

Miami-Dade County Public Schools

Prekindergarten and Head Start Request for Assistance (RFA)

IDENTIFYING INFORMATION

Student Name:	DOB:	
School Name:	ID:	Age:
Home Language:	Absences:	Tardies:

DATE AND SIGNATURE OF REFERRAL SOURCE

Date RFA (FM-7496) Submitted:
Name and Title of Referral Source:
Signature of Referral Source:

CONFIRMATION OF RECEIPT OF RFA (FM-7496) by SST Coordinator/Administrator

Date Received	Name (Print Last Name, First Name)	Signature
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AREAS OF CONCERN

	<i>Attending Behaviors - DEV</i>	<i>Relational & General Behavior - SE/B/R</i>	<i>Communication - DEV, S/L</i>
<input type="checkbox"/>	Easily distracted	<input type="checkbox"/>	Has difficulty interacting with familiar persons
<input type="checkbox"/>	Needs help from adult to stay on task	<input type="checkbox"/>	Has difficulty playing appropriately with toys
<input type="checkbox"/>	Has difficulty remembering things	<input type="checkbox"/>	Has difficulty taking turns in play or sharing
<input type="checkbox"/>	Acts upset by a change in plans	<input type="checkbox"/>	Has difficulty maintaining joint attention
		<input type="checkbox"/>	Avoids interaction with other children
	<i>Adaptive/Self-Help - DEV</i>	<input type="checkbox"/>	Has difficulty joining in peer play
<input type="checkbox"/>	Needs assistance with self-care (pulling up clothes, indicating need to use restroom, etc.)	<input type="checkbox"/>	Difficulty calming self with assistance
<input type="checkbox"/>	Needs assistance with eating	<input type="checkbox"/>	Displays unusual reactions to sensory stimulation
<input type="checkbox"/>	Needs assistance washing/drying hands	<input type="checkbox"/>	Exhibits repetitive behavior (please specify)
		<input type="checkbox"/>	Has difficulty interacting with familiar persons
	<i>Gross/Fine Motor - DEV</i>		<i>Expressive Language - S/L</i>
<input type="checkbox"/>	Has difficulty with fasteners		Has difficulty naming people or objects
<input type="checkbox"/>	• Has difficulty placing large puzzle pieces	<input type="checkbox"/>	Argumentative
<input type="checkbox"/>	• Unable to stack 3-4 blocks	<input type="checkbox"/>	Physically aggressive (hits, kicks, destructive)
<input type="checkbox"/>	Has unsteady gait and difficulty with coordination	<input type="checkbox"/>	Self-injurious behavior (specify below)
<input type="checkbox"/>	Frequently falls	<input type="checkbox"/>	Verbally abusive
		<input type="checkbox"/>	Aggressive with peers
	<i>Complex Medical Conditions</i>	<input type="checkbox"/>	Aggressive with adults
<input type="checkbox"/>	Disorders of the Endocrine System (i.e. Diabetes)		<i>Internalizing Behaviors - SE/B/R</i>
<input type="checkbox"/>	Genetic Conditions	<input type="checkbox"/>	Withdrawn
<input type="checkbox"/>	Orthopedic Conditions	<input type="checkbox"/>	Anxious/nervous
<input type="checkbox"/>	Respiratory Conditions	<input type="checkbox"/>	Seems unhappy
<input type="checkbox"/>	Disorders of the Immune System	<input type="checkbox"/>	Cries easily/inappropriately
<input type="checkbox"/>	Other: Please Specify		<i>Fluency - S/L</i>
		<input type="checkbox"/>	Frequently stutters, repeats words, whole phrases or "gets" stuck" while trying to say a word

AREAS OF STRENGTH – PLEASE DESCRIBE

DATA PROFILE SHEET

Developmental (*Attach supporting documentation*) – *complete ONLY if an area of concern*

HEAD START ONLY	PREKINDERGARTEN
<input type="checkbox"/> Ages & Stages Questionnaire (ASQ-3) Date Administered: _____ <input type="checkbox"/> Communication Total Score: /60 <input type="checkbox"/> Gross Motor Total Score: /60 <input type="checkbox"/> Fine Motor Total Score: /60 <input type="checkbox"/> Problem Solving Total Score: /60 <input type="checkbox"/> Personal-Social Total Score: /60 <input type="checkbox"/> Individualized Follow-Up Intervention Plan	<input type="checkbox"/> Florida Assessment of Student Thinking (FAST) STAR Early Literacy-STAR Record Book Report Progress Monitoring Period: _____ Date Administered: _____ <input type="checkbox"/> Alphabetic Principle: _____ % <input type="checkbox"/> Concept of Word: _____ % <input type="checkbox"/> Visual Discrimination: _____ % <input type="checkbox"/> Phonemic Awareness: _____ % <input type="checkbox"/> Phonics: _____ % <input type="checkbox"/> Structural Analysis: _____ % <input type="checkbox"/> Vocabulary: _____ % <input type="checkbox"/> Sentence Level Comprehension: _____ % <input type="checkbox"/> Paragraph Level Comprehension: _____ % <input type="checkbox"/> Early Numeracy: _____ % <input type="checkbox"/> Anecdotal Notes/Observations <input type="checkbox"/> Portfolio <input type="checkbox"/> ATIP

