



Student:	Student UID#	DOB:
School:	Grade:	Age:

## SPECIAL EDUCATION REFERRAL – School Age

Meeting Date:		Date School Received Written Referral:	
Referral Source:		Referral Source Position:	

### Parent/Guardian/Student:

Name:		Email:	
Address:		City/Zip:	
Home Phone:		Alternate Phone:	

### I. Discussion of Student's Strengths (Must address all areas.)

Describe the student's strengths in the following areas.

Reading:

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Math:

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Written Language:

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Functional Skills: (e.g. personal care, campus access/mobility, study skills, work skills)

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Behavior/Social Skills:

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Communication Skills:

**II. Review of Existing Data by IEP Team Members** (Must address all areas if data is available.)

Results of local and state assessment data:

Past and current grades:

Documentation of the scientific research-based interventions implemented to address the targeted academic, behavioral, and/or functional areas of need:

Were formal evaluation results provided by the parent/guardian?    yes    no    If yes, describe the results:

Information provided by the parent/guardian in relation to the student's current academic/functional/behavioral performance at home:

Existing Observational data collected:

Date:		Results:	
Date:		Results:	



Additional observational data provided by teachers, administrators, and other relevant school staff in relation to the student's current academic/functional/behavioral performance at school:

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Additional information (if any) reviewed from other sources: (i.e. absences, tardies, suspensions, mobility rates, out-of-state IEP, medical information)

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### Vision Screening

Is there existing Vision Screening data available?    Yes    No

Date:		Pass	Fail			Vision Screening Results Obtained:
Far	Right		Left			With Glasses or Corrective Lenses
Near	Right		Left			Without Glasses or Corrective Lenses
Both						
Comments:						

### Hearing Screening

Is there existing Hearing Screening data available?    Yes    No

Date:		Pass	Fail	dB (Intensity Level)		Hz (Frequencies)	
Comments:							

### Existing Evaluation and Screening Data

Assessment Area	Summary of Required Screenings and Evaluations (Existing data only). Any new assessment or screening for the purposes of eligibility determination requires parent/guardian/student consent.



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### III. Reason(s) for Referral/Areas of Suspected Need

Based on the existing available data, the following targeted areas of academic, behavioral, and/or functional need are noted by the team:

### IV. IEP Team Determination

**No evaluation will be conducted based on the review of existing data. The referral to special education ends.**

Explain decision not to evaluate:

**Eligibility for special education and related services is being determined by existing evaluation data made available to the IEP Team through the *Special Education Referral*. NO additional evaluation(s) are needed to determine eligibility.**

Assessment information and evaluation data used to make this determination can be found in the assessment area table. (Note: This data must meet the requirements of the eligibility worksheet(s)).

**Conduct an initial evaluation. Eligibility cannot be determined by the review of existing data.**



**Evaluation Plan**

Area(s) of Suspected Disability	
Autism	Multiple Disabilities
Deaf-Blindness	Orthopedic Impairment
Deafness	Other Health Impairment
Developmental Delay	Specific Learning Disability
Emotional Disability	Speech or Language Impairment
Hearing Impairment	Traumatic Brain Injury
Intellectual Disability	Visual Impairment (including Blindness)

**Screening(s)/Evaluation(s)**

Adaptive Behavior	Medical Evaluation	Progress Monitoring
Audiological	Motor Screening	Psychological
Braille Skills Inventory Learning Media Assessment	Motor Evaluation	Social/Developmental History
Functional Vision Assessment	Observation	Speech-Language Screening
Educational Evaluation	Ophthalmological/Optometric	Speech-Language/Communication Evaluation
Health Screening	Otological	Vocational
Other:	Other:	Other:
*Summary of Conference(s) with Parents	Review of Existing Data	Review of Rtl Documentation of Problem-Solving

*\* Required but does not require parental consent.*

*Complete the Consent for an Initial Evaluation.*

**V. IEP Team Participants**

The following individuals were present and participated in the referral to special education and IEP Team decision. (A Request to Excuse Required IEP Team Member(s) has been obtained if any of the below participants are identified as excused. Note with an \* any team member who used alternative means to participate.)

Name	Position	Date
	Parent/Guardian/Student	
	Parent/Guardian/Student	
	LEA Representative	
	Special Education Teacher	
	General Education Teacher	
	Interpreter of Instructional Implications of Evaluations	



*Provide a copy of the Prior Written Notice, Special Education Referral and Parents Rights and Responsibilities in Special Education: Notice of Procedural Safeguards to the parent.*

**A copy was given/sent to the parents on:**

Procedural Safeguard: Initial Evaluation Timeline

Using the date of the receipt of the written special education referral, the 90-day (calendar) timeline for conducting the evaluations on the evaluation plan, determining eligibility, developing an IEP for an eligible child and obtaining the Parent Consent for the Initial Provision of Services is due on or before: