

REFERRAL FOR SPECIAL EDUCATION EVALUATION - OVERVIEW

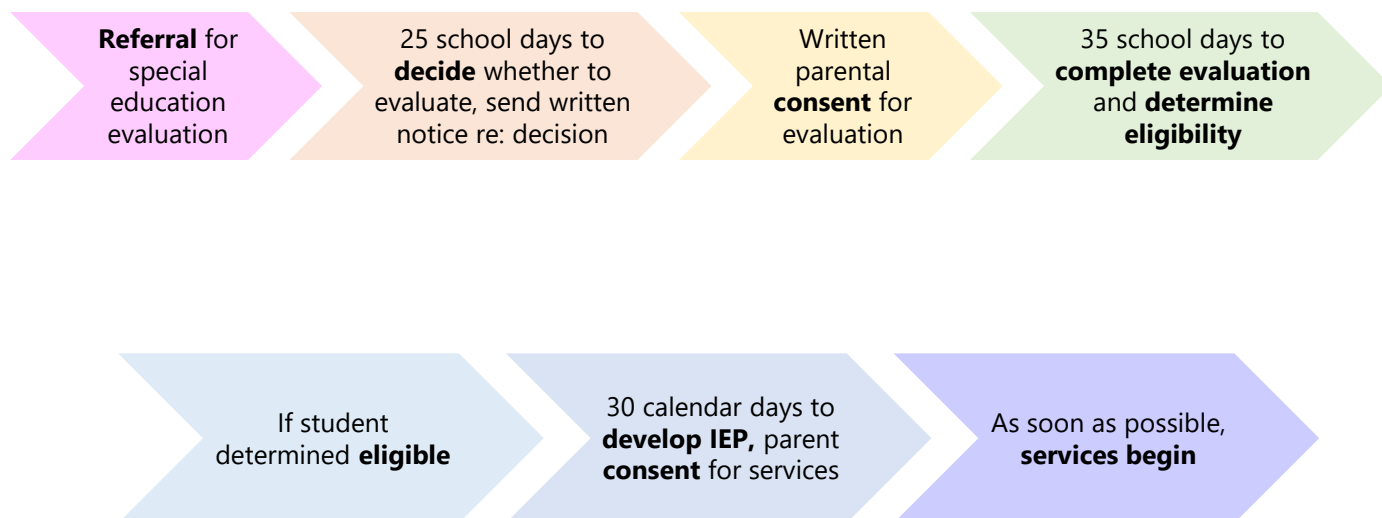
Purpose

This form will help parents, district staff, public agencies, or other people 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. Districts may follow up a verbal, email, or other written request with a request to complete this form, but may not require the referrer to complete the form prior to considering the student for evaluation. 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 in any form/format, 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

Parent has been contacted and is aware of this referral ☐ Yes Date _____

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	☐ Attention and concentration
☐ Writing (putting thoughts/ideas into written words and sentences)	☐ Complying with adult directives
☐ Math (calculating or problem solving)	☐ Easily frustrated
☐ Following directions	☐ Extreme mood swings
☐ Putting thoughts into spoken words (expressive communication)	☐ Social/peer interaction skills
☐ Understanding spoken words (receptive communication)	☐ Motivational issues
☐ Pronouncing words and sounds (articulation)	☐ Physical/motor concerns (e.g., holding a pencil, walking upstairs, bouncing a ball, etc.)
	☐ Adaptive skills (e.g., toileting, hygiene, personal safety skills, managing money, etc.)
	☐ School attendance issues
☐ 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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