



DIOCESE OF ORANGE
TEACHER REFERRAL FORM

Student: _____ Date: _____

Teacher: _____ Grade: _____

Date of Parent Contact: _____ Parent Response: _____

Teacher summary of student strengths: **

Teacher summary of concerns: **

Mark each below as applies:

HEALTH ISSUES

Vision
Hearing
Motor Skills
Overall Development
Medication (list): **
Other: **

SOCIAL ISSUES

Social isolation
Boundaries (e.g., invades personal space)
“Bullying” / Verbal intimidation
Physical altercations (pushing, hitting, etc.)
Disrespectful and/or defiant with adults
Friendship problems (e.g., sharing, taking turns)
Other: **

EMOTIONAL ISSUES

Withdrawn / Sad
Anxious
Emotionally over-reactive
Easily frustrated
Easily angered
Other: **
Contributing factors (e.g., divorce, death, illness of family member, etc.): **

BEHAVIORAL ISSUES

Inattentive / Off task
Problems completing work
Unable to follow directions/instructions
Difficulty with multi-step procedures
High activity level
Impulsivity
Difficulty following rules
Problems remaining quiet in class
Disruptive to peers/teacher
Other: **

ACADEMIC ISSUES

Reading readiness
Reading decoding
Reading fluency
Reading comprehension
Other Reading concerns: **
Math readiness
Math computation skills
Problem solving/Word problems
Other Math concerns: **
Writing readiness
Penmanship
Spelling
Grammar / Sentence structure
Vocabulary
Poor organization of ideas / Sequencing
Fine motor skill problems
Other writing concerns: **
Fluency of oral expression
Speech articulation / Impediment
Difficulty expressing ideas
Improper use of grammar
Other expressive language weakness: **
Difficulty understanding oral information
Other receptive language weakness: **

Requested action: (check all that apply)

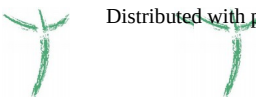
Classroom observation
Student Support Coordinator consultation
Administrator intervention (e.g., discipline issues/problems)
Screening for additional academic support
Other: **

OTHER ISSUES

Self help skills
Memory skills
Organizational skills
Study skills
Test taking skills
Listening skills
Overall processing speed
Other: **

Additional/Information or concerns: **

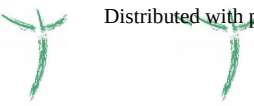
Strategies attempted by teacher (e.g., classroom incentive system, school/home note, relocating desk, curricular adaptations, one-on-one help with teacher or assistant): *



Note to teacher: *After completing this referral form, please forward to the appropriate Administrator or Student Support Coordinator.*

Learning Support Coordinator Signature **Date**

Administrator Signature **Date**





DIOCESE OF ORANGE
DIVERSIFIED EDUCATION CHECKLIST

Student's Name:

Date of Birth

Age:

Sex: M F

Address

Phone

Referring Teacher

Grade:

Parents:

Resides With

Date Requested Form

Date Returned Form

Referral from teacher

Release forms from parent

Records

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Hearing
Speech
Visual
ILP
Health
Other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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Observation

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Learning **S**upport **T**eam **M**eeting (LSTM)

Date:

Meeting Notes:

Date:

Teacher Referral Form

Parent Preparation Sheet

Student Preparation Sheet

Follow-up Meeting #1:

Date

Follow-up Meeting #2

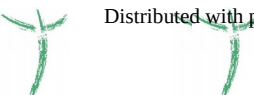
Date:

Individual Learning Plan (ILP)

Date Developed:

Documentation (Outside Assessment)

Student VISA (Visual Information of Student Assessment)





DIOCESE OF ORANGE

VISA (VISUAL INFORMATION OF STUDENT ASSESSMENT)

COMPLETION COVER SHEET AND GUIDELINES

To: _____ Date _____

Please return the attached documents to _____
Name

by _____

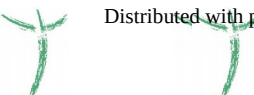
Learning support programs for students with diversified needs are built on adaptations for individual needs within the regular classroom. In order to make the necessary adaptations, the students, teachers and staff need to have instructionally relevant student information each year. This will create a “picture” or profile of each student as a classroom learner.

