



# SAT MEETING #6/Special Education Referral

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Has the problem changed since the last meeting?  YES  NO

If YES, redefine the problem:

Was the Intervention plan #3/ Revised Plan carried out as written?  YES  NO

If no, please explain...

According to your progress monitoring data and documentation, is the Intervention Plan #3/ Revised Plan working?

YES  NO

If yes, continue with Intervention plan #3 and **DO NOT** refer for Special Education Testing. Schedule another date to reconvene and monitor plan/ progress.

If No, complete the form below:

\*The following conditions must be considered before requesting a SPED evaluation:

1. Does the response to general education interventions indicate the need for intense instruction in order for the student to make progress in the area(s) of concern?
2. Does there appear to be evidence of a severe discrepancy between the performance of the student and his/her peers, or evidence of a severe discrepancy between the student's ability and performance?
3. Are the educational resources needed to support the student in the area(s) of concern beyond those available through general education resources?

The SAT requests more information be obtained regarding \_\_\_\_\_ to determine special education eligibility.

Please indicate the information requested:

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Intellectual/ Ability | <input type="checkbox"/> Academic     | <input type="checkbox"/> Social/ Emotional | <input type="checkbox"/> Behavioral            |
| <input type="checkbox"/> ADD/ADHD              | <input type="checkbox"/> Articulation | <input type="checkbox"/> Language          | <input type="checkbox"/> Motor (fine or gross) |
| <input type="checkbox"/> Vision                | <input type="checkbox"/> Hearing      | <input type="checkbox"/> Autism Spectrum   |  |

**DO NOT** OBTAIN PARENTAL PERMISSION BEFORE CONTACTING THE SCHOOL PSYCHOLOGIST OR SPEECH PATHOLOGIST TO ENSURE COMPLIANCE ON TIME LINES.

SAT Team Members attending this meeting:

_____	_____
_____	_____
_____	_____
_____	_____