

NORTH BEACH SCHOOL DISTRICT

336 State Route 115/PO Box 159

Ocean Shores, WA 98569

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

Has this student ever had or currently has a 504 Plan? ☐ Yes ☐ No ☐ I do not know

My concerns for the student are: (check all that apply)	
<u>Academic Concerns</u>	<u>Physical/Behavioral Concerns</u>
☐ Reading or understanding what is read ☐ Writing (putting thoughts/ideas into written words and sentences) ☐ Math (calculating or problem solving) ☐ Following directions ☐ Putting thoughts into spoken words (expressive communication) ☐ Understanding spoken words (receptive communication) ☐ Pronouncing words and sounds (articulation)	☐ Physical/motor concerns (e.g., holding a pencil, walking upstairs, bouncing a ball, etc.) <i>*Please provide any letters from doctors or mental health providers with the submission of this document.</i>
☐ Other:	☐ Other:
☐ Other:	☐ Other:
☐ Other:	☐ 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?
☐ Tutoring	
☐ Small group instruction	
☐ Behavior plan	
☐ Other:	
☐ 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?



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