The VISA document provides observable instructional information about students to teachers who make a request. This information helps prepare curricular, instructional, and/or behavioral adaptations.

Your input is requested on the following students, with whom you have had instructional contact. Please read each item and provide as much information as you can. Feel free to add comments where appropriate. If information already appears on the form, please add your name to the line “completed by...” and add your observations.

Please read and observe the following completion guidelines:

- Do not use any “official” test data. All information should be observable and made with professional judgment.
- For independent functioning levels, you can estimate grade levels or use more general terms such as on grade level, below peer group, acceptable, and so forth.
- If you feel the information is not pertinent, don’t complete that item.
- This information will be shared with other staff members who are or will be involved with student’s education. The information may be shared with parents and the students themselves.
- Above all, present all material in a positive manner. Teachers need to know what a student can do, along with the student’s needs, presented in a manner that promotes positive problem solving.





DIOCESE OF ORANGE
(Elementary School)

Student:

Grade:

Area of Exceptionality:

This form completed by: Name on Date

List approximate (independent) FUNCTIONING grade level:

Reading: _____

Written Language: _____

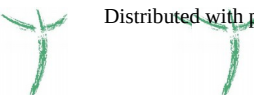
Social: _____

Spelling: _____

Math: _____

Behavioral: _____

VISA
Confidential





DIOCESE OF ORANGE

Date:

Memorandum of Understanding

_____ (name of student) is being accepted conditionally to
_____ (school) for a probationary period of
_____ (amount of time). We wish for a successful learning experience for your child and
therefore seek a positive working relationship in meeting his/her needs. The following are
understood:

Responsibilities of School:

Responsibilities of parents:

Special needs that may not be able to be met by the school:

Principal

Date

.....
Principal

.....
Date

.....
Parents

.....
Date



DIOCESE OF ORANGE

INDIVIDUALIZED LEARNING PLAN

Academic Plan

Academic and Behavioral Plan

Behavioral Plan

Student: _____

ILP Date: _____

Homeroom Teacher: _____

* 1st Update: _____

Grade / Section: _____

** 2nd Update: _____

Above Grade Level

Subjects: _____

At Grade Level

Subjects: _____

Below Grade Level

Subjects: _____

Student Strengths: **

Student Areas of Development: **

Key goals/objectives for this school year include (*specific and measurable*):

1. **

2. **

3. **

Instructional Adaptations

Classroom Environments	
<input type="checkbox"/>	Preferential seating
<input type="checkbox"/>	Use of study carrel
<input type="checkbox"/>	Structure transition times
<input type="checkbox"/>	Reduce distractions
<input type="checkbox"/>	Other: **
Lesson Presentation	
<input type="checkbox"/>	Write key points on board
<input type="checkbox"/>	Provide written outline/handouts
<input type="checkbox"/>	Provide visual aids
<input type="checkbox"/>	Have child review key points orally
<input type="checkbox"/>	Make sure directions are understood
<input type="checkbox"/>	Use peer tutoring
<input type="checkbox"/>	Use eye contact/teacher proximity
<input type="checkbox"/>	Break down tasks into small steps
<input type="checkbox"/>	Reading assignments on tape when possible
<input type="checkbox"/>	Use of calculator
<input type="checkbox"/>	Duplicate book pages so student does not have to copy
<input type="checkbox"/>	Multiple learning modes, visual, kinesthetic, auditory
<input type="checkbox"/>	Use concrete materials
<input type="checkbox"/>	Other: **
Assignments	
<input type="checkbox"/>	Shorten
<input type="checkbox"/>	Simplify

