

## REFERRAL FOR SPECIAL EDUCATION EVALUATION

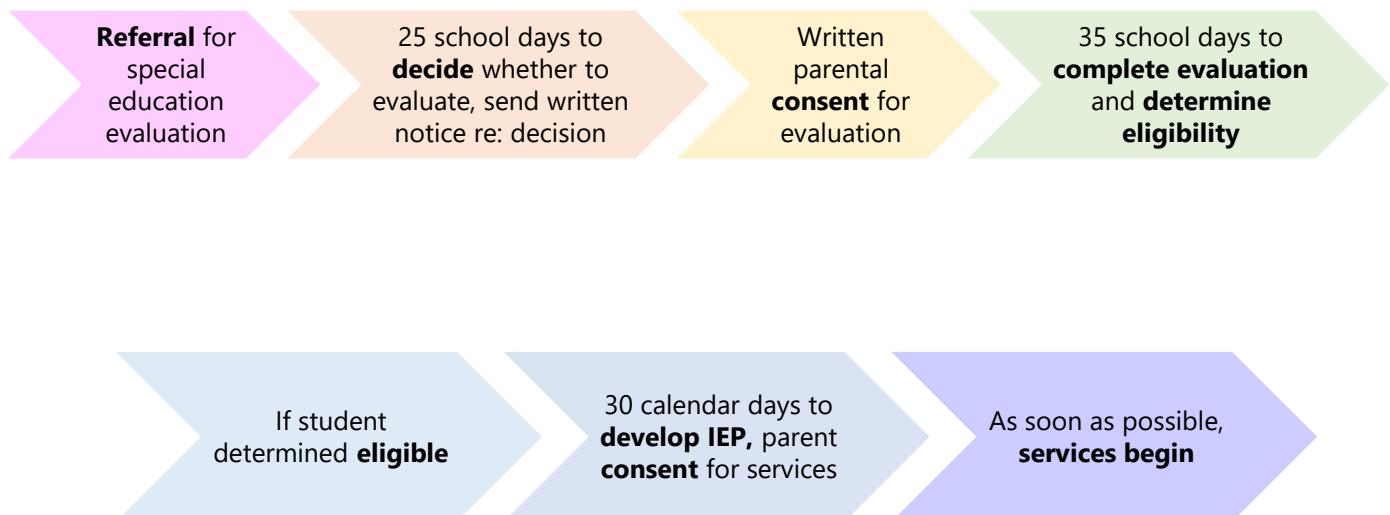
### Purpose

This form will help parents/guardians with information about a student to request a special education evaluation (also called a “special education referral”). This form is not required – any written request for evaluation is valid. It is important to note that the 25-day timeline described below starts as soon as the request is received, whether or not this form is used.

### Process

Once the district receives a written request for evaluation, they have 25 school days to review information about the student, including school and medical records and information from parents, and decide whether to evaluate the student for special education eligibility. If the district decides to evaluate, it must obtain written and informed consent from the parent prior to beginning the initial evaluation. See below for a timeline flow chart.

### Timelines for Referral, Initial Evaluation, and Initial Individualized Education Program (IEP)



## REFERRAL FOR SPECIAL EDUCATION EVALUATION

Date: \_\_\_\_\_

I would like to request a special education evaluation for the following student:

Student name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School name (if in school): \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

My name: \_\_\_\_\_ My relationship to the student: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Language(s) spoken in the home: \_\_\_\_\_

Has this student been evaluated for special education in the past?  Yes  No  I do not know

If yes, when and where was the evaluation? \_\_\_\_\_  I do not know

<b>My concerns for the student are: (check all that apply)</b>	
<b>Academic Concerns</b>	<b>Physical/Behavioral Concerns</b>
<input type="checkbox"/> Reading or understanding what is read <input type="checkbox"/> Writing (putting thoughts/ideas into written words and sentences) <input type="checkbox"/> Math (calculating or problem solving) <input type="checkbox"/> Following directions <input type="checkbox"/> Putting thoughts into spoken words (expressive communication) <input type="checkbox"/> Understanding spoken words (receptive communication) <input type="checkbox"/> Pronouncing words and sounds (articulation)	<input type="checkbox"/> Attention and concentration <input type="checkbox"/> Complying with adult directives <input type="checkbox"/> Easily frustrated <input type="checkbox"/> Extreme mood swings <input type="checkbox"/> Social/peer interaction skills <input type="checkbox"/> Motivational issues <input type="checkbox"/> Physical/motor concerns (e.g., holding a pencil, walking upstairs, bouncing a ball, etc.) <input type="checkbox"/> Adaptive skills (e.g., toileting, hygiene, personal safety skills, managing money, etc.) <input type="checkbox"/> School attendance issues
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

In the sections below, please provide additional information that you would like the district to know. This information is not required, but would be helpful to the district when determining whether to evaluate.

**Tell us more about your concerns for the student. Where do you see the student struggling?**

**What has already been tried to help the student?** *Examples could include interventions implemented as part of a multi-tiered system of supports (MTSS), Learning Assistance Program (LAP), Title I, etc.*

Support	How did this support help the student?
<input type="checkbox"/> Tutoring	
<input type="checkbox"/> Small group instruction	
<input type="checkbox"/> Behavior plan	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	

**Is there medical or health information about the student that the district should know? Does the student take any medications?**

**Is there any other information you would like to share? Is there any paperwork or other records you can share?**

Date Referral was Received: \_\_\_\_\_