

Student Name _____ Grade _____
 Parent(s) Name _____ DOB _____
 Address _____ Phone _____
 Referring Person _____ Date of Referral _____
 Classroom Teacher _____ School _____

Read each statement below. Check “yes” if there is a concern and “no” if there is not a concern for each particular item. For the items(s) checked “yes”, briefly elaborate in the space provided.

<u>Intellectual/Cognitive</u>	YES	NO
Student demonstrates verbal abilities below age mates	___	___
Student demonstrates overall development below age mates	___	___
Student demonstrates problem-solving, reasoning abilities below age mates	___	___
Student demonstrates knowledge base of the world below age mates	___	___
Student sound blending abilities and phonemic awareness below age mates	___	___
Student demonstrates abilities with visual-perceptual tasks below age mates	___	___
Student requires a long wait time before responding verbally	___	___
Student requires cues in order to recall information	___	___
Student demonstrates difficulty retrieving learned information over a period of time	___	___
Student Demonstrates difficulty recalling directions just after hearing them	___	___

<u>Communication Skills</u>	YES	NO
Student has unusual (hoarse, nasal, etc.) voice quality	___	___
Student displays non-fluent speech (stuttering)	___	___
Student’s speech is hard to understand	___	___
Student demonstrates a limited vocabulary	___	___
Student shows immature sentence structure	___	___
Student has difficulty getting his/her point across	___	___
Student lacks specificity (over uses words such as “this, that, thing”)	___	___
Student is unable to retell a story	___	___
Student seldom speaks at school	___	___
Student is unable to paraphrase classroom instructions	___	___
Student often misunderstands directions	___	___
Student has trouble asking questions when needing help	___	___
Student has trouble answering questions	___	___
Student has difficulty understanding/using multiple meaning words or or figurative speech	___	___

	YES	NO
Student has poor topic maintenance	___	___
Student has difficulty interpreting/using nonverbal cues	___	___
Student often makes odd or irrelevant comments	___	___
Student has difficulty making eye contact/limited eye contact	___	___

Health and Physical Status

	YES	NO
Student is often absent due to illness	___	___
Student often seems lethargic or fatigued	___	___
Student seems to have frequent colds	___	___
Student often complains of illness	___	___
Student has difficulty maintaining appropriate hygiene & grooming	___	___
Student wears glasses or contacts	___	___
Student wears hearing aids(s)	___	___
Student has braces for his/her arms or legs	___	___
Student uses a walker/cane/crutches	___	___
Student is in a wheelchair	___	___
Student has artificial limb(s)	___	___
Student seems overweight or obese	___	___
Student has a diagnosed chronic health condition (ex, Asthma, ADHD)	___	___
Student has a diagnosed physical disability (ex. Cerebral Palsy)	___	___

Social, Emotional or Behavioral Skills

	YES	NO
Are there concerns with this student's behavior in any of the following areas:		
a. Ability to acquire and maintain peer relationships/friends	___	___
b. With authority figures at school	___	___
c. With authority figures in the community	___	___
d. With authority figures at home	___	___
e. In structured settings (classroom, specialist areas)	___	___
f. In unstructured settings (playground, hallways, lunch)	___	___
g. In response to frustration	___	___
h. Attending to task	___	___
i. Taking responsibility to complete and return assignments	___	___
j. Demonstrating ability to control emotions	___	___
k. Appropriately asking for assistance when needed	___	___
l. Has difficulty respecting own or other's property	___	___

Motor Skills

YES NO

Student falls easily	___	___
Student is clumsy when walking, running, using stairs etc.	___	___
Student cannot perform hop or skip as expected for age	___	___
Student fatigues easily and appears to be weak.	___	___
Student moves stiffly, and/or has rigid or tense movements	___	___
Student has poor rhythmical response (ex. When clapping rhythms)	___	___
Student has difficulty with ball skills	___	___
Student has difficulty with gymnastic activities	___	___
Student has poor balance	___	___
Student holds a pencil, crayon, or chalk awkwardly	___	___
Student strokes too heavily or too lightly	___	___
Student has difficulty using scissors	___	___
Student has difficulty with printing or writing	___	___
Student has inconsistent hand preference – switches hand	___	___
Student has difficulty with shoe tying, buttons zippers etc.	___	___
Student has difficulty drawing continuous lines and shapes	___	___
Student compensates or covers motor failures with silliness or other Inappropriate behavior	___	___
Student exhibits unusual motor behaviors (tremor, tics, shakiness, etc)	___	___
Student moves impulsively with little judgment	___	___
Student runs into person or things	___	___
Student avoids certain motor activities whenever possible	___	___
Student has poor attention and is easily distracted	___	___
Student exhibits an excessive activity level for age	___	___
Student has difficulty remembering movement sequences	___	___
Student has difficulty following motor directions	___	___
Student has difficulty with directional concepts (left/right, front/back)	___	___
Student has difficulty recognizing shapes/letters	___	___
Student has difficulty with drawing/copying shapes	___	___
Student reverses letters and words such as “b” for “d” or “saw” for “was”	___	___
Student is unusually sensitive to odors	___	___
Student is unusually sensitive to noises or sound	___	___
Student seems to need to feel or touch things before reacting	___	___
Student overreacts to touch or physical contact may hit out or withdraw	___	___
Student is bothered by certain clothing textures or tags	___	___
Student has unexplained aversion or gag reflex to certain foods or textures	___	___
Student avoids eye contact	___	___

Functional Skills

	YES	NO
Student has poor self-care skills	___	___
Student has trouble adjusting to change	___	___
Student has limited social skills	___	___
Student lacks age appropriate independence	___	___
Student has difficulty keeping track of materials	___	___
Student has difficulty organizing self	___	___
Student does not use independent work time effectively	___	___

	YES	NO
Is student involved with any of the following?		
Private Counselor	___	___
Social Services	___	___
Other _____		
Has student been referred for evaluation before?		
When? _____	___	___