<input type="checkbox"/>	Extend time
<input type="checkbox"/>	Oral reports/project vs. written
<input type="checkbox"/>	Allow student to record or type
<input type="checkbox"/>	Don't penalize for spelling errors/sloppy papers
<input type="checkbox"/>	Teacher signs assignment notebook
<input type="checkbox"/>	Reduce reading level
<input type="checkbox"/>	Keep extra set of books at home
<input type="checkbox"/>	Highlight materials
<input type="checkbox"/>	Reading materials on tape/CD when possible
<input type="checkbox"/>	Recommended for after-school tutoring support
<input type="checkbox"/>	Other: **
Test Taking	
<input type="checkbox"/>	Allow open book exams
<input type="checkbox"/>	Give exam orally
<input type="checkbox"/>	Allow extra time
<input type="checkbox"/>	Read test on tape
<input type="checkbox"/>	Short answers
<input type="checkbox"/>	Multiple Choice
<input type="checkbox"/>	True/False
<input type="checkbox"/>	Modify length
<input type="checkbox"/>	Test in short units
<input type="checkbox"/>	Qualifies for ITBS Accommodations
<input type="checkbox"/>	Other: **

Behavioral Support

- Clarification of rules
- Expectations and consequences consistently maintained
- Frequent breaks
- Positive reinforcement
- Offer choices
- Immediate feedback
- Visual daily schedule
- Check desk/notebook organization
- Ignore inappropriate behaviors
- Break multi-step instructions down into smaller units
- Break projects/tasks down into smaller units
- Use orienting procedures prior to beginning instruction (e.g., eye contact, verbal prompt, touch, etc.)
- Check for understanding
- Teach organizational skills
- Use daily/weekly home/school note
- Use classroom incentive system to shape appropriate behavior
- Use individualized incentive system to shape appropriate behavior
- Teach social skills (e.g. via direct instruction and/or role-playing)
- Provide small group or one-on-one assistance to improve self-regulation and/or attentional skills (e.g., classroom aide, peer tutor, counseling, etc.)
- Other: **

{Note: Indicated adaptations will be implemented as needed at the discretion of the teacher.}

Additional Support Not Listed Above:

Language Arts: _____

Math: _____

Religion: _____

Social Studies: _____

Science: _____

Electives: _____

Student's Grades (as of the date of the ILP):

Language Arts: _____

Math: _____

Religion: _____

Social Studies: _____

Science: _____

Electives: _____

Low Grades due to (check all that apply):

- Missing/Incomplete Assignments
- Late Assignments
- Low test scores
- Academic Probation (*attach form to ILP*)
- Other: **

Psycho-Educational or other testing:

(Please be aware that qualifying diagnostic information is necessary to support curricular modifications)

- Testing is recommended (***School to provide referral list and information regarding public school testing process***)
- Testing is in process with: **
- Testing has been completed but results have not been released
- Testing has been completed and results are available for review

Testing is not needed at this time

Additional Information:

**

Follow-up to the Individualized Learning Plan -

School Support:

**

Parental Support:

**

We are in complete agreement with this Individualized Learning Plan dated: _____

Parent email address: _____

By providing your email address on this document you have authorized the school to send the final copy of this document to you electronically. Email address to be written by parent.

Student Signature (if applicable)

Date

*1st Update/Initial

**2nd Update/Initial

Parent Signature

Date

*1st Update/Initial

**2nd Update/Initial

Parent Signature

Date

*1st Update/Initial

**2nd Update/Initial

Teacher Signature

Date

*1st Update/Initial

**2nd Update/Initial

Learning Support Coordinator Signature

Date

*1st Update/Initial

**2nd Update/Initial

Assistant Principal Signature

Date

*1st Update/Initial

**2nd Update/Initial

Principal Signature

Date

*1st Update/Initial

**2nd Update/Initial

Comments:



DIOCESE OF ORANGE

Individualized Learning Plan Progress Report

Student:

Date:

Teacher:

Grade:

Academic Progress: Improved Improving No Improvement

Comments:

Study Progress: Improved Improving No Improvement

Comments:

Behavior: Improved Improving No Improvement

Comments:

Attention: Improved Improving No Improvement

Comments:

Organization: Improved Improving No Improvement

Comments:

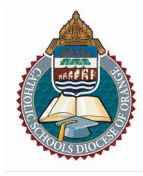
Social Interaction: Improved Improving No Improvement

Comments:

Emotional Status: Improved Improving No Improvement

Comments:

Additional Comments or Observations:



DIOCESE OF ORANGE
(School)
 Authorization to Exchange Information

.....

