



FOR ESE SERVICE CENTER USE ONLY:

MIAMI-DADE COUNTY PUBLIC SCHOOLS
MTSS Request for Evaluation
 (Documentation of Screening and Prereferral Activities)

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

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, MTSS Request for Assistance Form was completed (entire packet), signed by school administrator, and is attached.
- At least one School Support Team (SST) meeting was conducted. Parents/guardians were invited to attend.
- FM-7075, MTSS Individual Student Screening form was completed and is attached.
- FM-6290, MTSS Academic Tier 3 Intervention Plan is fully completed and detailed and is attached.
- FM-6287, Social/Emotional Behavior Intervention Plan (SE-BIP) is completed and attached, if necessary.
- FM-6493, Tier 2 Fidelity Monitoring Chart 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/guardian.
- FM-4961, Notice of Intent and Parental/Guardian Consent to Conduct an Evaluation form has been reviewed, signed, & attached.

For English Language Learners, only:

- The SST has reviewed the Individual ELL Student Plan including the ESOL level. (Attached)
- FM-4219, 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 Date: _____ (please write "NA" if Not Applicable)
- Bilingual testing completed: Yes No Language(s) to be used: _____

For Gifted Plan A evaluations:

- FM-7073, MTSS Request for Assistance Form.
- FM-4961, Notice of Intent and Parental/Guardian Consent to Conduct an Evaluation form has been reviewed, signed, & attached.
- FM-7051, Gifted Characteristics Checklist is attached, if needed.

For Gifted Plan B evaluation, the following must ALSO be included:

- The Williams Scale – measuring creativity (must attach)
- Standardized Test Scores (must attach)
- Documentation of ELL or free/reduced lunch status (must attach)
- Gifted Eligibility Determination Form for Use with Underrepresented Students
 (Elementary: FM-7083, 7082, 7009, 7010 or 7081) --- (Secondary: FM-7013, 7014, 7017, 7019, 7049, 7349 or 7081)

SST Members:

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

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.