

REFERRAL CONFERENCE DECISION FORM AND NOTICE OF DECISION

Child: _____ Conference Date: _____

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

Referral Committee Members List (Include Title):

_____	_____
_____	_____
_____	_____
_____	_____

Referral Conference Decision (s): (Check those that apply)

- I. Evaluation performed in accordance with provisions set out in ADE regulatory documents governing Special Education and Related Services. The evaluation will be conducted in the child's native language/mode of communication (CHECK ONE)
- English Other (specify) _____
- A. Comprehensive Evaluation
 B. Specialized Evaluation
 C. No Evaluation Needed
- II. Child remains in current program with or without program modification(s)/ adaptation(s).
- III. Temporary placement and development of an interim IEP in accordance with procedures set out in ADE regulatory documents governing Special Education and Related Services.
- Reasons for:
- A. Diagnostic data gathering is required
 B. Observed educational needs constitute necessity for immediate intervention

Professional(s) designated responsible for implementing decision(s):

Signature of Public Agency Official/Designee

Notification Date

- Given to parent at conference Mailed to Parent