



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)
- Intervention data attached
- Home Language Survey

If PHLOTE:

- English Language Proficiency Testing

- 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