

BALTIMORE COUNTY PUBLIC SCHOOLS

Office of Special Education

Office of Technology in Special Education

Reading Referral Form

To be completed by the school staff:

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

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent email: \_\_\_\_\_

School providing service: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Teacher \_\_\_\_\_ Case Manager: \_\_\_\_\_

IEP Chair/Administrator \_\_\_\_\_

Contact Person: \_\_\_\_\_

Check all that apply:

General education	<input type="checkbox"/>	Inclusion	<input type="checkbox"/>	Self Contained	<input type="checkbox"/>
CALS	<input type="checkbox"/>	FALS	<input type="checkbox"/>	Adapted	<input type="checkbox"/>

Current Related Services:

Related Services	Name	Email Address
SLP		
OT		
PT		
DHH		
VI		
Other		

Diagnoses: \_\_\_\_\_

Current Educational Handicapping Condition/Disability: \_\_\_\_\_

The following information must be attached to this form:

- \_\_\_\_\_ Signed parent permission for assessment (for initial visit only)
- \_\_\_\_\_ Completed referral form
- \_\_\_\_\_ Most recent educational and therapy assessments
- \_\_\_\_\_ Other pertinent information

**What is the reason for this referral?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Task:**

	<b>Yes</b>	<b>No</b>
Is able to hold or turn pages of book		
Is able to see text (visual, letters reversed, too small, etc.)		
Is able to read on a flat surface		
Is able to maintain place while reading		
Is able to manage visual 'clutter' on page		
Is able to maintain visual attention over time		
Has established sound/symbol relationships		
Recognizes familiar words and patterns		
Remembers previously taught words		
Tolerates environmental distractions		
Reads and comprehends words in context		
Reads and comprehends words		
Reads and comprehends sentences		
Reads and comprehends paragraphs		
Reads fluently		
<b>Add additional tasks here:</b>		

**Tools and Strategies:**

	<b>Helpful</b>	<b>Not Helpful</b>	<b>Not Tried</b>
Adult reads text aloud			
Pictures are included with text			
Resources such as word wall			
Highlighter, marker, template for visual tracking			
Colored overlays or films or increased contrast			
Recorded text or talking books to 'read along'			
Talking dictionary or talking spell checker			

**Tools and Strategies Continued:**

	<b>Helpful</b>	<b>Not Helpful</b>	<b>Not Tried</b>
Hand held scanner to pronounce difficult words			
Computer with text to speech software			
Multimedia software			
Portable Scanner with text reading capability			
<b>Additional tools and strategies that were tried:</b>			
<b>Names of software that were tried:</b>			

**Is a computer available for student use in your classroom?** \_\_\_\_\_

**Is there additional information to share?** \_\_\_\_\_

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**What are the team's objectives for this reading consultation?** \_\_\_\_\_

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**Return all referral information to: Marsye Kaplan, Loch Raven Academy**