DMSE Co-op Form 2
Completed by Teacher
Revised 06/08

_____ Speech
_____ Preschool
_____ Other

DATA FOR POSSIBLE INITIAL EDUCATIONAL EVALUATION

Daviess-Martin Special Education CO-OP

☐ **9 West Main, P.O. Box 367**
Washington, IN 47501
PHONE: (812) 254-1530 FAX: (812) 254-1636

Initial Referral: ______ School Initiated ______ Parent Initiated
Preschool Referral Source: ____First Steps ____Parent ____Physician ____Other____________

Has this student been previously referred for speech or other educational evaluation? ____ No ____ Yes __________________ (date)

Student Name ____ DOB __________________________

Student Test Number____ Gender ____Male ____Female

Race/Ethnic (Check one below)
____ American Indian or Alaskan Native ____ Asian or Pacific Islander ____ Hispanic ____ Black ____ White ____ Multiracial

Student's Primary Language _______________________ Parent's Primary Language ___________________________

Grade ____ School ____ Teacher _______________________________________

Parent/Legal Guardian Name & Address____

Parent Home Phone____________________ Parent Work Phone____________________ Cell Phone________________________

Address if not living with parents ____

Parent email address ____

List Medical, Mental Health or Social Services personnel who have evaluated and/or provided services to this student, such as: physicians, therapists, counselors, or case workers.

	Name	Agency
1.	______________________	______________________
2.	______________________	______________________
3.	______________________	______________________

Please check Suspected Educational Disability(ies)

___Autism Spectrum Disorder
___ Blind or Low Vision
___ Cognitive Disability
___ Deaf-Blind
___ Deaf or Hard of Hearing
___ Developmental Delay (Early Childhood)
___ Emotional Disability
___ Language Impairment
___ Multiple Disabilities
___ Other Health Impairment
___ Orthopedic Impairment
___ Specific Learning Disability
___ Speech Impairment
___ Traumatic Brain Injury

Please identify the specific problems and concerns that cause you to suspect the education disability(ies) checked above:

____

____

How does this adversely affect the student's academic or functional progress?

____

____

What were the student's universal screening scores as compared to his peers?

____

____

1. What scientific research based interventions have been utilized to remedy this specific problem? Attach additional information.

a. Intervention:____

Date:____________ Results: ____

b. Intervention:____

Date:____________ Results: ____

2. Has student ever been retained? ____________________ What grades? ________________________

3. ++ Attach copy of Grades, ISTEP+ Reports, Group Test Results, Notes from Intervention Team Meetings++

COMPLETE SECTION 4 AND SECTION 5:

4. Please write the appropriate number for each skill below. Please attach any additional information:

Never-- 0 Rarely (25%)--1 Sometimes (50%)--2 Usually (75%)--3 Always (100%)--4

Individual Achievement:

_____ a. Reading--achieves on above grade level
_____ b. Written Expression--achieves on/above grade level
_____ c. Math--achieves on or above grade level
_____ d. Spelling--achieves on or above grade level

Self-Help Skills:

_____ a. Starts work without prompting
_____ b. Attends to personal appearance and grooming
_____ c. Organized papers and materials effectively
_____ d. Seeks help when uncertain

Motor Skills:

_____ a. Writes with legible handwriting
_____ b. Can cut and color (appropriate for age)
_____ c. Can copy (appropriate for age)
_____ d. Age appropriate gross-motor skills (running, jumping)

Attention / Behavior:

_____ a. Attends to instruction
_____ b. Thinks carefully before acting
_____ c. Complies with school/classroom rules
_____ d. Shows activity level appropriate for age

Daily Classroom Performance:

_____ a. Completes assignments during class
_____ b. Follows directions on assignments
_____ c. Participates/asks questions
_____ d. Completes and turns in homework

Speech/Language:

_____ a. Articulates clearly when speaking
_____ b. Uses vocabulary appropriate for age
_____ c. Understands oral instructions
_____ d. Speaks in complete sentences

Socialization:

_____ a. Interacts well with peers
_____ b. Is accepted by peers
_____ c. Interacts appropriately with adults
_____ d. Shows positive attitude toward school

5. **DEVELOPMENTAL / FUNCTIONAL INFORMATION**

Communication

____

____

Self-help

____

____

Motor Skills / Sensory

____

____

Socialization

____

____

Behavior/Attention

____

____

This form was completed by:

____ ______________________________

GENERAL EDUCATION TEACHER SIGNATURE DATE