

REFERRAL FORM

Child: \_\_\_\_\_ Sex: \_\_\_\_\_ ID# \_\_\_\_\_

Race (Check all that apply):  Hispanic  American Indian/Alaskan Native  Asian  Black  Hawaiian/ Pacific Islander  White

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)