



SAT Scotopic Sensitivity Syndrome Referral Checklist

Student Name: _____ Teacher: _____ Grade: _____

DOB: _____ Pupil ID: _____ Parent Name/Number: _____

Person Responsible	Action
Referring Party (Teacher, Parent, SAT Team)	Teacher, parent or SAT recommends Scotopic Sensitivity Syndrome screening if there are visual perceptual concerns. (Examples of Scotopic Sensitivity can include :Light Sensitivity, Strain or Fatigue, Depth Perception, Eye tracking, Slow reading rate, Headache, Ineffective reading).
SAT Team Teacher Nurse	Vision/Hearing (SAT Form LCPS VHS 1) screening to nurse ** A Vision/Hearing screening that has been conducted within six months of this referral is considered current and can be used as part of this checklist.
SAT Chair SAT Team Teacher	Print/Copy Teacher Observation Questionnaire and give to teacher to complete. Place the completed questionnaire in a newly created folder. Give Parent Consent to Screen (Irlen PC) to teacher for parent signature. Teacher returns to SAT Chair.
SAT Chair	Scores the Teacher Observation Questionnaire using the “Results and Recommendations” (p. 2). If the student meets the criteria in the “Results and Recommendations” form: <ul style="list-style-type: none"> • Refer for full Scotopic Sensitivity/Irlen Syndrome screening. • Give Prescreening Questionnaire to the teacher to complete with the student. • Place completed Prescreening Questionnaire in the student’s file. <p>--OR--</p> <p>If student does NOT meet the criteria in the “Results and Recommendations” form, then no further screening is recommended. SAT Team will determine if the child needs to continue with SAT I to make suggestions to teacher for possible interventions.</p> <p>Continue to monitor through SAT, if necessary. ***END OF CHECKLIST***</p>
SAT Chair	If it is determined that the student will need Scotopic Sensitivity/Irlen Screening, scan and send signed parent consent form along with the teacher observation form and pre-screener questionnaire to the Coordinator of Diagnostician to request further screening.

<p>District Scotopic Sensitivity/Irlen Screener</p>	<p>Schedules and Conducts screening</p> <p>Sends completed Parent Notification Letter to school SAT Chair and parent indicating if the student does or does not demonstrate Scotopic Sensitivity/Irlen Syndrome.</p> <p>If student demonstrates Scotopic Sensitivity/Irlen Syndrome: Discuss results and distribute overlays along with contact information to obtain replacement overlays.</p>
<p>SAT Chair</p>	<p>If a student does have Scotopic Sensitivity/Irlen Syndrome: --And has an IEP, the Case Manger includes accomodations in IEP --And does not have an IEP, then a 504 must be created</p> <p>If a 504 is created, please seek guidance in the Resource Documents of this manual.</p>