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| **PURPOSE:** The purpose of this form is to review information regarding a student who has already been referred and to make a decision whether to evaluate the student for special education services. |

# REVIEW OF REFERRAL FOR SPECIAL EDUCATION EVALUATION

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| Student name: |  | Date district received referral: |  |
| Student ID #:  |  | Birth date: |  | Grade: |  | Age: |  |
| Home School: |  | Gender: |  |
| Race/Ethnicity: |  | Primary Language in Home: |  |
| Parent/Guardian Name(s): |  | email address: |  |
| Address: |  | City/State/Zip: |  |
| Home Phone: |  | Work Phone: |  |
| Is a surrogate parent needed? | [ ] Yes [ ] No | If yes, follow procedures for appointing a surrogate. |
| Person who made referral: |  | Position/Role: |  |

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| REASON FOR REFERRAL *(check all that apply):* |
| **Instructional Concerns** | **Behavioral Concerns** |
| [ ]  Pre-literacy skills[ ]  Basic reading skills[ ]  Pre-numeracy skills[ ]  Basic math skills[ ]  Written language skills[ ]  Cognitive learning strategies[ ]  Communication skills | [ ]  Attention and concentration[ ]  Non-compliance with teacher directives[ ]  Following directions[ ]  Easily frustrated[ ]  Extreme mood swings[ ]  Social/peer interaction skills[ ]  Adaptive behavior skills |
| [ ]  Other:  |  | [ ]  Other:  |  |
| [ ]  Other:  |  | [ ]  Other:  |  |
| [ ]  Other:  |  | [ ]  Other:  |  |
| [ ]  No instructional concerns noted | [ ]  No behavioral concerns noted |

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| **Review of Medical Information/Records** *(describe any medical concerns currently impacting the student. Consider whether the student has any medical diagnoses, if the student is currently taking any medication at school and/or at home, is the student currently using any assistive technology devices, does the student wear glasses, does the student wear a hearing aid, etc.):* |
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| **Pre-referral Interventions** *(describe any current or past supplemental programs/services or interventions provided to the child, such as Title 1, early intervention services, preschool, individualized interventions, etc. Describe any scientific research-based interventions implemented and the results.):* |
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| **Educational History** *(describe the student’s educational history, including appropriate instruction in reading and math and the student’s response, school attendance/absences, whether the student has ever repeated a grade, the student’s English proficiency level and how it was determined, current performance levels in academic and/or functional areas (primarily those areas of concern), any home/environmental factors that might affect the student’s performance in school, whether the student has been previously referred for special education services, etc.):* |
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| **Other Relevant Information** *(describe any other relevant information from the parent, school, other agencies, etc.):* |
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**Referral Team Recommendations:**

[ ]  Special education evaluation recommended *(parent receives Prior Written Notice and Consent for Evaluation)*.

[ ]  Special education evaluation not recommended at this time *(parent receives Prior Written Notice)*.

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| **Other Referral Team Recommendations:** |
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| **Referral Team Members (including parent(s)):** |
| **Name** | **Position/Title** |
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**\*\*Procedural Safeguards notice must be provided to parent upon initial referral.\*\***

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