

SPECIAL EDUCATION REFERRAL

Student: Student Name

School: School Name

DOB: 00 / 00 / 2000 Grade: _____ Gender: _____ Ethnicity: _____

Parent/Guardian: _____

Address: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Student's Teacher(s): _____

Is this student transferring from another state with a current IEP? yes no

Vision Screening Date: 00 / 00 / 2000 Pass Fail **Far** R 20/_____ L 20/_____

Near R 20/_____ L 20/_____

Hearing Screening Date: 00 / 00 / 2000 Pass Fail _____ dB (Intensity Level) _____ Hz (Frequencies)

Comment:

I. DISCUSSION OF STUDENT'S STRENGTHS (Must address all areas.)

- A. Describe student's academic and functional skill strengths (reading, math, written language, daily living activities).

- B. Describe student's behavioral/social skill strengths.

- C. Describe student's study/work skill strengths.

- D. Describe student's communication skill strengths.

- E. Describe student's motor skill strengths (gross/fine motor).

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II. REASON(S) FOR REFERRAL/AREAS OF CONCERN

<p>Language Arts</p> <ul style="list-style-type: none"> <input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Word Identification <input type="checkbox"/> Alphabetic Knowledge <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Written Expression <input type="checkbox"/> Writing Mechanics <input type="checkbox"/> Writing Conventions <input type="checkbox"/> Vocabulary (Reading/Oral) <input type="checkbox"/> Other 	<p>Mathematics</p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic Math Facts <input type="checkbox"/> Computation <input type="checkbox"/> Problem-Solving <input type="checkbox"/> Word Problems <input type="checkbox"/> Geometry <input type="checkbox"/> Measurement <input type="checkbox"/> Probability/Data <input type="checkbox"/> Analysis <input type="checkbox"/> Math Reasoning <input type="checkbox"/> Other 	<p>Behavior/Social</p> <ul style="list-style-type: none"> <input type="checkbox"/> Noncompliance <input type="checkbox"/> Motivation <input type="checkbox"/> Lack of Motivation <input type="checkbox"/> Self-concept/Esteem <input type="checkbox"/> Peer or Adult Relationships <input type="checkbox"/> Withdrawn/Moody <input type="checkbox"/> Overactive <input type="checkbox"/> Verbally Aggressive <input type="checkbox"/> Physically Aggressive <input type="checkbox"/> Fearful/Anxious <input type="checkbox"/> Ritualistic Behaviors <input type="checkbox"/> Self-destructive <input type="checkbox"/> Overly Sensitive/Cries Easily <input type="checkbox"/> Poor Social Boundaries <input type="checkbox"/> Other
<p>Health/Medical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Visual Acuity <input type="checkbox"/> Hearing <input type="checkbox"/> Seizures <input type="checkbox"/> Overweight/Underweight <input type="checkbox"/> Tired/Listless <input type="checkbox"/> Frequently Gets Hurt <input type="checkbox"/> Diagnosed Medical Condition <input type="checkbox"/> Medication <input type="checkbox"/> Physical Complaints <input type="checkbox"/> Diagnosed Mental Health Condition <input type="checkbox"/> Other 	<p>Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Expressive Language <input type="checkbox"/> Receptive Language <input type="checkbox"/> Non-verbal <input type="checkbox"/> Articulation <input type="checkbox"/> Voice Problems <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Other 	<p>Motor</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copying <input type="checkbox"/> Handwriting <input type="checkbox"/> Walking/Running <input type="checkbox"/> Throwing/Catching <input type="checkbox"/> Fine Motor Coordination <input type="checkbox"/> Gross Motor Coordination <input type="checkbox"/> Moving from sitting to standing <input type="checkbox"/> Moving from standing to sitting <input type="checkbox"/> Transitioning from class to class <input type="checkbox"/> Frequent falls <input type="checkbox"/> Concerns with child safety <input type="checkbox"/> Commode transfer <input type="checkbox"/> Overall coordination <input type="checkbox"/> Other
<p>Study/Work Skills</p> <ul style="list-style-type: none"> <input type="checkbox"/> Disorganized <input type="checkbox"/> Making Transitions <input type="checkbox"/> Avoids Difficult Tasks <input type="checkbox"/> Following Directions <input type="checkbox"/> Completing Tasks <input type="checkbox"/> Does not work independently <input type="checkbox"/> Remaining in seat <input type="checkbox"/> Attention Span/Concentration <input type="checkbox"/> Excessive Daydreaming <input type="checkbox"/> Turning in Assignments <input type="checkbox"/> Difficulty with Memory <input type="checkbox"/> Other 	<p>Daily Living Skills</p> <ul style="list-style-type: none"> <input type="checkbox"/> Toileting <input type="checkbox"/> Dressing Self <input type="checkbox"/> Feeding Self <input type="checkbox"/> Drinking From Cup <input type="checkbox"/> Communicating Basic Wants/Needs <input type="checkbox"/> Safety (to self or others) <input type="checkbox"/> Understanding/Responding to Social Cues <input type="checkbox"/> Gullible/Naïve <input type="checkbox"/> Understanding /Responding to Environmental Cues <input type="checkbox"/> Other 	<p>Other Concerns:</p>

Person(s) Making Referral:

Student: Student Name

Grade: Grade

School: School Name

Date School Received Written Referral: 00 / 00 / 2000

III. REVIEW OF EXISTING DATA BY IEP TEAM MEMBERS (Must address all areas A-F.)

- A. Describe the instructional practices/interventions implemented to address area(s) of noted concern and state the outcomes.

- B. Describe evaluation and/or information provided by the parent.

- C. Describe results of local and state assessment data.

- D. Describe observations by teachers, related service providers, administrators.

- E. Describe information, if any, reviewed from other sources.

- F. Summarize what was learned about the student from the review of existing data listed in A – E.

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IV. IEP TEAM DETERMINATION

- No evaluation will be conducted based on the review of existing information. The special education process ceases. Explain decision not to evaluate:

Team completes *Prior Written Notice* & provides copy to parent along with the Handbook on Parents' Rights.

- Determine eligibility based solely on existing evaluation data made available to the IEP Team through the referral process. No additional data are being requested. (For preschool students consider current IFSP.) List the source(s) of existing evaluation data:

(To use this option, existing data must consist of all components required for eligibility by NC Policies Governing Programs and Services for Children with Disabilities. The IEP Team completes eligibility worksheet(s) and determination and proceeds as appropriate.) Provide parent with Handbook on Parents' Rights.

- Conduct Evaluation
What information is needed to determine if the student is or is not eligible for special education and related services? Specify what areas of information are needed:

Obtain parent permission for evaluation and provide parent with Handbook on Parents' Rights. Eligibility determination, IEP (if eligible), and placement determination must be completed within 90 days of the date that the school received the written referral. Complete compliance section below.

V. IEP TEAM. The following were present and participated in the referral meeting.

(Note with an * any team member who used alternative means to participate.)

Signature	Position	Date
		00 / 00 / 2000
		00 / 00 / 2000
		00 / 00 / 2000
		00 / 00 / 2000
		00 / 00 / 2000
		00 / 00 / 2000
		00 / 00 / 2000

NOTICE OF PROCEDURAL COMPLIANCE TO BE COMPLETED BY SCHOOL:
Based on receipt of written referral, the ninety-calendar-day timeline for placement determination is 00 / 00 / 2000.

Copy given/sent to parent(s) 00 / 00 / 2000