



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 need further evaluation are:

- Academic Assistive Technology/Services Behavioral Communication
- Developmental Limited English Proficiency Physical Psychological
- Social/Emotional Other: _____

Signature of person making referral: _____ Date: _____