to the student’s age and academic skill deficits.
6. Interventions are required for students suspected of having Autism, Developmental Delay, Emotional Disturbance, Mild Mental Disability, Orthopedic Impairment, Other Health Impairment, and Specific Learning Disability.

*Interventions are not required for a preschool-age child age 3-5.5, a student suspected of being gifted or talented, or a student suspected of having severe or low incidence impairment(s).

J. Referral Activities:

A referral for an individual evaluation should be made when the provisions as listed below in statements A, B and C have been met:

A. The SBLC provides documentation that the RtI process addressing academic and/or behavior concerns, or the speech or language intervention(s) addressing communication concerns have included:

   1. Scientifically research-based intervention(s) implemented with fidelity as evidenced by data sheets, computer-generated records, or other permanent products;

   2. Monitoring of the student’s progress relative to peers, at reasonable intervals; and

   3. Graphed evidence that the student’s rate of progress relative to peers was not adequate.

B. The SBLC must provide data-based documentation that the student’s lack of educational progress is not primarily due to:

   1. Lack of appropriate, explicit and systematic instruction in reading which includes the essential components of reading instruction: phonics, phonemic awareness, fluency, comprehension, and vocabulary; (e.g., if more than 50 percent of the class falls below benchmark on universal screening, lack of appropriate instruction might be suspected);

   2. Lack of appropriate instruction in math (e.g., if more than 50 percent of the class falls below benchmark on universal screening, lack of appropriate instruction might be suspected);

   3. Limited English proficiency; (for students identified as English Language Learners, refer to Louisiana Guidelines for Identification and Instruction of English Language Learners with Disabilities for additional information);

   4. Environmental or economic disadvantage (e.g., if a majority of low income students in the class fall below benchmark on universal screening, environmental or economic disadvantage as a primary factor might be suspected); or

   5. Cultural factors (e.g., for students from culturally and linguistically diverse backgrounds, there is evidence that the school and classroom teacher have been sensitive toward the students’ diverse learning needs).

C. The SBLC suspects the student of having a disability:

   When data indicate that the student is not responding to the intervention, the SBLC shall consider other options within the RtI process. The SBLC shall provide, at a minimum, evidence that a scientifically research-based intervention was implemented with fidelity, the student’s progress was monitored at reasonable intervals, and the student’s rate of progress relative to peers was not adequate.
For students who are found to be "at risk" in any of the screening areas listed above, but are not suspected of having an exceptionality, the SBLC shall conduct interventions and/or make any needed referrals.

For students who are found to be "at risk" in any of the screening areas listed above and are suspected of having an exceptionality, the evaluation coordinator shall ensure that the screening areas determined to be "at risk" are addressed in the individual evaluation.

K. An immediate referral may be made to Pupil Appraisal services for an individual evaluation of those students suspected of having low incidence impairments such as hearing impairment, visual impairment, deaf-blindness, traumatic brain injury, mental disability (moderate or severe), multiple disabilities, and some students with severe autism, orthopedic impairments and/or significant health issues; or based on substantial documentation by school building level personnel of any student suspected of being likely to injure himself/herself or others. Screening activities should be completed during the evaluation for these students.

L. All referrals for enrolled students to Pupil Appraisal for evaluation shall be made through the SBLC with the approval of the principal/principal designee. If it is the opinion of the SBLC that the student be referred for an initial evaluation, Pupil Appraisal staff shall be present to review the supporting documentation to ensure there are adequate data to suspect the student may have an exceptionality.
XI. SBLC RECORDS/ORGANIZATION MANAGEMENT

A. Development and Maintenance of Records

As stated in Bulletin 1706, the SBLC shall coordinate and document the results, as appropriate or educational screening, sensory screening, health screening, speech and language screening or motor screening and the results of the intervention efforts as defined in the Pupil Appraisal Handbook.

Additionally, the SBLC shall coordinate and document the results, as appropriate, of other activities conducted, such as those resulting from MCS Pupil Progression Guidelines activities, Section 504 activities, or other activities.

B. Record Security

SBLC records shall be afforded the same security as cumulative school records.

C. Confidentiality

Information obtained as a result of SBLC activities and screening is confidential.

D. Forms and Documents Development

See the Appendix for blank forms and documents for use by the SBLC. Individual SBLC’s are discouraged from developing additional forms and documents.

The use of forms and documents should follow the flow of the screening/referral process.

The SBLC must perform the following activities in the screening/referral process:

1. Maintain a master roster of students referred to the SBLC. This master roster briefly summarizes all activities conducted for each student. The master roster is in the form of a notebook page. The roster is maintained and carried over from year-to-year. Previous years’ pages may be filed in a designated permanent location.

2. Notify parents of the initiation of the screening/referral process

3. Maintain meeting minutes on individual students referred. These records are kept in the student’s “working folder” until the determination decision meeting. These minutes “follow” the student’s referral or are filed in the student’s cumulative school folder if no further action is necessary.

4. Design any further interventions for the teacher to conduct and document. Maintain copies for the student’s working folder.

5. Request screening activities by other school personnel. Maintain copies for folder and follow up requests if needed.

6. Notify parents each reporting period of screening/pre-referral process status. Maintain copies in the student’s working folder.

