

Referral for Evaluation

Student's Full Name:		SSID: 2120071810	
Date of Birth:	Gender: F	Race/Ethnicity:	
Student Represented by: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Surrogate			
Does Student Live with Parents? <input type="checkbox"/> YES <input type="checkbox"/> No			
If No, With Whom Does the Student Live?:		Relationship:	
<i>Note: If student lives with someone other than the parent, the Determination of Parent Representative for Educational Decision Making form must be completed and attached</i>			
Parent/Guardian:			
Home Address:			
Home Phone:		Work Phone:	
Primary Mode of Communication of the Student:			
Primary Mode of Communication in the Home:			
General Education Teacher:		Grade: 10	
Referring Person/Title:			

Students Full Name: Auto-populates from Census

SSID: Auto-populates from Census

Date of Birth: Auto-populates from Census

Gender: Auto-populates from Census

Race/Ethnicity: Enter the student's Race/Ethnicity as entered into Census

Student Represented by: Select who represents the student in accordance with district procedures and the Student Representative Form.

Does Student Live with Parents? Select Yes or No

If No, Whom Does the Student Live? Enter full name

Relationship: Indicate the relationship to the student with whom he/she lives.

Parent/Guardian: Auto-populates from Household Information

Home Address: Auto-populates from Household Information

Home Phone: Auto-populates from Household Information

Work Phone: Auto-populates from Household Information

Primary Mode of Communication of the Student: Enter student's primary mode of communication

Primary Mode of Communication in the Home: Enter how the student communicates in the home

General Education Teacher: Enter student's general education teacher

Grade: Enter student's grade for current year

Referring Person/Title: Enter full name and title, may be someone within school or outside the school district

Major Area(s) of Concern: Check each reason for referring this student:

Communication

- Communicates Basic Needs and Wants
- Articulation
- Knowledge of Sound/Letter Association
- Other Specify:

- Expressive Language
- Voice Quality
- Receptive Language
- Other Specify:

Academic Performance

- Oral Expression
- Written Expression
- Reading Comprehension
- Mathematics Calculation
- Other Specify:

- Listening Comprehension
- Basic Reading Skills
- Reading Fluency
- Mathematics Reasoning and Application
- Other Specify:

Health, Vision, Hearing and Motor Abilities

- Gross Motor Skills
 - Body Control
 - Locomotion
- Vision
- Developmental History
- Other Specify:

- Fine Motor Skills
 - Perceptual Motor
 - Sensory
- Hearing
- Other Specify:

Social and Emotional Status

<input type="checkbox"/> Interaction with Peers	<input type="checkbox"/> Mood Swings
<input type="checkbox"/> Interaction with Adults	<input type="checkbox"/> Repetitive Behaviors
<input type="checkbox"/> Acceptance of Rules	<input type="checkbox"/> Self Concept
<input type="checkbox"/> Acceptance of Correction	<input type="checkbox"/> Inactivity or Withdrawal
<input type="checkbox"/> Acceptance to Disappointment	<input type="checkbox"/> Cooperation
<input type="checkbox"/> Self Help Skills/Play Skills	<input type="checkbox"/> Self Control
<input type="checkbox"/> Team/Membership	<input type="checkbox"/> Expression of Feelings/Affect
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Other Specify:

General Intelligence

<input type="checkbox"/> Understanding New Concepts	<input type="checkbox"/> Predicting Events/Results
<input type="checkbox"/> Interpreting Data to Make Decisions	<input type="checkbox"/> Problem Solving
<input type="checkbox"/> Comparing/Contrasting Ideas of Objects	<input type="checkbox"/> Applying Knowledge
<input type="checkbox"/> Perceptual Discrimination	<input type="checkbox"/> Memory
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Other Specify:

Work Skills/Technical/Vocational Functioning

<input type="checkbox"/> Attending to Task	<input type="checkbox"/> Punctuality
<input type="checkbox"/> Following Directions	<input type="checkbox"/> Completing Work
<input type="checkbox"/> Independent Work Habits	<input type="checkbox"/> Organizing Materials/Belongings
<input type="checkbox"/> Seeking Assistance When Needed	<input type="checkbox"/> Using Technology to Gather/Organize Info
<input type="checkbox"/> Using Research Tools Effectively	<input type="checkbox"/> Identifying Preferences/Interests
<input type="checkbox"/> Maintaining Physical Stamina	<input type="checkbox"/> Recognizing Personal Limitations
<input type="checkbox"/> Having Realist Vocational Goals	<input type="checkbox"/> Other Specify
<input type="checkbox"/> Other Specify:	

Major Areas(s) of Concern: Check each reason for referring this student and specify when "Other" is selected. For Children 0-5 who have been identified and served through early intervention, include current concerns.

Specialized Equipment Used by Student:		
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Specialized Equipment Used by Student: Indicate any specialized equipment currently being used by the student, such as glasses, hearing aids, wheelchair, leg braces, etc.

