

Student Referral For Evaluation

IDENTIFYING INFORMATION

Student Name:		DOB:	
Gender:	Grade:	Teacher:	
District:		School:	
Student Primary Language/Mode:			

BACKGROUND INFORMATION

Student lives with:	If other, specify:
Parent/Guardian:	Parent / Guardian:
Phone:	Phone:
Parent Primary Language/Mode:	Parent Primary Language/Mode:

REFERRAL INFORMATION

Referral Type:	Referred by (Name and Title):
Reason for Referral:	

MEDICAL INFORMATION

Total days tardy:	Total days absent:	
Date of vision screen:	Vision result:	Glasses:
Date of hearing screen:	Hearing result:	Hearing aid:
List medical diagnoses/health problems:		
Medications & dosage:		

ACADEMIC INFORMATION

Name of school attended	City / State	Grades/Years attended

List previous retentions: _____

List Current Grades:	Reading:	Math:	Language Arts:
	Spelling:	Social Studies:	Science:
	Other:	Other:	

Student Strengths:

Reading Core Curriculum:
Estimated Reading Level:
Basic Reading Skills (Description of present level of performance and specific concerns, if any):
Reading Fluency (Description of present level of performance and specific concerns, if any):
Reading Comprehension (Description of present level of performance and specific concerns, if any):

Math Core Curriculum:
Estimated Math Level:
Early Numeracy/Math Calculation (Description of present level of performance and specific concerns, if any):
Math Problem Solving (Description of present level of performance and specific concerns, if any):

Written Language Curriculum:

Spelling (Description of present level of performance and specific concerns, if any):

Grammar (Description of present level of performance and specific concerns, if any):

Written Expression (Description of present level of performance and specific concerns, if any):

Functional Performance (e.g. homework completion, test performance, attention to task, etc.)
Description of present level of performance and specific concerns, if any:

Communication (e.g. articulation, expressive language, receptive language, etc.)
Description of present level of performance and specific concerns, if any:

Motor Skills (Description of present level of performance and specific concerns, if any):

Social Emotional (e.g. social skills, behavior, etc.)
Description of present level of performance and specific concerns, if any:

Complete the following Intervention chart or attach an Intervention Log				
Interventions Attempted	Sessions/Minutes per week	Date Initiated	Date Ended	Outcome

PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTATION:

Benchmark scores/graph	Disciplinary Reports
Progress monitoring data/graph*	IL State Testing Results

**For Academic concerns, progress monitoring must include a minimum of 6-9 data points, collected over a minimum time frame of 6 weeks.*

Date parent was contacted regarding referral concerns, and by whom:	
_____	_____
Name of School Staff	Date

Person submitting request: _____ Date: _____

LEA Signature: _____