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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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