School Information:

Number of Schools Attended to date: _____

Year and Grade:					
Days Enrolled					
Number of Absences	Excused				
	Unexcused				
Number of Tardies	Excused				
	Unexcused				
Years in School Including Current Year:	Years in Primary Program Including Current Year:	Repeated Grades:			

Number of Schools Attended to date: Enter the number of schools the child has attended, if child is less than school age, enter N/A

Year and Grade: Enter current year and grade

Days Enrolled: Enter number of days enrolled in current school for current year

Number of Absences: Enter the number of excused and unexcused absences for current year

Number of Tardies: Enter the number of excused and unexcused tardies for current year

Years in School including Current Year: Enter the number years in grades 04-12

Years in Primary Program including Current Year: Enter the number years in grades K-03

Repeated Grades: Enter number of times student repeated a grade

Summary of Most Recent Grades (Provide Current or Most Recent Grades the Student Received by Content):

Reading		English		Other		
Spelling		Science		Other		
Math		Social Studies		Other		

Summary of Most Recent Grades: Enter current or most recent grades student received for each content area

Summary of Standardized Group Test Data (Attach copies):

Achievement:	Test Name:		Date:
Reading	Math	Language	Spelling

Summary of Standardized Group Test Data: Enter current or most recent results from tests, such as, MAPS, GRADE, CTBS, G-MADE, etc.

Physical Functioning:

Attach documentation for results of each screening. (*Required when Specific Learning Disability is suspected

VISION*	HEARING*	SPEECH	MOTOR*
Screening Date: <input type="text"/>	Screening Date: <input type="text"/>	Screening Date: <input type="text"/>	Screening Date: <input type="text"/>
<input type="checkbox"/> Passed <input type="checkbox"/> Failed	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	<input type="checkbox"/> Passed <input type="checkbox"/> Failed

Describe any Existing Medical Health Conditions Below:

Is Student Currently on Medication?: Yes No Specify Type and Dosage Below:

Screening Information: Enter Screening Dates and indicate pass or fail. *Vision, Hearing and Motor screening is required when SLD is suspected.

Medical Health Conditions: Describe any existing health conditions

Medications: Indicate if student is currently on any medication, if yes, list prescription and non-prescription medications the child is currently taking on a regular basis.

Summary of Past and Present Support:

Has this student been evaluated for special education previously? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes,						
<ul style="list-style-type: none"> • When was the student evaluated? _____ • What was the suspected area of disability? _____ 						
What services is this student receiving or what services has this student received in the past? For the services below, Enter [C] if currently receiving or [P] if the service was provided in the past						
Limited English Proficient	Migrant	Title 1	Speech Language	504	Extended School Services	Gifted and Talented
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement with Outside Agency(ies): <input type="checkbox"/> Yes <input type="checkbox"/> No Agency: _____						
Describe services that are being provided to this student by agency(ies) listed above:						
<div style="background-color: #e0e0e0; width: 100%; height: 100%;"></div>						

Has student been evaluated for special education previously? Indicate if student was previously evaluated and determined ineligible OR if student previously received special education and was released

If Yes: Enter date the student was evaluated and the suspected disability

Indicate what services the student currently receives or has received in the past: C if currently receiving OR P if services provided in the past

Involvement with Outside Agencies: Indicate any agency (ies) student has been involved with, such as, Pathways, Inc., IMPACT, Comprehend, Commission for Children with Special Health Care Needs, First Steps, VIPS, etc.

Describe services provided by agencies

INTERVENTION STRATEGIES

Name: Shawn Michael Adams	DOB: 08/20/1994	School Year: _____
Grade Level: 09	Teacher: _____	
School: _____		

School Year: Enter school year in which intervention was provided

Teacher: Indicate teacher providing intervention(s)

School: Indicate school in which student received intervention(s)

Documentation of Student Progress (Scores from District Universal Screenings):

Test Name: _____			
Reading: _____	Math: _____	Language: _____	Behavior: _____
Date: _____	Date: _____	Date: _____	Date: _____
Test Name: _____			
Reading: _____	Math: _____	Language: _____	Behavior: _____
Date: _____	Date: _____	Date: _____	Date: _____

Complete this section in accordance with district procedures to document patterns of progress and Rate of Improvement.

Interventions Implemented: (Documentation of Progress Data Must be Attached)

Targeted Area	Strategies/Interventions	Start Date	End Date	Impact on Targeted Area

For children 0-5 years that have been identified and served through early intervention, include a description of interventions. For children who have not been enrolled in an early intervention program, include the parent's description of any intervention. Parent(s) are not required to document specific strategies.

Complete at ARC meeting to discuss referral:	
<input type="checkbox"/>	This referral, as reviewed by the ARC, indicates a suspected disability and there is a need for an individual evaluation.
<input type="checkbox"/>	This referral, as reviewed by the ARC, does not indicate a suspected disability and there is not a need for an Individual evaluation.
<input type="checkbox"/>	This referral, as reviewed by the ARC, does not include sufficient information to determine a suspected disability and the need to initiate a full and individual evaluation. The ARC has determined the information needed to be collected, and will reconvene on
Date of ARC Decision:	_____
Signature of LEA Representative:	_____

Check the appropriate findings, document Date of ARC Decision and Signature of LEA Representative.