



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

Commented [KH1]: This is the student's PowerSchool number.

SPECIAL EDUCATION REFERRAL – School Age

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

Commented [KH2]: This could be the name of the person who made the referral. If the referral is being made by a team, such as MTSS team, that may be used here.

Parent/Guardian/Student:

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

Commented [CAH3]: This could be "Staff", Parent, Advocate, etc.

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

Describe the student's strengths in the following areas.

Commented [KH4]: Strengths should be specific to skills of the student in relationship to their nondisabled peers. Remember all students have strengths.

Reading:

--

Math:

--

Written Language:

--

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

--

Behavior/Social Skills:

--



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:

Commented [KH5]: Document the results of any formal evaluations provided by the parent/guardian.

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

Commented [KH6]: Document the results of any other information provided by the parent/guardian.

Existing Observational data collected:

Date:		Results:	
Date:		Results:	

Commented [KH7]: This is a narrative of any pre-existing observations. Once there is a suspicion of a disability, informed parental consent is needed for further observations in regard to the suspected disability.

C: EC File, Parent/Guardian

Student UID#: _____



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:

--

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

--

Vision Screening

Is there existing Vision Screening data available? Yes No

Date:		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail			Vision Screening Results Obtained:
Far	Right		Left			<input type="checkbox"/> With Glasses or Corrective Lenses
Near	Right		Left			<input type="checkbox"/> Without Glasses or Corrective Lenses
Both						
Comments:						

Commented [KH8]: If no, skip to the next section, but be sure to include this in the evaluation plan.

Hearing Screening

Is there existing Hearing Screening data available? Yes No

Date:		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	dB (Intensity Level)		Hz (Frequencies)	
Comments:							

Commented [KH9]: If no, skip to the next section, but be sure to include this in the evaluation plan.

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.

C: EC File, Parent/Guardian

Student UID#: _____



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.

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.

Commented [KH10]: This option is selected if there is sufficient existing (current/relevant) data to determine that the student is a student with a disability. This means that all the required evaluations for the given disability category have existing data that are both current and relevant and supports the decision that the student is a student with a disability.

Commented [KH11]: When this option is selected, an Evaluation Plan must be created below.



Evaluation Plan

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

Screening(s)/Evaluation(s)

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

* Required but does not require parental consent.

Complete the Consent for an Initial Evaluation.

Commented [KH12]: Ensure that all screenings/evaluations here are included in the informed parental consent form.

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	

C: EC File, Parent/Guardian

Student UID#: _____



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:

____/____/____.