 Parent Referral Procedures

Intellectually Gifted

Step One: Parent directed to School Counselor to make request.

Step Two: Counselor provides parent with referral packet to be returned back to Counselor when completed.

Step Three: Counselor provides completed packet to the School Psychologist for review.

Step Four: Upon receipt, School Psychologist schedules a meeting with parent and appropriate school personnel to discuss concerns, current data, appropriate interventions and cumulative folder.

Step Five: Summary and Recommendations documented and parental consent for an evaluation obtained if information suggests the presence of an Educational Disability.

Step Six: Parent will receive a copy of procedural safeguards as well as a copy of the meeting summary, recommendations and any other documents developed/discussed.

 Parent Referral Contact Form

Intellectually Gifted

Date Contact

\_\_\_\_\_\_\_\_\_\_\_ Date of Parent Request

\_\_\_\_\_\_\_\_\_\_\_ Date Parent Referral Packet Provided to Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_ Follow-Up with Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_ Date Completed Packet Returned to Counselor

\_\_\_\_\_\_\_\_\_\_\_ Date Received by School Psychologist

\_\_\_\_\_\_\_\_\_\_\_ Date Forwarded to SAB

\_\_\_\_\_\_\_\_\_\_\_ Date of Parent/Guardian Meeting

Recommendations/ Outcomes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Referral to the Support Team**

 

**Special Education**

**Intellectually Gifted**

 *“Intellectually gifted” means a child whose intellectual abilities and potential for achievement are so outstanding that the child’s educational performance is adversely affected. “Adverse affect” means that the general curriculum alone is inadequate to appropriately meet the student’s educational needs.*

[State Board Rules and Regulations 0520-01-09-.02(11)]

Dear Parent,

Thank you for your interest in the Special Education programming for Intellectually Gifted students. Oak Ridge Schools is committed to providing a world-class educational environment to all students. We offer an extraordinary portfolio of advanced courses, and we hire teachers who are highly qualified in the subjects they teach. Our first priority is to serve the needs of gifted and talented students in the general education classroom through differentiation and advanced coursework. However, we recognize that some gifted students have an “adverse affect” and require additional services beyond what can be offered in the general education classrooms.

Attached, you will find a referral packet that is necessary to better understand your child’s gifts, talents, and potential candidacy for consideration of a comprehensive evaluation to determine eligibility for Special Education services due to adverse affects of Intellectual Giftedness. The completed packet (pages 1-6) should be returned to the School Counselor at your child’s zoned school. Upon receipt, the school screening team will conduct individual screening which will result in two possible outcomes:

1. The requirements are met in either educational performance or creativity/characteristics of giftedness and your child will be referred for a comprehensive evaluation. In this case, you will be notified by the School Psychologist to discuss this process.
2. The determination is made that your child’s needs can be met in the general education classroom. In this case, no comprehensive evaluation is needed, but you will be notified of the school screening team’s recommendations for any necessary interventions in the classroom. In addition, the team will regularly review this case to ensure that the recommended interventions are being implemented and remain appropriate for your child’s needs.

On the back of this letter, you will find K-12 services and opportunities for advanced learners attending Oak Ridge Schools. Should you need any further information regarding this process, please contact your zoned school’s School Counselor or contact the number listed below.

Thank you for your investment in your child’s education.

Gifted Education

304 New York Avenue

Oak Ridge, TN 37831

(865) 425-9027

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**Parent Referral to the Support Team**

 

**Special Education**

**Page 1 of 6**

This referral form is completed when referring a student for consideration of a comprehensive evaluation to determine eligibility for Special Education services.

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher/Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific Reason for Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please complete all areas in which your child’s needs may not be met and provide specific clarification of the concern.

|  |  |
| --- | --- |
| **Area of Concern** | **Clarification** |
| Reading (including Reading Comp)  |  |
| Writing  |  |
| Math (Calculation & Reasoning) |  |
| Organization/ Work Completion |  |
| Spoken Language or Listening Comp |  |
| Motor Skills (Fine & Gross)  |  |
| Activity Level or Focused Attention |  |
| Peer Relationships & Social Skills |  |
| Aggressive/ Angry Behaviors |  |
| Anxiety – Nervous or Worried  |  |
| Oppositional /Probs Following Rules |  |
| Attendance or Frequent Tardies |  |
| Other |  |

 **Parent Referral to the Support Team**

 

**Special Education**

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History of Interventions: Please indicate the known interventions and/or modifications used to meet the student’s educational needs in the general education classroom and those provided privately by parents, as well as the known teacher’s input.

|  |  |
| --- | --- |
| **READING/WRITING** |  |
| **MATH** |  |
| **BEHAVIOR** |  |
| **SOCIAL SKILLS** |  |
| **OTHER** |  |
| **OTHER** |  |

 Review of Teacher Conferences: By Phone Conference Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_ Summary & Recommendations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_ Summary & Recommendations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent Referral to the Support Team**

 

**Special Education**

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|  |  |
| --- | --- |
| General Health | Hearing Screen Date: \_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vision Screen Date: \_\_\_\_\_\_\_\_\_\_\_\_Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physical/Motor Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medical Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prescribed Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| English Proficiency  | Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long has the student spoken English: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Language Spoken in Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| EnvironmentalCulturalEconomics |  Home responsibilities interfere with learning activities  Limited experiences in majority-based culture or activities of any culture Free or reduced lunch Household has limited enrichment materials/experiences |
|  Motivation | Does the student want to succeed in school? Yes NoDoes he/she seek assistance from others? Yes NoDoes he/she work with effort with homework/study? Yes NoIs the student making an effort to learn? Yes NoAre the achievement scores consistent with grades? Yes No |
| Situational Trauma | Has the student experienced a recent trauma or any other situation that could create stress or emotional upsets? Yes NoExplain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Has there been a change in the student’s performance within a short period of time (6-12 months? Yes NoExplain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Review of Exclusionary Factors:

 Parent Signature

Please Attach: Date

 Private Evaluations/Assessment Results

*To be completed by School Counselor:*

Date Received by School

 Notice of Referral and Permission for Individual Screening

 TN Parent Information Form (2 pages)

**Parent Referral to the Support Team**

 

**Special Education**

**Page 4 of 6**



**Parent Referral to the Support Team**

 

**Special Education**

**Page 5 of 6**



**Parent Referral to the Support Team**

 

**Special Education**

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