PURPOSE: The purpose of this form is to provide information to the team regarding the student being referred for special education services. The team will review this information and make a determination regarding whether the student will be evaluated for special education eligibility. **TURN IN COMPLETED FORM TO:**

REFERRAL FOR SPECIAL EDUCATION EVALUATION

Student name: ______________________ Date of referral: ______________________
School: ______________________ DOB: __________ Grade: __________ Gender:
Race/Ethnicity: ______________________ Primary Language in Home: ______________________
Parent Name(s) ______________________ ______________________
Is a surrogate parent needed? ☐ Yes ☐ No If yes, follow procedures for appointing a surrogate.
Person who made referral: ______________________ Position/Role: ______________________

REASON FOR REFERRAL *(check all that apply):*

Instructional Concerns	**Behavioral Concerns**
☐ Pre-literacy skills	☐ Attention and concentration
☐ Basic reading skills	☐ Non-compliance with teacher directives
☐ Pre-numeracy skills	☐ Following directions
☐ Basic math skills	☐ Easily frustrated
☐ Written language skills	☐ Extreme mood swings
☐ Cognitive learning strategies	☐ Social/peer interaction skills
☐ Expressive and Receptive Language	☐ Adaptive behavior (self-help) skills
☐ Articulation	
☐ Fine Motor	
☐ Gross Motor	
☐ Other:	☐ Other:
☐ Other:	☐ Other:
☐ No instructional concerns noted	☐ No behavioral concerns noted

For ELL only:
How many years has the student been learning English?
_____ 0-4 years ____ 4-5 years _____ 6-7 years _____ more than 7 years
Did the student have formal education in their **native** language? _______ Yes _______ No
Does the student qualify for and receive ELL services currently? _______ Yes _______ No
If yes, ELPA level: ______________
If no, did the student previously receive services and meet criteria
for exiting ELL services? ______ Yes _______ No

Parents must be contacted and informed of your concerns and proposal to refer student for possible evaluation for special education.

Date(s) of parent contact: ____

Parent input: ____

____

If unknown, leave blank

Educational History

Did the student attend preschool? ______Yes______No_______Years of Preschool

Are there, or have there been any concerns with attendance?_____ No ______ Yes

If yes, please explain: ____

____

Has the student repeated any grades?________ No _______ Yes

If yes, which grade(s)?_________________

Has the student moved school districts?________________ How many times?__________

Current performance levels, name and date of most recent assessment tool:

ATTACH MOST RECENT PROGRESS REPORT

	Assessment	Date	Score
Reading			
Writing			
Math			

Pre-referral Interventions *(PLACE A CHECK NEXT TO any current or past supplemental programs/services or interventions provided to the child, such as Title 1, early intervention services, preschool, individualized interventions, etc. Describe any scientific research-based interventions implemented and the results.):*

	ELL services		Conference with student
	Title I support/ LAP support		Conference with parent
	Extra time to complete work		Knight Card
	Modified work (shorter assign, lower level)		Behavior Plan
	Tutoring		Counseling referral
	504 Plan		Consult with other staff (teachers, admin)
	Other:		Other:

Outcome of Interventions: ____

____

____

Medical Information/Records *(describe any medical concerns currently impacting the student. Consider whether the student has any medical diagnoses, if the student is currently taking any medication at school and/or at home, is the student currently using any assistive technology devices, does the student wear glasses, does the student wear a hearing aid, etc.):*

Other Relevant Information *(describe any other relevant information from the parent, school, other agencies, etc.):*