PURPOSE: The purpose of this form is to review information regarding a student who has already been referred and to make a decision whether to evaluate the student for special education services.

REVIEW OF REFERRAL FOR SPECIAL EDUCATION EVALUATION

Student name: _____   Date district received referral: _____

Student ID #: _____   Birth date: _____   Grade: _____   Age: _____

Home School: _____   Gender: _____

Race/Ethnicity: _____   Primary Language in Home: _____

Parent/Guardian Name(s): _____   email address: _____

Address: _____   City/State/Zip: _____

Home Phone: _____   Work Phone: _____

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
☐ Communication skills	☐ Adaptive behavior skills
☐ Other:	☐ Other:
☐ Other:	☐ Other:
☐ Other:	☐ Other:
☐ No instructional concerns noted	☐ No behavioral concerns noted

Review of 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.):*

Pre-referral Interventions *(describe 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.):*

Educational History *(describe the student's educational history, including appropriate instruction in reading and math and the student's response, school attendance/absences, whether the student has ever repeated a grade, the student's English proficiency level and how it was determined, current performance levels in academic and/or functional areas (primarily those areas of concern), any home/environmental factors that might affect the student's performance in school, whether the student has been previously referred for special education services, etc.):*

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

Referral Team Recommendations:

☐ Special education evaluation recommended *(parent receives Prior Written Notice and Consent for Evaluation)*.

☐ Special education evaluation not recommended at this time *(parent receives Prior Written Notice)*.

Other Referral Team Recommendations:

Referral Team Members (including parent(s)):

Name	Position/Title

Procedural Safeguards notice must be provided to parent upon initial referral.