

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 samples, achievement test scores
- Written Language – examples of composition (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 (receptive or expressive)
- 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 and Progress Monitoring data attached
- File Review and Data Summary
- Developmental History
- 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/yy)