

REFERRAL FOR COMPREHENSIVE EDUCATIONAL EVALUATION

STUDENT INFORMATION

Student's Name	Initials	Birth Date	Age	Gender	Grade	Today's Date
Parent/Guardian Name	Parent/Guardian Address		Home Phone:			
			Work Phone:			
Primary language of the student's home:	School District		School:			
English _____ Other: _____			Teacher:			

CURRENT EDUCATION PROGRAM

- | | | |
|--|--|---|
| <input type="checkbox"/> General Education | <input type="checkbox"/> Early Intervention Services | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Title 1 for: _____ | <input type="checkbox"/> School Counseling | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Limited English Proficiency | <input type="checkbox"/> Gifted/Talented Program | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | |

IDEA PART C EARLY INTERVENTION (IF STUDENT RECEIVES OR HAS RECEIVED PART C SERVICES)

Date School Staff Met with Family: _____

School Staff Attending: _____

Agency: _____ Family Support Specialist: _____

Results: _____

PRESCHOOL SCREENING INFORMATION (FOR STUDENTS AGES 3-6 ONLY)

Screening Date: _____ Test Name: _____ Location: _____

Results: _____

STUDENT PERFORMANCE ON STANDARDIZED GROUP ACHIEVEMENT TESTS:

Test Date: _____ Test Name: _____ School: _____

Results: _____

STUDENT CLASSROOM PERFORMANCE SUMMARY

Yes No

 Student receives passing grades in all subject areas. If no, the student is currently failing in subject areas: _____ Student has been retained. If yes, student was retained in grade(s): _____ Student has received disciplinary action for inappropriate behavior. If yes, please explain or attach record: _____ Student's absences have affected classroom performance. If yes, please explain.

GENERAL EDUCATION / OTHER INTERVENTIONS

Dates	Implemented By	Intervention	Results of Intervention

SPECIFIC REASONS FOR REFERRAL FOR EVALUATION

Why is the student being referred for a comprehensive educational evaluation?

The student may have a disability which adversely affects the student's educational performance to the degree which requires special education and related services. The areas of concern that may need further evaluation are:

- | | | | |
|---|--|-------------------------------------|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Assistive Technology/Services | <input type="checkbox"/> Behavioral | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Limited English Proficiency | <input type="checkbox"/> Physical | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Other: _____ | | |

Printed Name of person making referral: _____

Signature of person making referral: _____ Date: _____

- Parent District

The public agency shall give the parent a copy of the child's Referral for Comprehensive Evaluation document at no cost to the parent.