

**The purpose of evaluation:**

- A. Determine if a child meets WI Special Education Eligibility Criteria and need for special education.
- B. Provide information to parents regarding the developmental performance of their child.

**Madison Metropolitan School District Department of Educational Services**

***REFERRAL COLLECTION EVALUATION FORM***

Student Name:	DOB:	Gender:	Grade:
Parent Name:			
Parent Address:			
Parent Phone:			
Parent e-mail address:			
School:			
Teacher:		Phone Number:	
School Administrator:			
Date:			

**NOTE: For referral, student must have an MMSD Student Identification form; MMSD enrollment form must be attached.**

School has received consent from parent(s): \_\_\_\_\_  
Date consent provided by parent: \_\_\_\_\_

**I. Areas of concern (check the appropriate box(s): Required Field – Form will be returned if not checked.**

- \_\_\_\_\_ Academic achievement
  - \_\_\_\_\_ Reading
  - \_\_\_\_\_ Oral expression
  - \_\_\_\_\_ Academic readiness
- \_\_\_\_\_ Math
- \_\_\_\_\_ Written language
- \_\_\_\_\_ Listening comprehension
- \_\_\_\_\_ Social/Emotional Development
- \_\_\_\_\_ Motor skills
- \_\_\_\_\_ Hearing
- \_\_\_\_\_ Attention
- \_\_\_\_\_ Adaptive Skills (functional, self help, etc.)
- \_\_\_\_\_ Speech and/or language
- \_\_\_\_\_ Vision
- \_\_\_\_\_ Health/Physical status

**II. State evidence (i.e. data, assessment scores) and/or a description of the relevant characteristics (observations, parent reports) of the child that supports why there is a concern.**

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**III. Interventions tried and the student's progress.**

**IV. Suspected areas of impairment (check the appropriate box(s):**

[http://www.dpi.wi.gov/sped/pi11\\_0701.html](http://www.dpi.wi.gov/sped/pi11_0701.html) Required Field – Form will be returned if not checked.

- |  |   |
|--|---|
| <input type="checkbox"/> Autism                          | <input type="checkbox"/> Orthopedic Impairment          |
| <input type="checkbox"/> Cognitive Disability            | <input type="checkbox"/> Other Health Impairment        |
| <input type="checkbox"/> Emotional/Behavioral Disability | <input type="checkbox"/> Speech and Language Impairment |
| <input type="checkbox"/> Hearing Impairment              | <input type="checkbox"/> Traumatic Brain Injury         |
| <input type="checkbox"/> Specific Learning Disability    | <input type="checkbox"/> Visual Impairment              |
| <input type="checkbox"/> Significant Developmental Delay |   |

**V. Special factors to consider (interpreters, translators, etc.)**

Please submit electronically as an attachment to [potterson@madison.k12.wi.us](mailto:potterson@madison.k12.wi.us) or fax 204-0571  
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