

Referral for Evaluation for Special Education

Section I: To be filled out by the person making the referral (or LEA staff documenting an oral referral)

Name of person making the referral:		Relationship to the child:	Today's Date (<i>or oral referral date</i>):
Name of child:		Child's date of birth:	School:
If referral was made orally:	Date form completed (<i>to document receipt of oral referral</i>):	Name of staff member completing this form (<i>to document receipt of oral referral</i>):	Job title of staff completing this form (<i>to document receipt of oral referral</i>):

Please state reason(s) you believe this child has a disability and may be in need of special education and related services (e.g., academic and non-academic performance data, medical information, child's response to any interventions used to address this student's needs, etc.).

Section II: To be filled out by the LEA

Date LEA received form:		Name of staff member(s) reviewing this form:		Job title of staff member(s):	
If referral was made by someone other than the parent:	Name of child's parent or legal guardian:		Parent/guardian address, email address, and telephone:		
	Date parent was notified of LEA's receipt of this referral:	Name and job title of staff member who contacted parent:	Parent contact method: <input type="checkbox"/> In person / conference <input type="checkbox"/> Phone call <input type="checkbox"/> Written (letter/email) <input type="checkbox"/> Other _____		
Parent's and/or student's native language or other primary mode of communication if other than English (specify):				Is an interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Next steps by LEA:					