



MIAMI-DADE COUNTY PUBLIC SCHOOLS

FOR REGIONAL CENTER USE ONLY:

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

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

DOC
TYPE 6572

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-7073, Elementary SST Request for Assistance Form was completed, signed by school administrator, and is attached.
At least one School Support Team (SST) meeting was conducted. Parents were invited to attend.
FM-7075, A School Social Worker Student Background Screening form was completed and is attached.
FM-6290, SST Intervention Plan is fully completed and detailed, and is attached.
FM-6287, Functional Assessment of Behavior Intervention Plan (BIP) is completed and attached, if necessary.
FM-6493, SST Monitoring System form or documentation on alternative data collection tool 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-7073, Elementary SST Request for Assistance Form.
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. 2. 3.
(Administrator/SST Chairperson) (Parent) (Teacher)
4. 5. 6. Referral Packet Completed:
(School Psychologist) (ELL Committee Representative) 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.