

Harney ESD Region XVII
Department of Special Education

Special Education Student Referral

Referral Initiated By _____ Phone: _____ Date: _____

Student Name: _____ Date of Birth: _____ Grade: _____ Gender: _____

Attending School: _____ Primary Language: _____

Parent/Guardian: _____ Phone: _____ Address: _____

REFERRAL REQUEST

- Section 504 Education Plan
- Initial Speech/Language Assessment
- Re-evaluation
- Special Evaluation
- Other:

AREAS OF CONCERN

Check the specific area of concern. Please provide the team with any information or evidence that will help the team plan an evaluation.

- | | |
|---|---|
| <input type="checkbox"/> Classroom Performance | <input type="checkbox"/> Self-Help Skills |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Social Behavior |
| <input type="checkbox"/> Cognitive development/mental abilities | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Math | <input type="checkbox"/> Written Language |
| <input type="checkbox"/> Motor Skills | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Reading | |

REASON FOR REFERRAL

State specifically the reason for the referral:

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Educational Assessment

A. Background Information

1. Does the student have any identified disabilities present? Yes No
If yes, specify:
2. What is the student's mode of communication?
3. List the most recent standardized test scores, including subscores available in all areas, results from curriculum-based assessments or alternative assessments. Include, at minimum, reading and math scores.

Test Name	Date	Points/Points Possible

4. List the schools attended (include months, years attended).

5. Describe any known health issues.

B. Current Information

1. Attendance: Number of days present/total days possible: /
 Number of days tardy (more than 5-10 min late):
2. Describe strengths of the student in classroom performance (academic subjects, writing skills, extra-curricular)
3. Describe weaknesses of the student:
4. Describe behavior (include chronology and frequency of behavior, and settings or time of day it seems worse).

C. Intervention Strategies

1. Describe what has been done.
2. If the child has participated in pre-referral attach all relevant documentation.

D. Conferences with Parent/Guardian

Please list dates of conferences with the student's parent/guardian. Note any specific concerns that came up.

- | | | |
|----------|----------|--|
| 1. _____ | 4. _____ | Concerns: |
| 2. _____ | 5. _____ | |
| 3. _____ | 6. _____ | Date parent was notified of referral _____ |

Teacher Signature _____ **Date** _____

Comments: