Chapter 2 - The Pre-Referral Process

The Pre-Referral process involves the identification, evaluation and disposition of cases involving students who are high risk students by a local school committee known as the Child Study Team. Further, some of these students identified as being high risk may have suspected educational disabilities which would necessitate further interventions.

What are Child Study Teams?

A Child Study Team (CST) is a local school committee that uses a more global approach to the identification of potential high-risk students. In some schools, the Child Study Team is sometimes referred to by other names (i.e. School Based Support Team, Pupil Personnel Team).

What is the Purpose of Child Study Teams?

The members of this team work together in determining the possible etiology (cause), contributing factors, educational status, prognosis (outcome) and recommendations for the referred student. The reason for using this type of team approach is that it allows for many experts covering many fields and disciplines to review a student’s case rather than a single individual trying to determine all of the factors. The overall purpose of the CST is to find the best educational resolution for each student’s particular profile.

Who are the Members of the Child Study Team?

This Child Study Team is usually made up of the following individuals:

- **Administrator**: The administrator is usually the principal or assistant principal. He or she may bring to the meeting any prior experience with the student, a sibling, or family members.
- **Psychologist**: The psychologist may be able to contribute prior test results, outside professional reports that have been released to the school, conversations (with parent/guardian permission) with therapist, psychiatrists, etc. who have had experience with the student, observations on the student and any prior interactions or interviews with the student or family.
- **Nurse**: The nurse will be able to inform the CST of any medical information that may have a bearing on the case. The nurse should be able to provide measures of vision and hearing acuity tests, reports and results from the student’s pediatrician or other health professionals, medications if applicable, and any other medical information available.
- **Classroom Teacher**: The classroom teacher will bring samples of work, informal test results, portfolio assessments (if applicable), anecdotal records, personal observations, summary of meetings with parent/guardians or guardians, observations of peer interaction etc.
- **Social Worker**: If a social worker is on the CST he or she may have had interactions with the family or other family members, results of a home visit, or experiences with the student if he or she was in a group with the social worker.
- **Special Education Teacher**: The special education teacher may have information on prior educational testing, personal observations of the student, or screening results on the student.
- **Guidance Counselor on the secondary level**: The guidance counselor will be able to provide report card grades dating back to kindergarten, achievement test scores as far back as possible,
classroom teacher reports, aptitude test results, and personal involvement with the student and his or her family.

- **Reading Teacher:** The reading teacher will provide any reading evaluations that may have been done on the student, experiences from remedial reading interventions (if applicable), screening results, and any personal involvement with the student, siblings or family members.
- **Speech and Language Teacher:** The speech and language pathologist may bring screening test results, observations, and any interactions with the student, siblings or parent/guardians.

**What is a Referral to the Child Study Team?**

Usually the first time a psychologist, special education teacher or Child Study Team becomes aware that the student may have a potential problem is when the classroom teacher fills out a referral form. The major purpose of such a form is to alert other school professionals that the student is exhibiting difficulties in the classroom that may require further attention.

**Who Normally Makes a Referral to the Child Study Team?**

The sources of referrals to the Child Study Team can originate from many sources including but not limited to:

- Parent/guardians
- Teachers
- School staff i.e. principal, speech therapist, school psychologist
- Private therapists
- Doctors
- The student him/herself

**What is Discussed at the Child Study Team Meetings?**

In order to determine the best direction and options for a particular student the team must first address many issues in order to zero in on the possible causes and type of problems being exhibited. The questions that are often asked may include but are not limited to:

1. What are the comments from past teachers?
2. What is going on at home?
3. What are the achievement test scores and what patterns do they reflect?
4. What does the developmental history look like?
5. When was the last time both vision and hearing were checked?
6. What symptoms are being exhibited by the student that are of concern at this time?
7. What has the teacher tried that has worked?
8. What has the teacher tried that does not seem to work towards alleviating these symptoms?
9. What are the student's present academic levels of functioning?
10. What is the student's social behavior like?
11. Have the parent/guardian's been contacted?
What are the Options of the Child Study Team?

The options open to the Child Study Team may be different for each case. There may be times when the CST may need further information not available at the time of the initial meeting. This may include (but not limited to):

- **Educational screening:** This recommendation is chosen by the CST when a student's academic skill levels (reading, math, writing and spelling) are unknown or inconsistent. A screening is not a formal evaluation but a series of short, brief measures that give the CST some basic academic knowledge on which to make other decisions. (Pierangelo).

*According to the law-- Sec. 300.302 of IDEA 2004, screening for instructional purposes is not evaluation. Further, the screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services.*

- **Parent/guardian Intake:** This may be used to gather further information not available in school records
- **Classroom management suggestions:** This option may involve collaboration between the classroom teacher and different Student Study Team members i.e. school psychologist, to try to help alleviate the problems faced by the teacher.
- **Consolidation of program:** Sometimes, especially on the secondary level, consolidating a student’s program so that he has less time in school may alleviate a problem.
- **Disciplinary action:** There may be times when the team will suggest some type of disciplinary action to remediate or temporarily contain the problem.
- **Referral to Student Protective Agencies for possible neglect or abuse:** If the case before the CST is one in which abuse or neglect is suspected, then it is the legal responsibility to have the case investigated. Everyone on the CST is a mandated reporter and must report a case of suspected neglect and abuse to the proper agency.
- **Vision and hearing screening:** If the team feels that the student’s vision and hearing needs to be screened to rule it out as a possible contributing factor, the team will either ask the nurse to do the screening or ask for a more comprehensive evaluation from an outside professional. How this is handled may vary from state to state and from district to district.
- **Referral for a special education comprehensive assessment:** In the case where the CST has tried everything possible intervention available at the local school level and the student is still having serious issues, a formal referral for a comprehensive assessment can be made by the team.

What is a Pre Referral Strategy Plan?

Prior to making a formal referral for special education assessment, the Student Study Team must suggest pre-referral strategies. These pre-referral strategies are attempts to alleviate the problem(s) so that a referral for further special education intervention may not be necessary.
How is the Determination of a Suspected Disability Made by the Student Study Team?

After the CST has exhausted all possible means of resolution and intervention they may consider the following criteria (included but not limited to) as a basis for a suspected disability and a referral for a special education comprehensive assessment:

- A long standing history of the problem
- A severe discrepancy between ability and achievement as indicated on standardized tests
- A severe discrepancy between ability and performance as indicated by informal assessments
- Lack of successful response to the pre referral strategy plan
- Behavioral manifestations of a potential disability i.e. processing problems
- An increase in the intensity, duration and frequency of the symptoms i.e. aggressive behavior, distractibility, failing grades.

What Happens After the Student Study Team Determines That a Student has a Suspected Disability?

At this point, the CST team will make a formal referral to the multidisciplinary team or the IEP team requesting a comprehensive special education assessment. Members of the CST will first meet with the parent/guardian to go over the reasons for such a recommendation and provide the documentation for such a referral. e.g., test scores, grades, observation information, pre referral strategy plan.