7. Request parents to attend the determination meeting. Maintain copy of the request.

8. Maintain copies of all documentation of parental contact or participation.
9. Record final determination results

- Conduct no further action at this time.
- Continue current intervention and progress monitoring through the RTI process.
- Conduct additional interventions through the RTI process.
- Refer the student to the appropriate committee to conduct a Section 504 evaluation.
- Refer the student to Pupil Appraisal personnel for support services.
- Refer the student to Pupil Appraisal personnel for an individual evaluation if an exceptionality is suspected.

MCS Pupil Progression Guidelines activities, Section 504 activities, and other actions will require documentation and additional forms, if needed. For example, the MCS Pupil Appraisal Teacher Referral Page suffices for both suspected disabilities screening and Section 504 referral.

E. Record Storage

1. Previous years’ master rosters, etc…

A central and secure location should be designated as a permanent site for storage of previous years’ SBLC Notebooks and Agendas. Such records may be required in routine monitoring or in the event of a specific concern. Files should be clearly marked to facilitate identification/location when needed. These records should be maintained for at least three years. After three years, files must be shredded prior to disposal.

2. Current working folders, files, records

These records, while requiring secure storage, also need to be transportable to the site of the SBLC meeting and/or work sites by SBLC members. The current records need to be routinely accessible during the school day for SBLC members. Composition of “working records” would include:

   a. Individual student folders
   b. All blank forms and documents needed for the conduction of SBLC activities.
   c. Current master roster/notebook
   d. MCS SBLC Handbook
   e. MCS Pupil Progression Plan
   f. MCS 504 Policy
   g. Intervention Resource Material
   h. Parental Rights Booklets

3. Individual student records PRIOR to the determination meeting:

   a. An individual student folder will be maintained by the SBLC once the student has been referred and until such time the final determination meeting has been held. This folder will hold screening requests/results, teacher referral, intervention results, copies of parent correspondence, individual student meeting minutes, etc…

   b. If a student who has been referred to the SBLC transfers to another school during the screening/referral process, all SBLC working records must be forwarded to the receiving school, along with the student’s cumulative records. An entry will be made in the master roster/notebook documenting this action.
c. When the student transfers to another Monroe City School, every effort must be made to expedite the screening/referral process for the student. This may include telephone notification to the receiving school’s SBLC representatives prior to the mailing of records. **Under no circumstances should a students’ referral screening process be required to “start over” at the receiving school.**

4. **Student records AFTER the determination meeting:**

   There will be no SBLC individual student folders maintained on a student after the final determination meeting. Documentation for SBLC activity on the student maintained through master/notebook entries.

   a. Students referred to **Pupil Appraisal.** All SBLC screening documentation and forms are given to Pupil Appraisal.

   b. Students referred to **504 Committee.** All SBLC screening documentation and forms are given to the 504 Committee.

   c. Students who require **No Further Action.** When a student has been referred to the SBLC for screening and the results of screening indicate the need for no further action, the SBLC records are filed in the student’s cumulative folder. Parent must receive a copy of the teacher referral and SBLC forms indicating the screening decision.

5. **Pupil Progression Plan Records:**

   Regular education pupil progression determination decisions must be documented. As a result of such determinations, students may be referred for screening, however, documentation and records related to the actual determination decision must be maintained. Notification letters to parents, any parent participation request, summary of actions, etc… shall be filed in the student’s **cumulative school records.**
To the parent(s) of: _________________________ Date: _______________

Based on the school wide screening and/or current classroom performance, it is felt that your child may benefit from individualized interventions in the regular education setting. Current academic and/or behavioral concerns include:

- Speech/language difficulties
- Reading difficulties
- Math difficulties
- Written language difficulties
- Motor difficulties
- Health concerns significantly impacting educational progress
- Behavior

With the classroom teacher’s assistance, the School Building Level Committee (SBLC) will begin gathering data for possible academic/behavioral interventions. This information will give the SBLC a better understanding of how we can best serve the educational needs of your child.

You will be contacted regarding the success of any academic/behavioral interventions which may be implemented. You will also be invited to an SBLC meeting to review the intervention results, and to discuss any further actions that may be recommended.

If you would like to discuss with me the SBLC response to intervention process, please call me at (school’s number), Ext.______.

Sincerely,

______ I have received notice that my child is being referred to SBLC for possible academic/behavioral interventions.

__________________________ Parent Signature ______________Date
To the parent (s) of: ___________________________ Date: ________________

I would like to refer your child to our School Building Level Committee for screening because of the following reason(s):

_______Suspected gifted student

_______Possible need for 504 evaluation

The SBLC will now proceed with the appropriate screening(s). When screening results have been obtained, you will be invited to an SBLC meeting to review the results and a decision will be made as to what, if any, referral for evaluation needs to be made. If you would like to discuss this with me prior to the referral, please call me at (school’s number) ext.______. Please sign below to acknowledge the receipt of this note and return it to the school.

Sincerely,

---------------------------------------------------------------------------------------------------------------------
_______I have received notice that my child is being referred to SBLC for Gifted/504 screening.

Parent Signature  ________________________ Date ________________
School’s Letterhead

Parental Notification and Consent for
School-Based Response to Speech Interventions

To the parents of: ______________________________                 Date:  ____________

Based on a current speech-language screening, it is felt that your child may benefit from interventions for weaknesses in the area of _________________ in the speech therapy setting. This assistance is provided by the school Speech Therapist as an early intervention to help your child. Frequent progress monitoring will be utilized to track the effectiveness of the intervention. At the end of 12 weeks, we will share results with both the parents and teachers, and a decision will be made regarding the need to continue in the program or refer for further testing by Pupil Appraisal.

