

# Northampton Public Schools

## Office of Student Services



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Director of Student Services

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Associate Director of Student Services



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Family Engagement and  
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Coordinator



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Preschool & Partnership Coordinator



**TBD**  
Director of Health Services

### REFERRAL FOR EVALUATION

Type of Referral: **EVAL TYPE** ▾

| Student Demographics  |                           |                       |                        |
|---|---------------------------|-----------------------|------------------------|
| Student Name:   | DOB:                      | Age:                  | Gender: <b>M/F/N</b> ▾ |
| School:   | Teacher: <b>TEACHER</b> ▾ | Grade: <b>GRADE</b> ▾ |                        |
| Is the student currently enrolled in the Northampton Public Schools? <b>Y/N</b> ▾ |                           |                       |                        |

| Parent/Guardian Demographics |                          |
|------------------------------|--------------------------|
| Caretaker 1:                 | Caretaker 2:             |
| Address:                     | Address:                 |
| Relationship to Student:     | Relationship to Student: |
| Primary Phone:               | Primary Phone:           |
| Work Phone:                  | Work Phone:              |
| E-mail:                      | E-mail:                  |

| Language Considerations   |                           |  |
|---|---------------------------|--|
| Primary Language of Student:  | Primary Language of Home: | Is an interpreter needed? <b>Y/N</b> ▾ |
| Has the student been tested for language proficiency? <b>Y/N</b> ▾ (If no, see ESL teacher) |                           |  |

| Universal Screening and Health Considerations                               |                     |                   |   |            |            |        |
|---|---------------------|-------------------|---|------------|------------|--------|
| Which of the following general education services is the student receiving? |                     |                   |   |            |            |        |
| <b>Title 1 Reading</b>  | <b>Title 1 Math</b> | <b>Counseling</b> | <b>SST</b>  | <b>ELL</b> | <b>504</b> | Other: |
| Is the student taking medication? <b>Y/N</b> ▾                              |                     |                   | Medications:  |            |            |        |
| Has the student passed Vision Screening? <b>Y/N</b> ▾                       |                     |                   | Does the student wear eyeglasses? <b>Y/N</b> ▾                |            |            |        |
| Has the student passed Hearing Screening? <b>Y/N</b> ▾                      |                     |                   | Does the student wear assistive hearing devices? <b>Y/N</b> ▾ |            |            |        |
| Does this student have attendance concerns? <b>Y/N</b> ▾                    |                     |                   |   |            |            |        |

| Referral Information  |   |
|---|---|
| What is the reason for the referral?  |   |
| Who referred the student for evaluation? <b>REFERRED BY</b> ▾                     | Has student been evaluated for SE services before? <b>Y/N</b> ▾ |
| Date of Evaluation:   | Evaluated by:   |
| Does the student have a disability? <b>Y/N</b> ▾                                  | Disability:   |
| Date of Diagnosis:  | Diagnosed by:   |
| What other agencies or individuals are providing services to the child or family? |   |
| Agency Name:  | Agency Name:  |
| Contact Person:   | Contact Person:   |

**AREAS OF STUDENT STRENGTH**

|                                  |
|----------------------------------|
| <b>AREAS OF STUDENT STRENGTH</b> |
|----------------------------------|

**AREAS OF CONCERN IN A SCHOOL SETTING**

**ACADEMIC CONCERNS**

|                |                                |                        |                     |                        |
|----------------|--------------------------------|------------------------|---------------------|------------------------|
| <b>Reading</b> | <b>Phon. Awareness/Phonics</b> | <b>Comprehension</b>   | <b>Decoding</b>     | <b>Fluency</b>         |
| <b>Writing</b> | <b>Legibility</b>              | <b>Encoding</b>        | <b>Organization</b> | <b>Idea Generation</b> |
| <b>Math</b>    | <b>Calculations/Arithmetic</b> | <b>Problem Solving</b> | <b>Other:</b>       |                        |

**RELATED SERVICES**

|                 |                           |                                |                            |                     |
|-----------------|---------------------------|--------------------------------|----------------------------|---------------------|
| <b>Language</b> | <b>Receptive Language</b> | <b>Listening Comprehension</b> | <b>Expressive Language</b> | <b>Articulation</b> |
| <b>Motor</b>    | <b>Gross Motor</b>        | <b>Fine Motor/Sensory</b>      | <b>Other:</b>              |                     |

**ACADEMIC CONCERNS**

|                              |                                       |   |   |   |
|------------------------------|---------------------------------------|---|---|---|
| <b>Cognitive</b>             | <b>Impulsivity</b>                    | <b>Inattention</b>                      | <b>Weak Memory</b>                          | <b>Inefficient task approach</b>              |
|                              | <b>Difficulty with transitions</b>    | <b>Inconsistent effort</b>              | <b>Disorganized</b>                         | <b>Restless/ Hyperactive</b>                  |
| <b>Behavior</b>              | <b>Disruptive</b>                     | <b>Fights at school</b>                 | <b>Verbally aggressive towards others</b>   |   |
|                              | <b>Destroys property</b>              | <b>Defies authority</b>                 | <b>Physically aggressive towards others</b> |   |
| <b>Social/<br/>Emotional</b> | <b>Withdrawn</b>                      | <b>Nervous/ Tense</b>                   | <b>Worries a lot/<br/>expresses fears</b>   | <b>Unusual behavior</b>                       |
|                              | <b>Appears angry/irritable</b>        | <b>Mood fluctuations</b>                | <b>Unmotivated to work</b>                  | <b>Difficulty tolerating<br/>frustration</b>  |
|                              | <b>Limited peer<br/>relationships</b> | <b>Frequent physical<br/>complaints</b> | <b>Looks sad/<br/>depressed with others</b> | <b>Problems getting along<br/>with others</b> |

**Other Pertinent Information**

|                                    |
|------------------------------------|
| <b>Other Pertinent Information</b> |
|------------------------------------|

**TO BE COMPLETED BY SCHOOL PSYCHOLOGIST OR SPECIAL EDUCATION ADMINISTRATOR:**

**Suspected Area of Disability**

|                                     |                            |                      |
|-------------------------------------|----------------------------|----------------------|
| <b>Autism</b>                       | <b>Developmental Delay</b> | <b>Sensory</b>       |
| <b>Neurological</b>                 | <b>Emotional</b>           | <b>Physical</b>      |
| <b>Intellectual Impairment</b>      | <b>Health</b>              | <b>Communication</b> |
| <b>Specific Learning (specify):</b> |                            |                      |

**Recommended Components of Evaluation**

|                        |                         |                       |           |
|------------------------|-------------------------|-----------------------|-----------|
| <b>Observation</b>     | <b>Psychological</b>    | <b>Achievement</b>    | <b>OT</b> |
| <b>Home Assessment</b> | <b>Speech/ Language</b> | <b>Behavior/ BCBA</b> | <b>PT</b> |
| <b>Other:</b>          |                         |                       |           |

**Person Completing this Form**

|        |            |       |
|--------|------------|-------|
| Name:  | Signature: | Date: |
| Title: |            |       |

**Administrative Approval**

|                         |            |       |
|-------------------------|------------|-------|
| Name: Karen Albano      | Signature: | Date: |
| Title: School Principal |            |       |