

### 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:

Native Language/Mode of Communication of Parent:  
 English  Other (specify):

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?  Yes  No  
If yes, which grade?

Days absent this school year:   
Has the student been suspended or expelled this school year?  
 Yes  No  
If yes, how many days?

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.ade.arkansas.gov/rules\\_regs\\_08/RevisionstoRulesandRegulationJuly2010/YOUR%20RIGHTS%20UNDER%20THE%20IDEA.pdf](https://arksped.ade.arkansas.gov/rules_regs_08/RevisionstoRulesandRegulationJuly2010/YOUR%20RIGHTS%20UNDER%20THE%20IDEA.pdf)

· [https://arksped.ade.arkansas.gov/rules\\_regs\\_08/RevisionstoRulesandRegulationJuly2010/Spanish/Your%20Rights%20Under%20the%20IDEA%20-%20Spanish.pdf](https://arksped.ade.arkansas.gov/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

Referral Committee Member List	
	Parent(s)
	Teacher
	Principal or Designee
	Other:

Signature of Public Agency Representative: \_\_\_\_\_