

REFERRAL FORM

Child: _____ Race: _____ Sex: _____ ID# _____

Date of Birth: _____ Age: _____ Grade: _____ Public Agency: _____

Name of person(s) referring child: _____ Date: _____

Name and address of parent/guardian: _____ Phone: (Home) _____ (Work) _____

_____ Native Language/Mode of Communication of Parent:

_____ English Other (Specify) _____

_____ Interpreter Needed? Yes No

_____ Native Language/Mode of Communication of Child:

_____ English Other (Specify) _____

Description of academic/developmental, and/or behavioral performance which prompted referral:

Current program: _____

Please summarize and/or attach any additional information which would assist in determining the nature of the child's developmental/learning problems (pre-referral data/early intervening services including, but not limited to response to intervention by scientifically research based evidence; screening inventories; services; programs; home or classroom behavior checklists; existing medical, social, developmental/educational data; and/or samples of the child's work).

Has student repeated a grade? Yes No, Which grade? ____ Attendance: _____ days absent this school year (K-12)

What strategies/methods have been used to improve academic/developmental, and/or behavioral performance?

What are the child's strengths? _____

Hearing Screening: Date: _____ Results: _____ Prior Special Education Referral? Yes No

Vision Screening: Date: _____ Results: _____ When? _____

Public Agency Official/Designee Receiving Referral

(Date)