



# Crest Memorial School

## Child Study Team

9100 Pacific Avenue ♦ Wildwood Crest, NJ 08260

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### Parent Referral Form

#### What is a Referral?

A referral is “the written request for an initial evaluation to determine whether a student is eligible for” (NJAC 6A:14-1.3) special education and related services. A referral is made when one suspects a student (age 3-21) may have a disability which may require special education services.

#### Who can make a Referral?

Referrals to the Child Study Team may come from a parent/guardian, school administrator, school staff member, a school committee such as I&RS (Intervention and Referral Services), or state agencies concerned with the welfare of the student.

#### What happens once a referral is made?

You will be contacted to schedule a meeting with the Child Study Team within 20 days of receipt of this referral.

#### General Information:

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Reason for Referral:

(Please check all that apply)

- Academic difficulties
- Behavioral concerns
- Social/emotional issues
- Speech/language difficulties
- Other (please specify): \_\_\_\_\_

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Description of Concerns:

(Please provide a brief description of your concerns and any specific incidents or observations.)

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Previous Interventions/Support:

(Please list any previous support, interventions, or assessments the student has received.)

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Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please submit this form to the Child Study Team office.\*\***

*For more information, please review NJDOE's Parental Rights in Special Education (PRISE):  
<https://www.nj.gov/education/specialed/parents/ParentalRightsinSpecialEducation2023.pdf>*