



# NORTH KINGSTOWN SCHOOL DEPARTMENT

Office of Pupil Personnel Services

50 East Court

North Kingstown, RI 02852-2018

Phone: (401) 336-3120

Fax: (401) 398-0674 TDD: (401) 268-6457

[www.nksd.net](http://www.nksd.net)

Educate

Inspire

Challenge

## Initial Referral to the Evaluation Team

Student		DOB:	
School:		Grade:	
Teacher:		Date Submitted:	
Referred By:		Role:	
Phone#:		Email:	

Description of Concerns or Reason for Referral:	
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### Areas of Concerns

<input type="checkbox"/>	Reading	<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	Social/Emotional
<input type="checkbox"/>	Math	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Writing	<input type="checkbox"/>	Physical Education	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	Regulation of Behavior	<input type="checkbox"/>	Other:

### School Data

STAR ELA Scores:	
STAR Math Scores:	
RICAS ELA Scores:	
RICAS Math Scores:	

<input type="checkbox"/>	Student has PLP	<input type="checkbox"/>	Student has a PMP	<input type="checkbox"/>	Student has a BSP	<input type="checkbox"/>	Student has a 504
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Intervention Data and Progress Monitoring:	
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Intervention Data and Progress Monitoring:	
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Report Card Areas of Strength:	
Report Card Areas of Weakness:	

Additional Information for the Team to Consider	
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For Parent/Guardian/Adult Student/Court–Appointed Advocate:

x

<input type="checkbox"/>	I agree to have the Evaluation Team review and consider school data including all of the above as part of the referral and eligibility process.
<input type="checkbox"/>	I agree to have the Evaluation Team review and consider an independent evaluation provided by me and completed by an agency or clinician outside of the district as part of the referral and eligibility process.

Signature of Parent/Guardian/A:	
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For the Office of Pupil Personnel Services:

Accepted By:		Date:	
Meeting Date:		Time:	