

Enter District Name Here
 Enter School Name Here
Referral for Multi-Disciplinary Evaluation

Student's Full Name:		SSID:	
Date of Birth:	Gender:	Race/Ethnicity:	
Student Represented by: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Surrogate			
Does Student Live with Parents? <input type="checkbox"/> YES <input type="checkbox"/> No			
If No, With Whom Does the Student Live?:		Relationship:	
Note: If student lives with someone other than the parent, the <i>Determination of Parent Representative for Educational Decision Making</i> form must be completed and attached			
Parent/Guardian:			
Home Address:			
Home Phone:		Work Phone:	
Primary Mode of Communication of the Student:			
Primary Mode of Communication in the Home:			
General Education Teacher:		Grade:	
Referring Person/Title:			

Major Areas(s) of Concern: Check each reason for referring this student:

Communication

- | | |
|--|--|
| <input type="checkbox"/> Communicates Basic Needs and Wants | <input type="checkbox"/> Expressive Language |
| <input type="checkbox"/> Articulation | <input type="checkbox"/> Voice Quality |
| <input type="checkbox"/> Knowledge of Sound/Letter Association | <input type="checkbox"/> Receptive Language |
| <input type="checkbox"/> Other Specify: | <input type="checkbox"/> Other Specify: |

Academic Performance

- | | |
|--|--|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Listening Comprehension |
| <input type="checkbox"/> Written Expression | <input type="checkbox"/> Basic Reading Skills |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Reading Fluency |
| <input type="checkbox"/> Mathematics Calculation | <input type="checkbox"/> Mathematics Reasoning and Application |
| <input type="checkbox"/> Other Specify: | <input type="checkbox"/> Other Specify: |

Health, Vision, Hearing and Motor Abilities

- | | |
|--|--|
| <input type="checkbox"/> Gross Motor Skills | <input type="checkbox"/> Fine Motor Skills |
| <input type="checkbox"/> Body Control | <input type="checkbox"/> Perceptual Motor |
| <input type="checkbox"/> Locomotion | <input type="checkbox"/> Sensory |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Developmental History | <input type="checkbox"/> Other Specify |
| <input type="checkbox"/> Other Specify | |

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Social and Emotional Status

- | | |
|---|---|
| <input type="checkbox"/> Interaction with Peers
<input type="checkbox"/> Interaction with Adults
<input type="checkbox"/> Acceptance of Rules
<input type="checkbox"/> Acceptance of Correction
<input type="checkbox"/> Acceptance to Disappointment
<input type="checkbox"/> Self Help Skills/Play Skills
<input type="checkbox"/> Team/Membership
<input type="checkbox"/> Other Specify: | <input type="checkbox"/> Mood Swings
<input type="checkbox"/> Repetitive Behaviors
<input type="checkbox"/> Self Concept
<input type="checkbox"/> Inactivity or Withdrawal
<input type="checkbox"/> Cooperation
<input type="checkbox"/> Self Control
<input type="checkbox"/> Expression of Feelings/Affect
<input type="checkbox"/> Other Specify: |
|---|---|

General Intelligence

- | | |
|---|---|
| <input type="checkbox"/> Understanding New Concepts
<input type="checkbox"/> Interpreting Data to Make Decisions
<input type="checkbox"/> Comparing/Contrasting Ideas of Objects
<input type="checkbox"/> Perceptual Discrimination
<input type="checkbox"/> Other Specify: | <input type="checkbox"/> Predicting Events/Results
<input type="checkbox"/> Problem Solving
<input type="checkbox"/> Applying Knowledge
<input type="checkbox"/> Memory
<input type="checkbox"/> Other Specify: |
|---|---|

Work Skills/Technical/Vocational Functioning

- | | |
|--|--|
| <input type="checkbox"/> Attending to Task
<input type="checkbox"/> Following Directions
<input type="checkbox"/> Independent Work Habits
<input type="checkbox"/> Seeking Assistance When Needed
<input type="checkbox"/> Using Research Tools Effectively
<input type="checkbox"/> Maintaining Physical Stamina
<input type="checkbox"/> Having Realist Vocational Goals
<input type="checkbox"/> Other Specify | <input type="checkbox"/> Punctuality
<input type="checkbox"/> Completing Work
<input type="checkbox"/> Organizing Materials/Belongings
<input type="checkbox"/> Using Technology to Gather/Organize Info
<input type="checkbox"/> Identifying Preferences/Interests
<input type="checkbox"/> Recognizing Personal Limitations
<input type="checkbox"/> Other Specify |
|--|--|

Specialized Equipment Used by Student:		
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School Information:

Number of Schools Attended to date:

Year and Grade:					
Days Enrolled					
Number of Absences	Excused				
	Unexcused				
Number of Tardies	Excused				
	Unexcused				

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Years in School Including Current Year:	Years in Primary Program Including Current Year:	Repeated Grades:

Summary of Most Recent Grades (Provide Current or Most Recent Grades the Student Received by Content):

Reading		English		Other		
Spelling		Science		Other		
Math		Social Studies		Other		

Summary of Standardized Group Test Data (Attach copies):

Achievement	Test Name:		Date:
Reading	Math	Language	Spelling

Physical Functioning:

Attach documentation for results of each screening.

VISION	HEARING	MOTOR	SPEECH
<i>Required for all students referred for special education</i>		<i>Required when Specific Learning Disability suspected and as determined by the ARC</i>	<i>Required as Determined by the ARC</i>
Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed

Describe any Existing Medical Health Conditions Below:

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Is Student Currently on Medication?: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify Type and Dosage Below:

Summary of Past and Present Support:

Has this student been evaluated for special education previously? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, <ul style="list-style-type: none"> • When was the student evaluated? • What was the suspected area of disability? 						
What services is this student receiving or what services has this student received in the past? For the services below, Enter [C] if currently receiving or [P] if the service was provided in the past						
Limited English Proficient	Migrant	Title 1	Speech Language	504	Extended School Services	Gifted and Talented

Involvement with Outside Agency(ies): <input type="checkbox"/> Yes <input type="checkbox"/> No Agency:
Describe services that are being provided to this student by agency(ies) listed above:

_____ Signature of District Representative

_____ Date received by District Representative

_____ Referring Person's Signature

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INTERVENTION STRATEGIES

Name:	DOB:	School Year:
Grade Level:	Teacher:	
School:		

Documentation of Student Progress (Scores from District Universal Screenings):

Test Name:			
Reading:	Math:	Language:	Behavior:
Date:	Date:	Date:	Date:
Test Name:			
Reading:	Math:	Language:	Behavior:
Date:	Date:	Date:	Date:

Interventions Implemented: (Documentation of Progress Data Must be Attached)

Targeted Area	Strategies/Interventions	Start Date	End Date	Impact on Targeted Area

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Admissions and Release Committee (ARC) Use Only – Decision of the ARC:

Complete at ARC meeting to discuss referral:	
<input type="checkbox"/> This referral, as reviewed by the ARC, indicates a suspected disability and there is a need for an individual evaluation.	
<input type="checkbox"/> This referral, as reviewed by the ARC, does not indicate a suspected disability and there is not a need for an Individual evaluation.	
<input type="checkbox"/> This referral, as reviewed by the ARC, does not include sufficient information to determine a suspected disability and the need to initiate a full and individual evaluation. The ARC has determined the information needed to be collected, and will reconvene on	
Date of ARC Decision:	
Signature of LEA Representative:	