



MIAMI-DADE COUNTY PUBLIC SCHOOLS

Secondary SST Request for Evaluation
(Documentation of Screening and Prereferral Activities)

FOR REGION CENTER USE ONLY:

TO:
DATE OPENED:
DATE CLOSED:
CASE NO.:

DOC
TYPE 2561

DEMOGRAPHIC INFORMATION			DATE (MM/DD/YY)	_____
PRINT STUDENT'S NAME (LAST)	(FIRST)	(M.I.)	STUDENT ID. NO.	_____

ADDRESS:		BIRTHDATE:	SEX:
SCHOOL:		GRADE:	ETHNIC ORIGIN (mark one): W B I A H M
PARENT OR GUARDIAN:		HOME PHONE:	WORK PHONE:

Required activities for an M-Team evaluation request:

- FM-6487**, Student Services/ESE Services **Data Input Sheet** was completed and is attached.
- FM-6278, School Support Team Request for Assistance Form** was completed and is attached.
- At least one School Support Team (SST) meeting was conducted. Parents were invited to attend.
- FM-6290, School Support Team Intervention Plan** is fully completed and detailed, and is attached.
- FM-6287, Functional Assessment of Behavior Intervention Plan** is completed and attached, if necessary.
- Specific **monitoring procedures** were used to follow-up with alternative strategies and **inadequate progress is clearly demonstrated.**
- FM-7075, A School Social Worker Student Background Screening Form** form was completed and is attached.
- Attendance records were reviewed. (Excessive absenteeism was investigated, if needed.)
- Sensory functions were screened when required. Request for further sensory evaluation, if needed, has occurred. (Attached)
- A **Summary of Procedural Safeguards for Students with Disabilities** has been provided and explained to the parent(s) or guardian(s) of the student.
- FM-4961, A Notice of Intent and Parental/Guardian Consent to Conduct an Evaluation** form has been reviewed and signed, and is attached.
- FM-1692, Observation of Student Behaviors**, (2) one from student's teacher.

For Gifted evaluations, Plan A:

- FM-4961, A Notice of Intent and Parental/Guardian Consent to Conduct an Evaluation** form has been reviewed and signed, and is attached.
- FM-7051, Gifted Characteristics Checklist** is attached, if needed.

For Plan B, ALSO include the following:

- Williams Scale Standardized Test Scores are attached. Documentation of ELL or free/reduced lunch status is attached.
- FM-7081 or FM-7082 or FM-7083, Gifted Eligibility Determination Form for Use with Underrepresented Students** is attached.
- FM-6482, Gifted Plan B Checklist** is attached.

For English Language Learners, *only*:

- The SST has reviewed the **Individual ELL Student Plan** including the ESOL level. (Attached)
- The **Home Language Screening Questionnaire** form was completed prior to SST.
- Section IX of the **Observation of Student Behaviors** form was completed. (Attached)
- Bilingual Language Proficiency/Dominance Assessment Requested (ESOL levels 3, 4 & 5) Date: _____
- Bilingual testing: ____ Yes ____ No Language(s) to be used: _____

SST Members:

1. _____ (Administrator/SST Chairperson)	2. _____ (Parent)	3. _____ (Teacher)
4. _____ (School Psychologist)	5. _____ (ELL Committee Representative)	6. Referral Packet Completed: School Psychologist: Initials _____ Date _____

Administrator Verification of Intervention Implementation Fidelity*

Printed Name

Signature

Date

*Fidelity implies faithful adherence to the intervention and monitoring schedule as delineated on the SST Intervention Plan.