

**MACOMB INTERMEDIATE SCHOOL DISTRICT
SEVERE LANGUAGE IMPAIRMENT CLASSROOM PROGRAM
Referring Teacher Input**

Student's Name _____ Grade ____ AM or PM Date _____

School _____ District _____ Teacher(s) _____

Special Education Services received _____

OT? _____ PT? _____

Describe your primary concern for this student.

Describe the student's academic strengths and weakness.

Describe this student's behavior and social strengths and weaknesses.

Describe any concerns regarding fine motor or visual motor skills. Has the student received an OT evaluation/therapy?

Is there significant family history or medical history?

_____ Preschool Students:
Please attach report card or describe progress toward preschool skills.

_____ Kindergarten and older:
Please attach results of Michigan Literacy Progress Profile (MLPP) including Oral Reading Record, Writing Sample, and digging deeper assessments (phonemic awareness, letter and sound identification, sight words)

Additional Comments: