

Special Education Referral

Name: ID#: Date of Birth:
Age: Grade: School/Site:

Name of Person(s) Referring Child: Date of Referral:

Name and Address of Parent/Guardian: Interpreter Needed?
 Yes No

Parent's Phone Number: Native Language/Mode of Communication of Child:
 English Other (specify):
Native Language/Mode of Communication of Parent:
 English Other (specify):

Describe academic/developmental and/or behavioral performance that prompted referral:

Describe the child's strengths:

Summarize and/or attach any additional information that would assist in determining the nature of the child's developmental/learning problems (pre-referral data/early intervening services including, but not limited to, response to intervention data; screening inventories; intervention services; home or classroom behavior checklists; existing medical, social, developmental/educational data; and/or samples of the child's work):

Has the student repeated a grade? <input type="radio"/> Yes <input type="radio"/> No If yes, which grade? <input type="text"/>	Days absent this school year: <input type="text"/> Has the student been suspended or expelled this school year? <input type="radio"/> Yes <input type="radio"/> No If yes, how many days? <input type="text"/>
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Has the student previously been referred for a Special Education evaluation? Yes No
If yes, provide information, if available:

For District Staff Only:
Date of vision screening
Date of hearing screening

Public Agency Official/Designee Receiving Referral:

Name:

Referral Conference Decision

Referral Conference Decision Date:

Comprehensive Evaluation

Specialized Evaluation

Other (specify):

No Evaluation Needed

Parent Rights Under IDEA

· https://arksped.k12.ar.us/rules_regs_08/RevisionstoRulesandRegulationJuly2010/YOUR%20RIGHTS%20UNDER%20THE%20IDEA.pdf

· https://arksped.k12.ar.us/rules_regs_08/RevisionstoRulesandRegulationJuly2010/Spanish/Your%20Rights%20Under%20the%20IDEA%20-%20Spanish.pdf (Spanish version)

Rights were presented

Method of provision:

In person

By Mail

E-mail

Referral Committee Member List

	Parent(s)
	Teacher
	Principal or Designee
	Other:

Signature of Public Agency Representative: _____