Since your child will be receiving this speech intervention outside the regular classroom, your written consent is required.

If you have any questions, please call the Speech Therapist at _________________.

_____ Yes, I do want my child to receive intervention in the speech therapy room.

_____ No, I do not want my child to receive speech therapy intervention.

__________________________________________  _________________________
Parent Signature                        Date
To the parent(s) of: __________________________        Date: __________

Parents must be provided a report or summary by the SBLC on the status of the referral intervention at least once during a reporting period until a decision is reached. This notification is included with your child’s report card to inform you that the SBLC screening is continuing due to:

__________________________________________________________________________

Area(s) of Concern: _______________________________________________________

Goal: _____________________________________________________________________

Current Performance: _______________________________________________________

Intervention Start Date: ______________________________________________________________________

Intervention Frequency: ___________________________________________________________________

Intervention/Resources Used:  _________________________________________________
______________________________________________________________________________

Please call the school with any concerns or questions you may have. You may talk with the SBLC Chairperson, Principal or Teacher.

Sincerely,

SBLC Chairperson
Notice of SBLC Determination Meeting

To the parent(s) of: __________________________        Date: _________

School Building Level committee (SBLC) screening has been completed on your child. Please attend the SBLC determination meeting in order to discuss the screening results and participate in the important decision-making process based on the results. The meeting is scheduled for:

Date: _________________
Time: _________________
Place: _________________
School Phone: __________

If the date or time is inconvenient and you wish to reschedule, please notify the principal or SBLC chairperson. If you are unable to attend this meeting, you will be notified of the referral decision or any other decision made. Possible outcomes of this meeting, based on screening results, include:

_____ Conduct no further action at this time.
_____ Continue intervention and progress monitoring through the RTI process.
_____ Conduct additional interventions through RTI process.
_____ Refer the student to the appropriate committee to conduct 504 evaluation.
_____ Referral to Pupil Appraisal personnel for an individual evaluation if exceptionality is suspected.
_____ Referral to Pupil Appraisal personnel for support services.

Your participation in this meeting is important. Please call the Principal or SBLC Chairperson with any questions or if you need to reschedule this meeting.

Sincerely,

SBLC Chairperson

---------------------------------------------------------------------------------------------------------------------

Return this portion to your child’s teacher: Student: _________________________________

_____ Yes, I will attend the SBLC Determination Meeting as scheduled.
_____ No, I cannot attend as scheduled. Please reschedule for: __________________

Parent: __________________________ Phone Number: __________ Date: _________
School’s Letterhead

Notice of SBLC Determination Meeting Results

To the parent(s) of: ______________________________    Date: _____________

School Building Level Committee (SBLC) screening has been completed on your child. As you were unable to attend the SBLC determination meeting this is to notify you of the SBLC decision. Based on the review and analysis of all screening results, it was the determination of the SBLC that your child requires:

_____ No further action at this time.
_____ Continue intervention and progress monitoring through the RTI process.
_____ Conduct additional interventions through RTI process.
_____ Refer the student to the appropriate committee to conduct 504 evaluation.
_____ Referral to Pupil Appraisal personnel for an individual evaluation if exceptionality is suspected.
_____ Referral to Pupil Appraisal personnel for support services.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please call the Principal or SBLC chairperson if you have questions.

Sincerely,

SBLC Chairperson
SCHOOL BUILDING LEVEL COMMITTEE AGENDA

~CONFIDENTIAL~

Date: _______________  Time: _______________  Place: _______________

STUDENTS TO BE REVIEWED:

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Comments: ________________________________________________________________
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Comments: ________________________________________________________________
__________________________________________________________________________
MONROE CITY SCHOOL SYSTEM
Pupil Progression Parent Notification

School: ___________________________            Date: ____________________
Student: ___________________________________________ DOB: ________________

Last Name  First Name  Middle Initial

Age: _____________ Present Grade: _____________ Grade Placement: _____________

Dear Parent/Guardian,

Your child may be eligible to be placed in the next grade level according to the pupil progression guidelines and policies established for administrative assignment/promotion of students.

The School Building Level Committee met on ________________. The committee reviewed your child’s academic and attendance records and affirmed the placement for your child as checked below:

☐ Placed in _____________ Grade
☐ Attend Summer School for ___________________________ Subject(s)
   SUMMER SCHOOL IS REQUIRED OR STUDENT WILL NOT PROMOTE.
☐ Retained in Current Grade
☐ Recommended for STAR Academy

Please call the school principal or SBLC Chairperson if further assistance is needed with this matter or to arrange a conference to discuss this proposed administrative grade placement.

Sincerely,

_________________________________ _________________________
Principal   SBLC Chairperson   Counselor (optional)

I refuse for __________________________ to be pupil progressed for the __________ school year. I understand that he/she was eligible according to the Monroe City School System’s Pupil Progression plan.

_________________________________
Parent Signature

COPY MUST BE MAILED TO PARENT/GUARDIAN
COPY MUST BE PLACED IN CUMULATIVE FOLDER
# READING INTERVENTION

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</table>
## MATH INTERVENTION

### Interventionist

**Start date:**

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**Week 7**

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**Week 11**

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**Week 12**

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</table>
PARENT NOTIFICATION OF HEARING SCREENING RESULTS

DATE: ________________

To the Parent(s) of: ____________________________

From: _________________________________, Speech-Language Pathologist

A hearing screening was conducted on your child. __________________ failed the initial hearing screening on ______________ and the recheck on ______________. Please contact Sue Jones, Audiologist at L.S.U. Medical Center to schedule an audiological evaluation. Mrs. Jones’ phone number is 318-330-7776.