Student's Name: _____ Date of Birth _____ Age: _____

.....

School _____ Grade _____

.....

Parents/Guardians _____

.....

Home Phone _____ Cell Phone _____ Work Phone _____

[Parent is to complete and sign a copy of this authorization form for each prior school, doctor, therapist, and/or other services provider for which a request for records or materials is sent.]

TO: _____
 (name of prior school, doctor, therapist, or services provider)

 (address of prior school, doctor, therapist, or services provider)

 (fax number of prior school, doctor, therapist, or services provider)

The undersigned, as parent/guardian of the minor _____
 (name of child)

(/ /), hereby authorizes _____
 (date of birth) name of prior school, doctor, therapist, or service provider)

to share, produce and discuss otherwise confidential educational materials, medical records, psychological records, and other information regarding _____.
 (child's name)

with _____, including any personnel therein. This authorization
 (name of current school)

shall remain in effect for one year from the date of the authorization and a copy of this authorization shall be deemed as original.

 Parent/Guardian Signature Date

 Parent/Guardian Signature Date

SEE REQUEST FOR RECORDS, MATERIALS, AND INFORMATION LISTED ON REVERSE SIDE OF THIS FORM.

Authorization to Exchange Information, Page 2

Please send requested records, materials, and/or information to:

(Name of Current School)

(Name of Current Administrator)

(Address of Current School)

(Current School FAX number) (Current School telephone number)

Please send the following educational, medical, psychological, or other records, materials, or information regarding _____ :
(student's name)

For office use only:
Date Authorization sent _____
Date requested information received _____

(School)

Strategies Attempted by Teacher Checklist

Student: _____

Grade _____

Teacher: _____

Date _____

Please return to: _____

By: _____

Check the adjustments you have made in your classroom setting. Indicate frequency (hourly, multiple times/day, daily, weekly).

Possible Adjustments/Settings	Frequency	Comments:
Classroom Environment;		
Preferential seating		
Reduce distractions		
Structure transition times		
Use of a study carrel		
Other:		
Lesson Presentation		
Break down tasks into smaller steps		
Opportunity for oral review		
Make sure directions are understood		
Provide visual aids		
Using different learning modes – visual, auditory, kinesthetic		
Use of teacher proximity/eye contact		
Use peer tutoring		
Other:		
Assignments:		
Extend time		
Highlight materials/key points		
Shorten assignment		
Simplify assignment		
Other:		
Behavioral Support:		
Help with organization/daily planner		
Clarification of rules		
Frequent breaks		
Immediate feedback/positive reinforcement		
Daily schedule/visual aid		
Positive reinforcement		
Direct teaching of social skills/role-playing		
Offer choices		
Other:		
Test Taking		
Allow extra time		
Give test orally		

Give test in shorter units

Other

Possible Adjustments/Settings	Frequency	Comments
Math		
Use of computation chart (add/sub/mul)		
Calculator use		
Graph Paper		
Visual Aids:		
➤ Color code problem operations		
➤ Index card w/window		
➤ Fold paper in 1/2 or 1/4		
➤ Represent problem pictorially		
Teach student to verbalize steps		
Use of manipulatives to problem solve		
Reading		
Activate prior knowledge using organizers		
Use who, what, when, where sentences, questions, prompts to help comprehension		
Oral pre-reading activities (Look at the pictures, headings, bold print, sub topics)		
Establish purpose for reading that matches the student's comprehension level		
Explicitly teach word attack skills.		
Pre-teach vocabulary and content area		
Provide reading materials at ability level		
Read to student (or use tapes/CD's)		
Use copies of text pages for highlighting		
Writing/Language Arts		
Allow use of spelling dictionary/spell check		
Allow dictation of writing assignment (to transcribe later)		
Allow time for all stages of writing process		
Teach student how to use story maps/word webs/concept diagrams/maps		
Provide list of key vocabulary words		
Allow student to type		
Social Studies/Science/Add'l Subject		
Pre-read lesson with key questions		
Connect key concepts with prior knowledge (compare/contrast)		
Draw a picture of what was learned		
Provide lesson outline/what to know		
Use of alternative assessments		
Provide content material @ reading level		

