

## REFERRAL FOR COMPREHENSIVE EDUCATIONAL EVALUATION

The purpose of this form is to assist parents, public agencies, local educational agency (LEA) staff or others in referring a student for a comprehensive educational evaluation. This form also assists the LEA in gathering information on the student to make a determination on conducting a comprehensive educational evaluation to evaluate for special education eligibility. If a parent or other referrer submits a request for an initial evaluation without using this form, the LEA may follow up and request information to complete the form but may not require that it is completed prior to considering the student for an initial evaluation.

REFERRER INFORMATION						
Today's date:						
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Printed name of person making referral:						
Has the LEA already received a request for initial evaluation in another format? Yes 🗌 No 🗌						
If yes, date request was received:						
STUDENT INFORMATION						
Student's Name:	Initials:	Birth	Age:	Gender:	Grade:	
Student's Name.	iiiiiais.	Date:	Age.	Gender.	Grade.	
		Bato.				
Parent/Guardian Name: Parent/Guardian Address:		ess:	Home Phone:			
				Work Phone:		
Primary language of the student's	School District:		School:			
home:						
English: Other:				Teacher:		
Interpreter needed: Yes No		e : a	10.17			
Has this student been evaluated for special education in the past? Yes \( \text{No} \) I don't know \( Instantantantantantantantantantantantantant						
If yes, please provide when and any additional information regarding that evaluation:						

Specific Reasons for Referral for Evaluation				
It is suspected that the student has a disability which adversely affects the student's educational				
performance to the degree which requires special education and related services. Why is the student				
being referred for a comprehensive educational evaluation? Please include specific areas of concern,				
when possible, e.g. academics, social emotional, behavioral, physical, communication,				
independence, developmental.				
CURRENT EDUCATION PROGRAMS (SELECT ALL THAT APPLY)				
CORRENT EDUCATION FROGRAMS (SELECT ALL THAT APPLI)				
☐ General Education ☐ Early Intervention Services ☐ Head Start				
☐ Title 1 for: ☐ School Counseling ☐ Private School				
Limited English Proficiency Gifted/Talented Program None				
Other:				
REGULAR EDUCATION INTERVENTIONS				
If available, describe any current or past interventions provided to the student and the results:				

	EDUCATIONAL HISTORY				
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):			
		Students have received disciplinary action for inappropriate behavior. If yes, please explain or attach record:			
		Student's absences have affected classroom performance. If yes, please explain:			
		Other relevant educational history:			
	de any tudent:	additional information that might be helpful for the LEA to determine whether to evaluate			
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If a p	Signature of the person making the referral:  If a parent submits a request for an initial evaluation without using this form, the LEA may follow up and request information to complete the form but may not require that it is completed prior to considering the student for an initial evaluation.				
		NEXT STEPS FOR THE LEA			
0	If an every them of the	must determine if they will recommend an evaluation: valuation is recommended, an evaluation plan must be provided to the parent notifying f the assessments the LEA intends to conduct and requesting the parent's written ed consent; or istrict is not going to proceed with an evaluation, the District must provide a stand-alone ritten notice to the parent.			
no	cost to	shall give the parent a copy of this Referral for Comprehensive Evaluation document at o the parent.  If the IDEA Special Education Part B Procedural Safeguards Notice must be provided to			

the parent upon receipt of the initial referral.