



Date of Referral: \_\_\_\_\_

# Referral for Evaluation for Special Education Services

Student: \_\_\_\_\_

Aspire (SIS 1000#): \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Home Language: \_\_\_\_\_

Student Language: \_\_\_\_\_

Person Making Referral: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

School: \_\_\_\_\_

School Phone: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Teacher Phone: \_\_\_\_\_

Hearing Screening Results:  Pass  Fail

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Vision Screening Results:  Pass  Fail

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Based on the student's inadequate response to interventions, the team proposes to refer the student for a special education evaluation in the targeted areas of:  Reading  Math  Written Language  Social/Behavioral

May or may not be required for RTI:

Fine Motor (OT has been consulted)

Specify Concerns and attach work sample:

Gross Motor (PT has been consulted)

Specify Concerns and attach work sample:

Sensorimotor (OT has been consulted)

Specify Concerns and attach work sample:

Communication (SLP has been consulted)

Articulation

Fluency

Language

Specify Concerns and attach work sample:



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### Checklist of Attachments:

- Completed Student Intervention Profile Form with intervention data attached (Both Sides)
- Completed ChAT Form with intervention data attached (Both Sides)
- Home Language Survey
  - If PHLOTE:
    - English Language Proficiency Testing
    - Form A/B
- Report Cards (past three years)
- Attendance Data (current and past three years)
- District and State assessment data (past three years)

### Action Taken:

- There is school-based evidence of a possible disabling condition, which may be having an adverse impact on educational performance. Delays/deficits are not believed to be due solely to lack of instruction or limited English Language Proficiency. Evaluation is recommended.
- There is not sufficient school based evidence of a possible disabling condition adversely impacting educational performance. No evaluation is recommended at this time. (Provide notice of refusal to evaluate).

\_\_\_\_\_  
LEA or Designee Signature

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date