(School)
Classroom Support Log

Student's Name: _____ Date of Birth _____ Age: _____ Grade: _____

Name of Student's Teacher _____ Current Academic Year _____ to _____

Date of Strategy	Classroom Environment	Daily Lessons/ Instruction	Assignments/ Homework	Behavior Support	Assessments/ Evaluations	Additional Supports	Results / Effect + / -

Date of Strategy	Classroom Environment	Daily Lessons/ Instruction	Assignments/ Homework	Behavior Support	Assessments/ Evaluations	Additional Supports	Results / Effect + / -

Log of Parent Communications:

Date: _____ Method: (circle) Meeting Note Phone Other _____ Topic: _____

Comments: _____

Date: _____ Method: (circle) Meeting Note Phone Other _____ Topic: _____

Comments: _____

Date: _____ Method: (circle) Meeting Note Phone Other _____ Topic: _____

Comments: _____

Date: _____ Method: (circle) Meeting Note Phone Other _____ Topic: _____

Comments: _____



DIOCESE OF ORANGE
OBSERVATION CONSENT

Date: _____

Dear _____,

_____ has talked with me about _____'s recent behavior and/or academic progress in the classroom. S/he has asked me to observe your child in an effort to understand the primary issues and hopefully come up with some strategies to help make sure s/he gets the most benefit possible from class time. Of course, your child will NOT know that s/he is being observed. Rather, I will be helping all the students in the group.

If you agree that it would be helpful for me to observe your child please sign below and return this letter in a sealed envelope to my mailbox at the school. I will schedule the observation at my earliest convenience once I receive this signed consent form from you. There is no charge for this service.

If you have any questions, please call me at x_____.

Thank you!

SST Member Signature

Student Support Team Member

Check one:

_____ *We agree to have our child observed within the classroom.*

_____ *We do NOT agree to have our child observed in the classroom.
We would like to have a conference with the teacher.*

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



DIOCESE OF ORANGE
(Elementary School)
OBSERVATION FORM

(SAMPLE)

Student's Name: Grade:

Referring Teacher Date:

Reason for Referral:

Time of Day: Day of Week:

Class/Subject

Seat Location within classroom

BEHAVIORS

WORK HABITS



DIOCESE OF ORANGE
(Elementary School)
CLASSROOM OBSERVATION FORM
(SAMPLE)

Student: _____

Parent Permission Form on file? Yes No

Observed by: _____

Date of Observation: _____

Length of Observation: _____

Class Observed: _____

Teacher: _____

Performance Parameters

Comments

A. Purpose of Task

a. Objective of Lesson _____

B. Nature of Activity

a. Individual, Grouped, or Paired? _____

b. Component Areas (motor, perceptual language, social/emotional, cognitive, self-help)? _____

c. Listening, watching, doing? _____

C. Accuracy of Performance

a. Which parts of task can student do?

b. Which parts are difficult?

c. Does student compensate? How? _____

D. Attention to Activity

a. Length of attention to task? _____

b. Distracted? By what stimuli or event? _____

c. Can refocus attention if interrupted?

TASK – INDIVIDUAL

A. When assigned task, the student:

- a. Initiates task without need for teacher's verbal encouragement _____
- b. Requests help in order to start task _____
- c. Complains before getting started on a task _____
- d. Demands help in order to start on a task _____
- e. Actively refuses to do task despite teacher's encouragement _____
- f. Passively retreats from task despite teacher's encouragement _____

B. While working on task, the student:

- a. Works independently _____
- b. Performs assigned task without complaint _____
- c. Needs teacher's verbal encouragement to keep working _____
- d. Needs teacher in close proximity to keep working _____
- e. Needs physical contact from teacher to keep working _____
- f. Seeks constant reassurance to keep working _____
- g. Is reluctant to have work inspected _____
- h. Belittles own work _____

C. At the end of assigned time, the student:

- a. Completes task _____
- b. Takes pride in completed task _____
- c. Goes on to next task _____
- d. Refuses to complete task _____