PLEASE TAKE THIS REFERRAL TO THE AUDIOLOGIST ON THE DAY OF YOUR APPOINTMENT.
CHECKLIST TO HELP SCREEN STUDENTS WITH DYSLEXIA AND/OR RELATED DISORDERS
Monroe City School System

STUDENT: _______________________________ TEACHER: __________________________

SCHOOL: ________________________________ GRADE: _______ DATE: ____________

PLEASE COMPARE THE STUDENT TO HIS/HER PEERS WHEN REVIEWING THE STATEMENTS.
CHECK APPLICABLE STATEMENTS.

No concerns are noted on this date: _______/_______  Parent refused screening: _____________

_____ 1. Student’s attention span is short.
_____ 2. Student has errors in spontaneous spelling.
_____ 3. Student is unable to recite the alphabet correctly in sequence (without singing or chanting).
_____ 4. Student writes with mixtures of print and cursive.
_____ 5. Student forgets assignments and/or loses papers frequently.
_____ 6. There are frequent letter reversals, rotations, and/or transpositions in reading, writing, and/or spelling.
_____ 7. Student has poor mental math ability.
_____ 8. Student has difficulty expressing himself/herself clearly and fluently.
_____ 9. Student has unusual difficulty with handwriting.
_____ 10. Student is either overly active and disturbing, or unusually passive and withdrawn most of the time.
_____ 11. Student is unable to read satisfactorily in spite of adequate intelligence and educational opportunity.
_____ 12. Student does not follow through on instructions; fails to finish duties.  D = _____
_____ 13. Student has difficulty making change and dealing with money.  A = _____
_____ 14. Student writes outside margins and off the lines.  DC = _____
_____ 15. Student lacks organizational skills.  DG = _____
_____ 16. Student’s spontaneous written expression shows poor organization and mechanics.
_____ 17. Student talks to self while writing, or carefully watches the hand that is writing.
_____ 18. Student has difficulty recognizing initial, final, and medial sounds in words.
_____ 19. Student has major difficulty in addition, subtraction, multiplication, and division.
_____ 20. Student has a strange wrist, body or paper position, or an unusual grip on writing tool.
APPENDIX B
All screening forms must be attached to referral before being submitted to the SBLC

Teacher Referral

Monroe City Schools
Office of Student Support Services
SCHOOL BASED SCREENING INFORMATION

STUDENT PROFILE INFORMATION:

Child’s Name: ___________________________ Grade: ___________________________
Social Security #: ______________________ School: ___________________________
Date of Birth: __/__/____ Race: ________ Sex: M F Student’s Home Number: ________
Parent/Guardian: ______________________ Work Number: _____________________
Home Address: _________________________ City: ____________________________ State: __________________________ Zip Code: _______________________
Is a surrogate parent needed? Yes No If yes, contact Office of Student Support Services

ACADEMIC SCREENING:

Days Absent: ____ of ____ Total School Days Did child attend Pre-Kindergarten? Yes No

Academic Grade Progression: (Specify P (pass), F(fail), PP (pupil progressed)

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Report Card Grades:

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<td>Science</td>
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<td>Social Studies</td>
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<tr>
<td>Spelling</td>
<td>Spelling</td>
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</table>

School Wide Assessment Results:

Please attach the following reports if applicable:

STAR Reading
STAR Math
STEEP Math
DIBELS
Dyslexia Screening __/__/____ Pass Fail

Standardized Test Scores:

<table>
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<tr>
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<th>Score/Performance</th>
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<tr>
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<td>Mastery</td>
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<td>Advanced</td>
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<tr>
<td>LEAP Math</td>
<td>Unsatisfactory</td>
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<td>LEAP Math</td>
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<td>Advanced</td>
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DIAL-R Assessment (Circle area(s) of Potential Delay) __/__/____ Motor Concepts Language Total

SRT Kindergarten Assessment (If applicable) __/__/____ (score) Pass Fail

Is this student currently receiving 504 services? Yes No If yes, attach current 504 plan

Area(s) of Deficit ________________________________________________________________

Results of recent parent/teacher conferences regarding referral concerns. Indicate the date(s) conferences held and concerns presented to the parent/guardian and their reaction.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Teacher’s Signature ___________________________ Date ___________________________

Taken from Louisiana Bulletin 1508, July 1, 2009
## Louisiana Department of Education
### Sensory Processing Screening Checklist

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>DATE:</th>
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<tbody>
<tr>
<td>Teacher:</td>
<td>School:</td>
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</table>

Check the column that best describes how frequently the student exhibits each behavior.

