# Referral for Evaluation for Special Education Services

(USBE Rules II.B.)

District/School: Date of Referral:

Student Name: DOB: Grade:

Name/role of person making referral:

Parent(s): Phone:

Parent(s) notified of concerns on[date]:

Primary language: Student’s English proficiency:

[ ]  If primary language is not English, the results from a language proficiency assessment are attached.

Is the student receiving English language services? Yes No N/A

## Area(s) of Concern (check all that apply)

**Academic**

[ ]  Written expression

[ ]  Sentence structure

[ ]  Conventions

[ ]  Mathematics

[ ]  Calculations

[ ]  Problem solving

[ ]  Reading

[ ]  Fluency

[ ]  Decoding

[ ]  Comprehension

[ ]  Pre-academics

[ ]  Letter/number/color identification

[ ] Other:

**Adaptive**

[ ]  Self-help

[ ]  Daily living skills

[ ]  Functional communication

[ ]  Executive functioning

[ ]  Other:**Communication**

[ ]  Articulation and/or phonological awareness

[ ]  Language

[ ]  Oral expression

[ ]  Voice

[ ]  Listening comprehension

[ ]  Stuttering

[ ]  Other:

**Intellectual/Cognitive**

[ ]  Working memory

[ ]  Processing speed

[ ]  Other:

**Sensory/Motor**

[ ]  Hearing

[ ]  Vision

[ ]  Fine motor

[ ]  Gross motor

[ ]  Other:**Social/Behavioral**

[ ]  Attention

[ ]  Task completion

[ ]  Following directions

[ ]  Withdrawn

[ ]  Acting out

[ ]  Peer relationships

[ ]  Adult relationships

[ ]  Other:

**Other:**

## Other Information

Previous formal and/or informal assessment(s):

Date(s):

Results:

Has this student ever received special education? Yes No If yes, when?

Date of vision screening: Pass Fail Action:

Date of hearing screening: Pass Fail Action:

Attendance: Problem No Problem Comments:

Mental/Physical Health: Problem No Problem Comments:

Additional information/comments:

## Next Steps

Special education evaluation recommended. Assigned to:

(Send Prior Written Notice (PWN) and Consent for Evaluation Form to parent(s)/student who is an adult)

No special education evaluation recommended at this time.

(Send Prior Written Notice of Refusal to Evaluate if referral from parent(s)/student who is an adult)