Parent Referral for Evaluation
Special Education Services

I suspect my child has a disability that adversely affects his/her educational performance and I am requesting an evaluation to determine eligibility for special education services.

Student: _____ DOB: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Phone: _____

Home Language: _____ Student Language: _____

Person Making Referral: _____ Relationship to student: _____

School: _____ Homeroom Teacher: _____

Has your student ever had a hearing screening/assessment?

☐ No. If no, I _____ ☐ Do ☐ Do not give consent for Ogden School District to
Printed Parent Name conduct a hearing screening on my student.

_____ _____
Parent Signature Date

☐ Yes, Hearing screening date: _____ Results: ☐ Pass ☐ Fail

Comments: _____ (If yes, please attach report with results)

Has your student ever had a vision screening/assessment?

☐ No. If no, I _____ ☐ Do ☐ Do not give consent for Ogden School District to
Printed Parent Name conduct a vision screening on my student.

_____ _____
Parent Signature Date

☐ Yes, Vision screening date: _____ Results: ☐ Pass ☐ Fail

Comments: _____ (If yes, please attach report with results)

I am concerned about my student's achievement in the following areas:

☐ **Reading**

Specify Concerns:

☐ **Math**

Specify Concerns:

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☐ **Written Language** (difficulty constructing a sentence, paragraph, etc.)

Specify Concerns:

☐ **Social/Behavioral** (difficulty following directions, trouble interacting with peers etc.)

Specify Concerns:

☐ **Fine Motor** (difficulty with tasks such as handwriting, cutting, coloring, etc.)

Specify Concerns:

☐ **Gross Motor** (difficulty walking upstairs, carring books, etc.)

Specify Concerns:

☐ **Sensorimotor** (difficulty with load sounds, flashing lights, etc.)

Specify Concerns:

☐ **Communication**
    ☐ Articulation (pronunciation of words, difficult to understand speech)
    ☐ Fluency (stuttering)
    ☐ Language (atypical sentence structure, difficulty understanding what is said, difficult time formulating sentences or expressing him/herself)

Specify Concerns:

☐ I have filled out and attached the completed Educational History Form.

_____
Parent/Guardian Signature

_____
Date

Office Use Only:

Received by: _____

Date: _____

Action: