



**Claiborne County School District**  
**Office of Special Services**  
404 Market Street  
Port Gibson, MS 39150

**Referral Form**

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

(Please complete the appropriate section and check the request being made)

The **Special Education Team** at \_\_\_\_\_ is requesting a Data Review Team meeting for \_\_\_\_\_.

The Special Education Team at \_\_\_\_\_ is requesting a Multidisciplinary Evaluation Team meeting for the Parent of \_\_\_\_\_.

This request is being made due to:

- Parent Request
- 3 year Re-evaluation Eligibility Date: \_\_\_\_\_ Eligibility Ruling: \_\_\_\_\_
- In-State Transfer
- Out-of-State Transfer

Please Complete the Following Information:

Parent Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

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**\*\*To Be Completed by the Child Find/Eligibility Division\*\***

Date of Receipt: \_\_\_\_\_

Date of MET: \_\_\_\_\_

Decision:

- Refer for comprehensive evaluation
- DRT recommends comprehensive re-evaluation
- DRT does not recommend comprehensive assessment, continue eligibility