### SENSORY AREAS

**VISUAL**
- Visual details/stimuli interfere with task completion
- Unable to locate and/or organize materials and supplies
- Reacts to small changes in classroom

**AUDITORY**
- Overreacts to loud or unexpected noises (e.g., intercom, fire drill)
- Exhibits distress during lunch, P.E., assemblies
- Background noises hinder task completion
- Talks incessantly
- Requires repeated oral directions in class more than others

**TACTILE**
- Overreacts to unexpected or light touch
- Withdraws/isolates self from others
- Touches people or their things to the point of irritation
- Fidgets with objects
- Has difficulty standing in line or close to other people
- Uses only fingertips to manipulate classroom materials
- Refuses to participate in messy activities

**VESTIBULAR/PROPRIOCEPTIVE**
- Exhibits movement which interferes with classroom functioning/unable to stay in designated area/walks around
- Fidgets during activities (e.g., wiggles in seat, taps on desk)
- Leans out of desk or seat/rests head on desktop
- Becomes overly excited after movement activity
- Bumps/pushes/hits/runs into things or others
- Withdraws from active environments or situations
- Avoids climbing or playground equipment

**OLFACTORY AND GUSTATORY**
- Chews/eats non-edible items (e.g., clothing, pens, pencils)

**BEHAVIORAL RESPONSE**
- Has tantrums for no apparent reason
- Has difficulties with changes in routines
- Is rigid or set in his/her ways
- Overreacts or is dramatic compared to peers
- Appears lethargic

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<tr>
<th>Almost Never &lt;25%</th>
<th>Occasionally &lt;50%</th>
<th>Frequently &lt;75%</th>
<th>Almost Always &gt;75%</th>
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Louisiana Department of Education
Communication Skills Teacher Checklist

Name: ______________________  DOB: ___________  DATE: ___________
Teacher: _____________________  School: ________________

Please check yes or no to each of the following statements.

Articulation (Speech Production)

__Yes ___No The student’s speech contains speech sound errors that are not typical for his/her age and social/cultural background. Sounds in words may be omitted, distorted, or substituted.

__Yes ___No The student’s speech is consistently difficult to understand, especially when the topic is not known.

Voice

__Yes ___No The student’s speaking voice is unusually loud or soft.

__Yes ___No The student has an unusual quality to his/her voice (i.e. harsh, hoarse, nasal, breathy).

Speech Fluency

__Yes ___No The student’s speech contains disfluencies that interfere with communication (i.e. stuttering, sound, syllable, or word repetitions, sound prolongations, blocks or abnormal hesitations, abnormal rate of speech).

__Yes ___No The student uses excessive filler phrases (i.e. “um,” “uh,” “you know”).

__Yes ___No The student appears to be frustrated when speaking.

Please check one.

Language

__Yes ___No The student has difficulty understanding/following age-appropriate directions.

__Yes ___No The student has difficulty answering or responding to age-appropriate questions and other verbal information.

__Yes ___No The student does not comprehend or speak using age-appropriate vocabulary.

__Yes ___No The student does not request clarification when understanding is not clear.

__Yes ___No The student does not answer or understand comprehension questions about age-appropriate stories.

__Yes ___No The student speaks in incomplete sentences and phrases.

__Yes ___No The student’s oral language contains numerous grammatical errors that are not typical for students of the same age. (This may not apply to English Language Learners or those known to speak a dialect of English).

__Yes ___No The student has difficulty providing age-appropriate explanations and directions.

__Yes ___No The student does not use age-appropriate conversational skills (i.e. turn-taking, staying on topic, initiating conversation).

This student’s communication skills (articulation, voice, fluency, and language) appear to be adequate, and this student does not have a communication problem that adversely affects educational progress with regard to grades, behavior, class participation, or oral speaking abilities.

In my opinion, this student has a communication problem that adversely affects educational progress in a significant way.
## LOUISIANA ASSISTIVE TECHNOLOGY SCREENING (Revised)

**Name:**

**DOB:**

**Date:**

**Teacher:**

**School:**

### Physical Functioning/Motor Abilities

<table>
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<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
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<tbody>
<tr>
<td>1. The student can sit upright while completing tasks at his/her desk (i.e., not slouched, can hold head upright).</td>
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<td>2. The student has the motor skills necessary to get to/from school and/or get around within the school.</td>
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<td>3. The student participates in physical activities (structured or independent) and navigates within the classroom without tripping and stumbling.</td>
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<td>4. The student climbs and descends stairs independently.</td>
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<td>5. The student is able to open doors independently.</td>
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<td>6. The student maintains balance while performing an activity (e.g. getting up from the floor)</td>
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<td>7. The student carries objects while walking independently (e.g. books and papers).</td>
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**Comments:**

### Fine Motor Skills

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<tr>
<th>Task</th>
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<tbody>
<tr>
<td>1. The student cuts and/or handles scissors independently.</td>
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<tr>
<td>2. The student uses writing utensils (i.e., markers, paintbrush, pencil, crayons) independently.</td>
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<tr>
<td>3. The student copies materials from a book.</td>
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<td>4. The student operates door handles, water faucets and uses manipulatives.</td>
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<td>5. The student uses a standard keyboard to access a computer.</td>
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<td>6. The student draws, forms letters, stays on the line, and/or traces accurately with writing utensils.</td>
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**Comments:**

### Recreation and Leisure

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<th>Comment</th>
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<tbody>
<tr>
<td>1. The student uses the playground equipment independently.</td>
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<td>2. The student participates in group recreational activities, such as sports and group games.</td>
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<tr>
<td>3. The student participates in activities requiring fine motor skills, such as board games or art.</td>
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<tr>
<td>4. The student participates in extra-curricular activities, such as clubs.</td>
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**Comments:**
### Communication Functioning

