

Date: _____

Referral for Special Education

Student's Name: _____ Birthdate (mm/dd/yyyy) _____

School: _____ Grade: _____

Parent/Guardian Name: _____ Phone (H) _____ (W) _____

Street/P.O. Box: _____ City/State/Zip: _____

1. Check the specific area of concern. Next to each area of concern is listed the work samples, information or evidence that will help the team plan an evaluation.

- Cognitive development/mental abilities - standardized test scores, description skills, rate of learning
- Reading - phonics screening, fluency rate, unit tests, comprehension work sample, achievement test scores
- Written Language - examples of compositions (best, worst, typical), dictation, copying (near and far), spelling
- Math -work samples, achievement tests, fact fluency rates
- Communication - description of the speech or language problem
- Classroom Performance - grades in areas of concern, tests, work samples, rate of work completion
- Study Skills- description of organizational skills grades, use of texts
- Social Behavior - behavioral referrals, anecdotal history observations
- Motor Skills - description of skill level in PE or gross motor skills, writing sample or description of the fine motor skills
- Hearing
- Vision
- Self-Help Skills - description of dressing, eating, toileting skills
- Other _____

2. Evaluation file should include the following, all complete:

- Problem Solving Team Referral
- Tier II/III Intervention Profile with progress monitoring data attached
- File Review and Data Summary
- Individual Problem Solving/Planning Work Sheet

3. Action by Team:

Describe what action will be taken: _____

Who will take the action and when: _____

Indicate the date the parent was notified of the referral to Special Education _____

(mm/dd/yyyy)