Speech & Language (*Attach supporting documentation*) – *complete ONLY if an area of concern*

HEAD START ONLY	PREKINDERGARTEN																																							
<input type="checkbox"/> Preschool Language Scales – 5 (PLS-5) Screening Test <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Section</th> <th style="text-align: center;">Pass</th> <th style="text-align: center;">Obtain More Information</th> </tr> </thead> <tbody> <tr><td>Language</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Articulation</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Connected Speech</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Social/Interpersonal</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Fluency</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Voice</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> <input type="checkbox"/> Individualized Follow-Up Intervention Plan	Section	Pass	Obtain More Information	Language	<input type="checkbox"/>	<input type="checkbox"/>	Articulation	<input type="checkbox"/>	<input type="checkbox"/>	Connected Speech	<input type="checkbox"/>	<input type="checkbox"/>	Social/Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	Fluency	<input type="checkbox"/>	<input type="checkbox"/>	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prekindergarten Vision, Hearing, and Speech Screenings (VPK) – FM-5490 <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Screening</th> <th colspan="2" style="text-align: center;">Needs Further Evaluation</th> </tr> <tr> <td></td> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Hearing</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Vision</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Language</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Speech (Phonological Chart)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <input type="checkbox"/> ATIP <input type="checkbox"/> Describe concerns: _____ _____ _____	Screening	Needs Further Evaluation			Yes	No	Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	Language	<input type="checkbox"/>	<input type="checkbox"/>	Speech (Phonological Chart)	<input type="checkbox"/>	<input type="checkbox"/>
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Social-Emotional / Behavioral / Relational (Attach supporting documentation) – complete *ONLY* if an area of concern

HEAD START ONLY	PREKINDERGARTEN
<input type="checkbox"/> Devereux Early Childhood Assessment (DECA) P-2 Date Administered: _____ <i>Initiative:</i> <input type="checkbox"/> Concern <input type="checkbox"/> Typical <input type="checkbox"/> Strength <i>Self-Control:</i> <input type="checkbox"/> Concern <input type="checkbox"/> Typical <input type="checkbox"/> Strength <i>Attachment:</i> <input type="checkbox"/> Concern <input type="checkbox"/> Typical <input type="checkbox"/> Strength <i>Behavior Concerns:</i> <input type="checkbox"/> Concern <input type="checkbox"/> Typical <input type="checkbox"/> Strength <input type="checkbox"/> Anecdotal Notes <input type="checkbox"/> DECA Intervention Plan	<input type="checkbox"/> Anecdotal Notes/Observations <input type="checkbox"/> ATIP <input type="checkbox"/> Functional Behavior Assessment/Social Emotional – Positive Behavior Intervention Plan” (FBA/SE-BIP)

TEACHER OBSERVATION

Reflection & Observation of present performance during routine classroom instruction

Attention/ Executive Functioning	Sometimes	Often	Presently Observed
Has short attention span			
Is easily distracted/requires frequent redirection			
Impulsive/Does not think before doing			
Is unaware of behavior when in a group			
Appears over active			
Has difficulty getting started on chosen activity			
Does not complete tasks			
Has difficulty following directions			
Is easily confused			
Has trouble remembering things, even for a few minutes			
Gets stuck on one topic or activity			
Acts upset by change in routine/plans			
Is constantly in motion			

Externalizing Behaviors	Sometimes	Often	Presently Observed
Has temper tantrums			
Lacks self-control			
Cries inappropriately			
Takes things belonging to others			
Is destructive			
Is physically aggressive			
Is verbally aggressive			
Easily frustrated			
Lacks empathy			
Defiant to authority			
Exhibits perseverating/ repetitive behaviors			

Internalizing Behaviors	Sometimes	Often	Presently Observed
Seems withdrawn			
Prefers solitary activities			
Has difficulty making friends			
Avoids verbal communication			
Does not participate in class activities			
Is ignored by peers			
Seems anxious/worried			
Seems sad			
Exhibits self-injurious behaviors			
Demonstrates mood changes			
Seems easily overwhelmed			
Exhibits fear of school			

Additional Comments/Notes

TEACHER NAME & SIGNATURE

DATE

ADMINISTRATIVE CHECKLIST

REVIEW CHECKLIST

Data Profile Sheet – complete & supporting documents attached

- Yes
- No

Teacher Observation – complete, signed & dated

- Yes
 - No
-

OUTCOME

RFA review completed by SST Coordinator (name): _____

- OPTION #1 - RFA Complete** – Move toward SST Meeting
 - Date Reviewed: _____
 - SST Coordinator Signature: _____

- OPTION #2 - RFA Incomplete (Reason):** _____
 - Date Returned to Source: _____
 - SST Coordinator Signature: _____