D. Social Interaction

- a. Establishes a relationship to one or two peers _____
- b. Shares materials with peers _____
- c. Respects property of peers _____
- d. Gives help to peers when needed _____
- e. Accepts help from peers when needed _____
- f. Establishes a relationship with most peers _____

- g. Teases or ridicules peers _____
- h. Physically provokes peers _____
- i. Participates appropriately in group activities _____
- j. Postpones own needs for group objectives _____
- k. Withdraws from group _____
- l. Overly assertive in group _____
- m. Disrupts group activities (calling out, provocative language) _____

E. Relationship to Teacher:

- a. Tries to meet teacher's expectations _____
- b. Functions adequately without constant teacher encouragement _____
- c. Interacts with teacher in non-demanding manner _____
- d. Tests limits, tries to see how much teacher will allow _____
- e. Seeks special treatment from teacher _____
- f. Responds to teacher's criticism appropriately _____
- g. Defies teacher's requirements _____
- h. Responds with anger when demands are thwarted by teacher _____
- i. Abuses teacher verbally _____
- j. Requires close and constant supervision because behavioral controls are so limited _____

Comments:

TEACHER/PARENT CONTACT RECORD

.....
Name of Student:

.....
Parent/Guardian Contacted:

.....
Date Contacted:

.....
How contacted:

Summary notes of discussion with Parent/Guardian:

Summary of Concerns:

Any additional information shared:

Possible implications on the student's educational program:

Suggestions and/or recommendations by parent/guardian:

.....
Teacher

.....
Grade

.....
Follow-up:

DIOCESE OF ORANGE
PARENT PREPARATION SHEET FOR
LEARNING SUPPORT MEETING

Please complete this sheet and return it tomorrow in the enclosed envelope. Each parent or guardian should fill out their own sheet.

1. Things I really enjoy about my child (strengths and gifts):

2. Activities my child is the most excited about and enjoys the best are:

3. Concerns that I have for my child are:

4. School areas that are difficult for my child are:

5. My child has been the most successful in school when:

6. Expectations I have for my child this year are:

7. Please add any additional information you can share with the Team that will assist us in formulating a successful plan for your child.



DIOCESE OF ORANGE
Student Preparation Sheet for
LEARNING SUPPORT TEAM MEETING

Student: _____

Grade _____

My favorite activity at school is _____

I am really good at _____

I learn best when _____

Something I would like to change about my school is _____

What I like best about home is _____

What I would change about home is _____

Some things that I am concerned about are _____

The person I like to talk to the most at home is _____

The person I like to talk the least to at home is _____

If I could change one thing at school it would be _____

Draw a picture of your family or class



DIOCESE OF ORANGE

LEARNING SUPPORT TEAM MEETING SUMMARY

Student:

Birth date

Age

Grade

Referring Person:

ITM Follow-up Date

HISTORY:	MEDICAL/HEALTH:
STRENGTHS: Parents: Teachers: Student: Other:	CURRENT MODIFICATIONS/ACCOMMODATIONS

<p>CONCERNS:</p>	<p>PROPOSED MODIFICATIONS/ ACCOMMODATIONS/ACTIONS:</p> <p>Teachers:</p> <p>Environment:</p> <p>Assignments:</p> <p>Materials:</p> <p>Teaching Techniques:</p> <p>Student:</p> <p>Parent:</p>
------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Signatures of persons Attending LST Meeting

Signature / Date **Signature / Date**

Signature / Date **Signature / Date**

Signature / Date **Signature / Date**

Request Letter

Date: _____

Student Name: _____

Parent Name: _____

Home Address: _____

Home Phone Number: _____

School District of Location: _____

To Whom It May Concern:

I am the parent of _____, born on _____.

At the present time I have concerns regarding my child's academic achievement.

This has been documented through observations, assessments and interventions performed at my child's school, _____, in the city of _____.

You have my permission to contact _____ School to request copies of this documentation or acquire any additional information you need.

I am requesting district assistance in this matter. Based on the information provided this would entail either a Student Study Team Response to Intervention, or beginning of an assessment process.

Please feel free to contact me or _____ School if you have any further questions. Thank you for your timely assistance in this matter.

Sincerely,