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<tr>
<th>Task</th>
<th>Yes</th>
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<th>Comment</th>
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<tbody>
<tr>
<td>1. The student speaks to communicate. (Check the level of the</td>
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<tr>
<td>communication development.)</td>
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<tr>
<td>- Fluent Conversation</td>
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<tr>
<td>- Single Word Utterances</td>
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<tr>
<td>- Multisword Phrases</td>
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<tr>
<td>- Vocalizations</td>
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<tr>
<td>- Other</td>
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<tr>
<td>2. The student uses a mode other than speech to communicate.</td>
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<tr>
<td>(Check the communication mode.)</td>
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<tr>
<td>- Modes Used</td>
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<tr>
<td>- Fluent Conversation</td>
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<tr>
<td>- Multisword Phrases</td>
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<td></td>
</tr>
<tr>
<td>- Vocalizations</td>
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<td></td>
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<tr>
<td>- Other</td>
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<tr>
<td>3. The student responds to speech and noises in the environment.</td>
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<tr>
<td>4. The student’s mode of communication is understood by others.</td>
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</table>

### Vision/Hearing

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<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
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</thead>
<tbody>
<tr>
<td>1. The student is able to see printed materials presented in the</td>
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<tr>
<td>classroom.</td>
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<tr>
<td>2. The student is able to see toys/objects in the classroom</td>
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<tr>
<td>environment.</td>
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<tr>
<td>3. The student is able to transfer information from a book, chart,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and/or chalkboard to paper.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. The student responds best to speech when the stimulus is within</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>six feet of the speaker.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The student speaks in an unusually loud voice.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Academic Functioning

<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The student has the age-appropriate attention span needed to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>handle school/daily living tasks.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The student has sequencing skills.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The student can remember the steps necessary to accomplish a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>task.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The student visually tracks along a line of print.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The student reads text independently.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. The student writes legibly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. The student performs mathematical tasks needed for school and/or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>daily living.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. The student takes notes at the level needed in school and/or in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>daily living.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
### Vocational Functioning

<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The student demonstrates sufficient stamina to work in a job.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The student uses a computer without modifications.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The student holds the telephone and dials independently.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The student independently uses equipment at a vocational</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>training program.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

### General Health

<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The student demonstrates sufficient stamina to maintain academic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>involvement throughout the school day.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The student independently uses stairs, elevators, lockers, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>within the school/work/community environment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The student's health condition is adequate for satisfactory school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>performance.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The student demonstrates physical strength needed to participate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in school activities.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Self-Help

<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The student independently uses a variety of clothing fasteners.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The student organizes and maintains his/her school supplies and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>materials.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The student independently files through a lunch line, selects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>meal items, and proceeds to a table.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The student maintains personal hygiene.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The student uses restrooms independently.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. The student manages meal-time utensils adequately.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
Louisiana Department of Education  
Psycho-Social/Behavior Checklist

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher:</td>
<td>School:</td>
<td></td>
</tr>
</tbody>
</table>

Indicate how the student rates according to the following scale: 1. Poor  2. Below Average  3. Average  4. Above Average  5. Excellent

<table>
<thead>
<tr>
<th>Social Screening</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention Span</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work/Study Habits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observance of School rules</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude Toward School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer Relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Concept</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following is a checklist of psycho-social stressors that may impact a student's academic and social functioning. Check any stressors that you are aware of:

- [ ] Severe illness of parent or family member
- [ ] Death of a parent or caretaker
- [ ] Divorce or break-up of parent's primary relationship
- [ ] Student has received a threat of violence
- [ ] Witness to community violence
- [ ] Severe illness of student
- [ ] Experienced child abuse (physical, emotional, sexual)
- [ ] Witness to domestic violence in home
- [ ] Placed in foster care
- [ ] Moved from one foster home to another
- [ ] Experienced natural disaster (hurricane, tornado, etc.)
- [ ] Changed schools one or more times during a year
- [ ] Financial problems in the home
- [ ] Alcohol or drug abuse in family
- [ ] Substance abuse problems
- [ ] Pregnancy
- [ ] One or more psychiatric hospitalizations
- [ ] Has attempted suicide or expressed suicidal thoughts
- [ ] Sexual identity issues
- [ ] Homelessness
- [ ] Parent or caretaker incarcerated
- [ ] Juvenile offender
- [ ] Health problems (asthma, diabetes, sickle cell, etc.)
- [ ] Other

Number of Discipline Referrals:  
Locations/Time of Discipline Referrals:

Types of Discipline Referrals:

Does the child receive any counseling services from outside agencies? List agency__________________

Does the child have a current functional behavior assessment? If so, please attach.

Does the child have a current behavior management plan in place? If so, please attach.

