

**REQUEST FOR STUDENT EVALUATION**

      Referral to Committee on Special Education

      Referral to 504 Committee

Student Name:       Date of birth:

Parent/Guardian:

Address:

Telephone:

School:       Grade:       Referred by:       Date:

**Please note, CSE Referrals must include reason for the referral, test results, records or reports, intervention services, programs or methodologies used to remediate the student’s performance prior to referral, or state reasons why no such attempts were made. Extent of prior contract with parent/guardian must also be included**

REASON(s) FOR REFERRAL (basis for suspecting disability):

What are the student’s demonstrated levels of performance in the following areas? (Grades, scores, Running Record, teacher observations, incident reports, writing samples included here):

* Reading:
* Math:
* Writing (written expression/handwriting):
* Intellectual/Cognitive (Attention to learning activities, ability to follow directions, understand concepts, pace of learning, problem solving, organizational skills):
* Communication Skills:
* Social/Behavioral:

Are you aware of any physical or medical difficulties which may interfere with learning or functioning in the school setting?

What interventions/strategies have been provided for this student and what were responses to interventions? (Please describe in detail.)

What additional school and/or community resources have been utilized to assist this student?

Have you discussed your concerns with this student’s parents/guardians? (Please indicate date of contact and parent/guardian response, concerns, comments, and suggestions):

Have you met with parents/guardians? Date:       Are parents/guardians in favor of referral for evaluation?

      yes       no

\*\*ATTACH IST MEETING MINUTES

Evaluations/screenings requested by IST:

|  |
| --- |
| Speech and Language Evaluation  Occupational Therapy Screening / Evaluation  Physical Therapy Screening / Evaluation  Counseling Assessment  Other: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher Signature Date**

**Please Forward Completed Request for Referral to Building Principal**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal Signature Date**

**Principal:** Please forward this request to the Coordinator of Special Education immediately