

BUILDING SCREENING COMMITTEE (BSC) REFERRAL AND/OR RECOMMENDATIONS

BSC-1

BSC Referral Date _____
Month/Day/Year

STUDENT NAME _____ BD _____ PPS ID # _____
First MI Last

ATTENDING SCHOOL _____ HOME SCHOOL _____ GRADE _____

Parent/Guardian _____ Address _____ Phone _____

Gender _____ Age _____ Ethnic _____ Date Principal notified of referral _____

Home Language _____ English Proficient Yes No Screened by ESL/Bilingual Yes No

This referral and the function of the BSC have been discussed with the parents prior to the meeting by _____ on _____

Is attendance a concern? Yes No # schools attended _____ Grades repeated _____

Hearing screening date _____ results _____ Vision screening date _____ results _____

Other screening date _____ results _____

PALT/Statewide reading _____ math _____ Glasses required for reading Yes No
Assessment date _____ reading _____ math _____ Prereferral documentation Yes No

Prior Special Education No Yes Disability _____ Date of Eligibility _____

AREAS OF CONCERN-Determined by: Records Interviews Observation Screening Other _____

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Reading | <input type="checkbox"/> Math | <input type="checkbox"/> Language | <input type="checkbox"/> Auditory Perception |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Decoding | <input type="checkbox"/> Calculation | <input type="checkbox"/> Social Communication | <input type="checkbox"/> Visual Perception |
| <input type="checkbox"/> Health | <input type="checkbox"/> Comprehension | <input type="checkbox"/> Reasoning | <input type="checkbox"/> Articulation | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Self Care/Hygiene | <input type="checkbox"/> Written Language | <input type="checkbox"/> Application | <input type="checkbox"/> Fluency | |
| <input type="checkbox"/> Fine Motor | <input type="checkbox"/> Spelling | <input type="checkbox"/> Emotional/Behavior Status | <input type="checkbox"/> Voice | |
| <input type="checkbox"/> Gross Motor | <input type="checkbox"/> Handwriting | <input type="checkbox"/> Learning Ability | <input type="checkbox"/> Other _____ | |

Major areas of concern and/or questions: _____

Documented interventions previously attempted to resolve concern(s) at building level:

Referral Source _____ Name/Position _____ Person responsible to inform parents _____

TO BE COMPLETED BY BUILDING SCREENING COMMITTEE		Date of BSC Meeting: _____
Building Screening Participants:		
_____ Name/Title	_____ Name/Title	_____ Name/Title
_____ Name/Title	_____ Name/Title	_____ Name/Title
Building Screening Committee Recommendations:		
<input type="checkbox"/> Continue student in current placement and implement other interventions (i.e., General Ed., Title I, ESL Programs, etc.)		
<input type="checkbox"/> Refer to Section 504 Coordinator		
<input type="checkbox"/> Refer to Evaluation Planning Team to determine if special education evaluation will be conducted.		
Give parents copy of this form as written notice of this referral and copy of the <u>Parental Rights for Special Education Procedural Safeguards</u> brochure.		Date of Referral _____
BSC member responsible to inform parents of recommendations:		
Name/Title _____		Phone _____