Does the child have a probation officer? If so, please list and give contact information.
INITIAL REQUEST AND SCREENING INFORMATION: (ATTACH SCREENING FORMS)

<table>
<thead>
<tr>
<th>Sensory Screening</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>Date: <em><strong>/</strong></em></td>
<td>Normal</td>
<td>At Risk</td>
</tr>
<tr>
<td>Hearing</td>
<td>Date: <em><strong>/</strong></em></td>
<td>Normal</td>
<td>At Risk</td>
</tr>
</tbody>
</table>

| Health Screening  | Date: ___/___        | Normal               | At risk              |
|                   |                      |                      | (Date medical records requested ___/___ Received ___/___) |
|                   |                      |                      | IHP? Yes No         |

| Sensory Processing Screening | Date: ___/___        | Needs Intervention  | Date intervention began ___/___ (attach documentation) |
|                             |                      | No Further evaluation| Date intervention ended ___/___ |
|                             |                      | Needs further evaluation |

| Communication Screening | Date: ___/___        | Need further screening| Date further screening requested ___/___              |
|                        |                      | No further evaluation | Need further evaluation: Voice Fluency Language Articulation |

| Assistive Technology Screening (review no responses to determine if a referral for further assessment is necessary) | Date: ___/___        | No further evaluation | Full assistive technology assessment if recommended |

| Motor Screening (see Assistive Technology screening to determine if further assessment needs to be conducted) | Date: ___/___        | Needs further evaluation (request APE screening) | No evaluation needed |

| Social/Emotional/Behavior Screening | Date: ___/___        | Student status “at risk” (must conduct intervention) | Student status “okay” |

| WRAT Standard Scores: Reading _____ Math _____ Spelling _____ Date administered: ___/___/___ |

<table>
<thead>
<tr>
<th>SBLC COMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Signatures</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
</tbody>
</table>

| Meeting Dates:    |
|-------------------|----------|-------------------|----------|
| _____/_____        | _____/_____ | _____/_____ | _____/_____ |
| _____/_____        | _____/_____ | _____/_____ | _____/_____ |
REASON FOR REFERRAL REQUEST (If more than one, rank in order of priority 1, 2, 3 etc.)

<table>
<thead>
<tr>
<th>01</th>
<th>05</th>
<th>09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading Difficulties</td>
<td>Motor Difficulties</td>
<td>Speech/Language Difficulties</td>
</tr>
<tr>
<td>02</td>
<td>06</td>
<td>10</td>
</tr>
<tr>
<td>Math Difficulties</td>
<td>Health Problems</td>
<td>Gifted</td>
</tr>
<tr>
<td>03</td>
<td>07</td>
<td>11</td>
</tr>
<tr>
<td>Other Academic Difficulties</td>
<td>Visual Difficulties</td>
<td>Talented</td>
</tr>
<tr>
<td>04</td>
<td>08</td>
<td>12</td>
</tr>
<tr>
<td>Emotional Difficulties</td>
<td>Hearing Difficulties</td>
<td>Other (Specify)</td>
</tr>
</tbody>
</table>

SCREENING DECISION:

☐ Conduct no further action at this time

☐ Continue current intervention and progress monitoring through the RTI process

☐ Conduct additional interventions through the RTI process

☐ Refer the student to the appropriate committee to conduct a Section 504 evaluation

☐ Refer the student to pupil appraisal personnel for support services

☐ Refer the student to pupil appraisal personnel for an individual evaluation if an exceptionality is suspected

This signature ensures that the student has been appropriately screened, the required school building level interventions have been conducted, and the information provided by the school is accurately presented.

Signature of Principal  
Date

Signature of Pupil Appraisal Representative  
Date

Revised July 1, 2009
### Preschool Screening Information

**SS#: ____/____/____**  
**Teacher:________________________**  
**School:________________________**

**Name:_________________________________**  
**Race:_______**  
**Sex: M F**  
**DOB: ___/___/___**

**Parent/Guardian:_________________________**  
**Phone: (H)______________ (W)__________________**

**Mailing Address:________________________________________________________________________**

**Reason(s) for Concern/Comments:**

- [ ] A. **VISION SCREENING**
- [ ] B. **HEARING SCREENING**

**SCREENING DECISION: PASS   FAIL**

#### A. VISION SCREENING

- [ ] Does child visually track vertically and horizontally?
- [ ] Is child able to see objects placed 12” to 24” away?
- [ ] Does child see objects as small as a raisin or "Cheerio"?
- [ ] Does child respond to moving objects?

**SCREENING DECISION: PASS   FAIL**

#### B. HEARING SCREENING

- [ ] Does child localize to sound?
- [ ] Does child respond to loud noises?
- [ ] Does child respond to speech?
- [ ] Does child attend to music?

**SCREENING DECISION: PASS   FAIL**

#### C. HEALTH HISTORY/REFERRAL SOURCE INTERVIEW

**Are there any health concerns?**  
Yes___  
No_____

**If yes, please explain:**

---

### EARLY CHILDHOOD SCREENING RESULTS:

<table>
<thead>
<tr>
<th>Vision Results</th>
<th>Normal</th>
<th>At Risk</th>
<th>AT Screening</th>
<th>Normal</th>
<th>At Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong><strong>/</strong></strong></em>/_____</td>
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<td></td>
<td><em><strong><strong>/</strong></strong></em>/_____</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hearing Results</th>
<th>Normal</th>
<th>At Risk</th>
<th>Sensory Processing Screening</th>
<th>Normal</th>
<th>At Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong><strong>/</strong></strong></em>/_____</td>
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<td></td>
<td><em><strong><strong>/</strong></strong></em>/_____</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Motor Screening</th>
<th>Normal</th>
<th>At Risk</th>
<th>Developmental Screening</th>
<th>Normal</th>
<th>At Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong><strong>/</strong></strong></em>/_____</td>
<td></td>
<td></td>
<td><em><strong><strong>/</strong></strong></em>/_____</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Speech and Language Screening:</th>
<th>Normal</th>
<th>At Risk</th>
<th>Medical/Health History</th>
<th>Normal</th>
<th>At Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong><strong>/</strong></strong></em>/_____</td>
<td></td>
<td></td>
<td><em><strong><strong>/</strong></strong></em>/_____</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Information Requested</th>
<th>Normal</th>
<th>At Risk</th>
<th>Social/Behavioral Screening</th>
<th>Normal</th>
<th>At Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong><strong>/</strong></strong></em>/_____</td>
<td></td>
<td></td>
<td><em><strong><strong>/</strong></strong></em>/_____</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D. **REASON(S) FOR REFERRAL REQUEST:**

