



Camden City School District

Request for Initial Identification Meeting

Date of Referral: _____

Date of Initial Planning Meeting: _____

Scanned

DEMOGRAPHIC INFO:

Student Name: _____

Student ID #: _____ DOB: _____ Race: _____ Male Female

Student Primary Language: _____ Parent Primary Language: _____

Residing with: _____ Mother Father Guardian/Other

Address: _____

Home Phone: _____ Cell Phone: _____

SCHOOL INFO:

School: _____ Teacher(s): _____

Grade: _____ Room: _____ Grade(s) Repeated: _____ # Days Absent: _____

REASON FOR IDENTIFICATION:

Academics

- Difficulty retaining information
- Difficulty answering questions¹
- Poor comprehension¹
- Poor vocabulary¹
- Low test scores

Behavior

- Defiant
- Aggressive
- Emotional
- Disruptive
- Withdrawn
- Immature

Medical/Other

- Poor attention
- Hyperactivity
- Poor handwriting²
- Poor self-help skills^{2,3}
- Uncoordinated^{2,3}
- Medical Diagnosis: _____

Speech*

- Articulation¹
- Fluency¹
- Voice¹

DESCRIPTION OF PROBLEM: (Be specific; use additional pages if necessary) _____

STUDENT STRENGTHS:

ACADEMIC INFO:

Grade	K	1	2	3	4	5	6	7	8	9	10	11
Reading Level												

	Instructional Level	Independent Level	Current Year Report Card Grades	Test Name/Score	Test Name/Score
Reading					
Math					
Social Studies					
Science					
Behavior/Conduct					

*If **no other areas of concern** are checked, this can be considered a speech-only referral and forwarded to the Speech-Language Specialist.

¹Speech Therapist must be invited to meeting

²Occupational Therapist must be invited to meeting

³Physical Therapist must be invited to meeting

In your opinion, what factors outside of school are affecting the child's behavior: _____

Results of intervention strategies, staff observations, and parent conferences:

Teacher: _____

Signature: _____

Counselor: _____

Signature: _____

Principal: _____

Signature: _____

Please note: New Jersey Administrative Code NJAC 6A:14-3.3(c2) requires that interventions in the general education program to alleviate educational problems shall be provided to the student. The staff of the general education shall maintain written documentation of the implementation and effectiveness of the interventions.

Therefore, the following documents must be attached to this form:

- Written documentation on intervention strategies (NJAC 6:26; NJAC 6A:14-3.3a)
- Written documentation that parents have been informed of intervention strategies and received copies of those interventions. (NJAC 6A:14)
- Audiometric screening (NJAC 6:26; NJAC 6A:14-3.3g)
- Vision screening (NJAC 6:26; NJAC 6A:14-3.3h)

- A. All CST Pupil Identification Forms are to be directed through the principal's office to the Director of Special Services, Attn: Referral Clerk
- B. A conference with the IEP team (teacher, person referring the student, parent, and Child Study Team) twenty days after the receipt of the referral by the CST will be required.
- C. Medical reports may be required as part of a Child Study Team evaluation when parental consent is received.

Case Manager: _____



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Documentation of Interventions

Student Name: _____ DOB: _____ School: _____ Grade: _____
 Parent/Guardian: _____ Teacher: _____ Implementing Staff: _____

Specific Targeted Goal	Baseline Data	Intervention Implemented	Implemented By	Begin Date	End Date	Final Data	Overall Outcome

Staff Completing Form: _____

(Print)
(Signature)
(Date)

Parent/Guardian: _____

(Print)
(Signature)
(Date)

Parent/Guardian Signature serves as an assurance that the parent/guardian has received a copy of the interventions as per NJAC 6:28-3.2 (h).