



**2024 - 2025 REFERRAL REQUEST  
EQUITABLE PARTICIPATION**

PRIVATE SCHOOL: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_ DATE RCVD AT IU: \_\_\_\_\_  
REFERRED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_ PHONE # \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_  
Grade : \_\_\_\_\_ District of Residence: \_\_\_\_\_  
Student Address: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Parent Address (if different): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
School District that completed Evaluation and/or IEP: \_\_\_\_\_  
Date of Evaluation (completed on or after 12/1/19): \_\_\_\_\_ Date of IEP: \_\_\_\_\_  
Child's Disability Category: \_\_\_\_\_

**What is the student's ethnicity?**  Hispanic or Latino  Not Hispanic or Latino  
**What is the student's race?** (Select all that apply)  
 White  Black or African American  Native Hawaiian or Other Pacific Islander  
 Asian  American Indian or Alaska Native  
**Limited English Proficient:**  Yes  No  
**Residency Status:**  Resident  Ward of State  1302 (Living w/Adult other than Parent)  
 1305 (Foster Home)  1306 (e.g., Institutionalized, Group Homes, PRRI's)

<b>Consultation – Support for Teachers:</b> <input type="checkbox"/> Deaf or Hard of Hearing <input type="checkbox"/> Blind or Visually Impaired <input type="checkbox"/> Autism/Behavior <input type="checkbox"/> Occupational Therapy	<b>Instructional Coaching Requested for:</b> <input type="checkbox"/> Specific Classroom <input type="checkbox"/> Grade Level Team <input type="checkbox"/> Other <b>Contact person:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____ <b>Is an ANPS Specialist assigned to building?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Briefly describe need:</b>  <input type="checkbox"/> area of literacy <input type="checkbox"/> differentiated instruction <input type="checkbox"/> using data to improve student achievement <input type="checkbox"/> use of assessment tools <input type="checkbox"/> other: _____
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**Please attach the following documents with this referral form:**  
Evaluation Report – REQUIRED § IEP § Notice of Recommended Educational Placement (NOREP)  
**Return packet to: Equitable Participation Coordinator (see address below)**  
**Equitable Participation Coordinator will follow-up with referring principal for specific information.**

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_