

Referral for Evaluation to Determine Eligibility for Special Education and Related Services

Student Information

Name: _____ Date of Birth _____ Referral Date* _____

Parents: _____ Address: _____

Parents' email address _____ Phone: _____ cell home work (circle one)

Teacher: _____ Grade: _____ School: _____

Student's Primary Language in home _____ English Language Proficiency (ACCESS): _____

Has this student ever received special education? Yes No If yes, when: _____

Has this student ever been retained? Yes No If yes, when: _____

Date of vision screening: _____ Pass Fail Action: _____

Date of hearing screening: _____ Pass Fail Action: _____

Attendance: Days absent _____ Days Tardy _____ Comments: _____

Person making referral: _____ Relationship to student: Parent Teacher Other _____

Parent(s) were contacted about the concerns on this referral on _____.

Academic areas of concern:

- Oral Expression
- Basic Reading Skills - decoding, sight words
- Pre-academics - sorting, color identification
- Other _____
- Listening Comprehension
- Reading Comprehension
- Mathematics problem solving
- Written Expression
- Reading Fluency
- Mathematics calculation

Social/Emotional areas of concern:

- Unhappiness or depression
- Following rules
- Unexplained fears
- Disrespectful
- Attention
- Task completion
- Task initiation
- Acting out
- Organization
- Other _____
- Unexplained physical symptoms (i.e. frequent complaining of headaches, stomach aches, cries easily)
- Withdrawn, isolates him/herself
- Physical aggression/tantrums
- Following oral directions
- Classroom participation
- Teasing/bullying
- Impulse control
- Peer relationships

Communication areas of concern:

- Articulation
- Language (i.e. semantics, syntax)
- Listening skills (not related to behavior)
- Other _____
- Phonological awareness
- Voice (i.e. hoarseness, breathiness, nasality, pitch)
- Stuttering (jerky speech)

Sensory/Motor areas of concern:

- Hearing
- Self-help skills (i.e. eating, toileting, washing)
- Adaptive skills (i.e. age-appropriate independence)
- Other _____
- Vision
- Fine motor (i.e. grasping, copying, cutting)
- Gross motor (i.e. walking, jumping)

Health related areas of concern:

Please attach relevant assessment and intervention data.

Action Taken:

- Evaluation recommended. Assigned to: _____
(Send Prior Notice and Consent for Evaluation Form and Procedural Safeguards.)

- No evaluation recommended at this time.
(Provide Written Prior Notice to parents of refusal to evaluate and Procedural Safeguards.)

LEA or Designee Signature

Date

Upon signing this referral, the LEA has ensured that the following criteria have been met:

- ***The student has received appropriate instruction in the regular education classroom by qualified personnel.***
- ***The student's progress has been monitored with data based, repeated assessments of achievement.***
- ***The student's parents have received documentation of the classroom interventions and results.***
- ***Research-based curriculum is delivered with fidelity.***
- ***Appropriate data-collection documentation is attached.***

*** Please note:** The special education referral date immediately affords the student and parent(s) all special education procedural safeguards. This is only a referral for an evaluation to determine eligibility for special education services. Actual eligibility for special education services is determined by a team of qualified professionals and the parent(s) only after a full and individual evaluation has been completed. The evaluation must be conducted *within 45 school days of receiving parental consent* for the evaluation.