   A. Physical, which includes: gross motor, fine motor, sensory, sensory motor, stamina, strength, vitality, alertness, health
   
   B. Social, which includes: play, peer interaction, adult interaction, environmental interaction, expression of emotions
   
   C. Perceptual/Cognitive, which includes: language, concrete, abstract perceptual discriminations, categorization and sequencing task attention, memory

E. **SCREENING DECISION**  

   DATE OF DECISION: ___/___/___

   - [ ] Referral for Speech-Only Services
   - [ ] Referral for Developmental Delay Evaluation
   - [ ] Rescreen in 3 months; 6 months
   - [ ] No services required at this time; Does not qualify for Part B services

   THESE SIGNATURES ENSURE THAT THE CHILD HAS BEEN SCREENED ACCORDING TO LOUISIANA BULLETIN 1508 GUIDELINES AND THE INFORMATION PROVIDED BY THOSE INVOLVED IS ACCURATELY PRESENTED.

<table>
<thead>
<tr>
<th>Signature Referring Teacher</th>
<th>Date</th>
<th>Signature of Principal</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBLC Member</td>
<td>Date</td>
<td>SBLC member</td>
<td>Date</td>
</tr>
<tr>
<td>SBLC Member</td>
<td>Date</td>
<td>SBLC Member</td>
<td>Date</td>
</tr>
</tbody>
</table>
Gifted School Based Screening

**Name:** ________________________________  **Race:** ______  **Sex:**  ____  **DOB:** _____  **SS#:** __________________________

**School:** ____________________________  **Grade:** ____

**Person Referring Student and his or her title if applicable:** __________________________________________________________

**Parent/Guardian:** ____________________________  **Relationship to student:** __________________________

**Mailing Address:** ____________________________  **Home Telephone:** __________________________

**Does parent/guardian have legal custody?**  Yes/No  **Work and/or Cell Phone:** __________________________

**Is a surrogate parent needed?**  Yes/No  **If yes is circled, please contact the Gifted and Talented Program Coordinator.**

**Teacher and/or Parent Review**

Has this student been evaluated previously?  Yes/No  **If yes indicate the date, evaluator, and the results (if the report is available, please attach the report to this packet):** _________________________________________________________________

**Date of Vision Screening_____/_______/________  Date of Hearing Screening_____/______/_______

### Section I

**Characteristics Checklist**

Screening Criteria should consist of 4’s and 5’s primarily.

<table>
<thead>
<tr>
<th>1=never</th>
<th>2=occasionally</th>
<th>3=average</th>
<th>4=frequently</th>
<th>5=consistently</th>
</tr>
</thead>
</table>

- Student comprehends words beyond chronological age.
- Student has a great interest in reading.
- Student is quick to comprehend ideas.
- Student is quick to respond to formalized questions and/or ideas.
- Student is academically motivated and self-directed.
- Student has rapid insight into cause-effect relationships.
- Student is able to analyze the relevant elements of a problem.
- Student looks for unusual answers and explores and/or asks creative questions.
- Student attempts intellectually complex activities.
- Student is an alert observer.

### Section II

**Report Card Grades**

Screening Criteria should consist A’s and B’s primarily.

<table>
<thead>
<tr>
<th>Grade Enrolled</th>
<th>Current Grades (2____)</th>
<th>Previous Year Grades (2____)</th>
<th>Previous Year Grades (2____)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Science</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Studies/History</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section III

**Standardized Test Scores**

Screening Criteria should consist of the 84th – 99th percentile ranking in reading and math.
Standardized Test Scores

Name of Test: ______________________________

Reading __________ %
Math __________ %

Date Test Administered: _____/_____/_____

Additional Screening Instrument

Name of Screening Instrument _____________________

Standard Score: ______________
Percentile Ranking: ______________

Date Test Administered: _____/_____/_____

Gifted Screening Matrix

Section IV

Screening Criteria must be a minimum of 4 points (Indicate percentile or standard score below).

<table>
<thead>
<tr>
<th>Points</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Screening Instrument</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standardized Reading Score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standardized Math Score</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Verification

Results and/or Concerns of Parent/Teacher Conferences Concerning Screened Student:

Date: _____/_____/_____

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Please Indicate Names of Persons Attending Conference:

_______________________________________________________________________________________

_______________________________________________________________________________________

The principal’s signature ensures the student has been screened appropriately and the information is presented accurately.

_______________________________________________________________________________________

Signature of Principal: ___________________________ Date: _____/_____/_____

Below this line is to be filled out by Pupil Appraisal Staff

Screening Decision: __________ Individual Evaluation __________ Date of Decision: _____/_____/_____

__________ No Services Needed at this Time

Source of Request:  
01 Child Search Coordinator
02 Gifted Program Coordinator
03 Parent
04 Student
05 Other ______________________________

Signature of Pupil Appraisal Representative: ____________________________________________

REVISED 9/3/2010