

School District:

Summary of Findings: Regular Education Early Intervening Services for Communication Concerns

Date _____ SLP _____

NOTE: *When completed, this worksheet becomes part of the child's education record. It should be completed before the initial PPT.*

Child _____ DOB _____

School _____ Grade _____

Teacher _____

- Reason for request for early intervening services included concerns related to communication. (Date of request _____) Yes___ No___

Areas of Concern:

SLP was an active participant in the early intervening services process. Yes___ No___
(If not, explain.)

Parental input was obtained. Yes___ No___
Comments:

- A review of existing records indicated areas of concern related to communication. Yes___ No___

Check which records were reviewed:

- ___ preschool (e.g., nursery, day care, early intervention)
- ___ cumulative
- ___ bilingual folder (e.g., language dominance and proficiency testing, history of bilingual or
- ___ ELL services)
- ___ school health
- ___ other medical
- ___ active/inactive special education
- ___ other service providers (e.g., psychology, social work, OT, PT, private providers)
- ___ specify _____
- ___ other (describe) _____

Comments:

- Home Language Survey was reviewed. Yes___ No___
(See sample in Cultural and Linguistic Diversity section of the Supplemental Resources Packet.)

Home language is _____.

- Native and English language dominance and language proficiency have been determined. Yes___ No___

Enter L1 or L2 in the boxes, using information from state required tests and other sources.

	Listening	Speaking	Reading	Writing
Child is dominant in				
Child is proficient in				

Comments:

- Date of last hearing screening: _____ Passed___ Failed___ Date Referral Made___
Date of last vision screening: _____ Passed___ Failed___ Date Referral Made___

Comments:

- Observation of the child was conducted. Yes___ No___
(prior written permission secured, if school district policy requires)

Comments (include locations, length of time, activities observed and participants):

- Conversation was held with the child. Yes___ No___
(prior written permission secured, if school district policy requires)

Comments:

- Early intervening strategies were implemented. Yes___ No___
Describe progress monitoring of early intervening strategies.

- Progress monitoring of early intervening strategies was done for what length of time.

- Early intervening strategies were successful. Yes___ No___
(Date early intervening process was stopped _____)

- If early intervening strategies were unsuccessful, record data. Where and when was the child referred?

PPT _____ (Date _____) 504 Team _____ (Date _____)

Other (Place and date _____)

Attach this report to referral form.