



Special Education Initial Referral Checklist

Fort Worth
INDEPENDENT SCHOOL DISTRICT

Student: _____ **DOB:** _____ **ID:** _____

Program: _____ **Grade:** _____ **Teacher:** _____

Consent Date: _____ **FIE Due:** _____ **ARD Due:** _____

Absences: _____

Nurse _____ **Health Information (including vision & hearing screening results)**

Teacher/Rtl _____ **Documentation of Parent Contacts**

Teacher _____ **Documentation of Student-Teacher Conferences**

Focus _____ **Attendance History (prior and current years)**

Focus/CUM _____ **Grades and Progress Reports (prior and current years)**

Teacher _____ **Teacher Information Form**

Teacher _____ **Work Samples Demonstrating Skill Deficits (at least 3 per subject)**

_____ **Reading**

_____ **Writing**

_____ **Math**

_____ **Listening Comprehension / Oral Expression**

Aware Data Reports/ _____ **Assessment Results**

Teacher

_____ **Fountas & Pinnell**

_____ **CLI Engage (Pre-K)**

_____ **KESI (Kindergarten-1st grade)**

_____ **Texas Gateway (Kindergarten – 2nd grade)**

_____ **Achieve 3000 (1st grade – 5th grade)**

_____ **Smart Ants (Pre-K-1st grade)**

_____ **Renaissance Learning (K-1st Bilingual)**

_____ **Eduphoria-Aware Test Scores (STAAR, District Assessments, etc.)**

_____ **AR-STAAR Reading and/or Math**

_____ **IOWA and/or COG-AT**

Teacher/ _____ **Student Intervention Documentation**

Edugence Rtl

_____ **Tier 2**

_____ **Tier 3**

Focus/360 _____ **Discipline Referrals (if appropriate) / Review 360 Information**

Teacher/ _____ **Documentation of Student Support Contact/Consultation**

Counselor/Admin

Parent _____ **Parent Information Form**

FOR LEP STUDENTS:

_____ **Home Language Survey**

_____ **Current Oral Language Proficiency Score**

_____ **TELPAS Assessment Results**

_____ **LPAC Recommendation Form**