

**CANTON UNION SCHOOL DISTRICT NO. 66**  
**Special Education Office**  
**20 WEST WALNUT STREET**  
**CANTON, ILLINOIS 61520**  
**309/647-1418**

**Request for Case Study Referral**

**Please complete all sections:**  
 (Incomplete forms will be returned)

**I. Student Information:**

Name (First, Middle, Last) \_\_\_\_\_ SIS Number: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Primary Language Parent: \_\_\_\_\_  
 Additional Parent Information: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**II. Reason for Referral** (this description may be used to communicate with parents regarding the referral):

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

**III. Intervention summary:** Please attach a summary of problem solving process. Do not include individual data sheets or running records; rather a summary of data is needed. Attach RAPS 360 reports, if available.

Dates of problem solving meetings: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Instruction	Minutes per week	Dates	Implementer
Core Curriculum			
Success			
Tier II			
Tier III			
Additional (describe)			

Circle Interventions used: Reading+ My Reading Coach Michael Heggerty 6 min. solutions  
 List others: \_\_\_\_\_

**IV. Health:** Current or past medical difficulties affecting educational performance. List known medications.

**V. Social /Emotional Status:** Information regarding how the environment affects educational performance including life history, adaptive behavior, independent functioning, personal and social responsibility, cultural background and other areas of concern regarding work/study habits: (include observations regarding attention, organization, behavior, social skills, homework completion, etc.)

**VI. Academic Performance:** Current or past academic functioning data pertinent to current educational performance. Attach STAR, AIMSweb, SAT, etc. if available.

**VII. Additional School-based Services Received By Student:**

Title I                       Social Work                       Behavior Consultant  
 Speech/Language                       Counseling                       Tutoring  
 Other \_\_\_\_\_

Has this student been retained in the past? \_\_\_\_\_, what grade? \_\_\_\_\_

Is this student presently being considered for retention? \_\_\_\_\_

Has this student ever been evaluated for special education services? \_\_\_\_\_, When? \_\_\_\_\_

Has this student ever received special education services? \_\_\_\_\_, When? \_\_\_\_\_

**VIII. Communication Status:** Information regarding communicative abilities (language, articulation, voice, fluency, social language) affecting educational performance.

**IX. Motor Abilities:** Fine and gross motor coordination difficulties, sensory, functional mobility, or strength and educational issues affecting educational performance.

**X. Vision & Hearing:** Information regarding vision and hearing affecting educational performance.

Vision Screening:

Hearing Screening:

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

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

**XI. Person(s) submitting this information** (will be noted as the referring party):

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**Participants to invite to future meetings regarding this referral:**

- \_\_\_\_\_, **Parent**
- \_\_\_\_\_, **General Education Teacher**
- \_\_\_\_\_, **Special Education Teacher**
- \_\_\_\_\_, **Building Principal**
- \_\_\_\_\_, **Psychologist**
- \_\_\_\_\_, **Social Worker**
- \_\_\_\_\_, **Speech/ Language Pathologist**
- \_\_\_\_\_, **Title/Interventionist**
- \_\_\_\_\_, **Other, Please list** \_\_\_\_\_
- \_\_\_\_\_, **Other, Please list** \_\_\_\_\_

**Outside Agencies involved:** \_\_\_\_\_  
\_\_\_\_\_

**XII. Building Principal Approval**  
**I certify that this referral is complete and meets with my approval.**

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

**XIII. Disposition (completed by Special Education Director)**

- \_\_\_\_\_ Received by special education office
- \_\_\_\_\_ Notification of Decision Regarding Referral
- \_\_\_\_\_ Date of Domain Meeting