

PURPOSE: The purpose of this form is to review information regarding a student who has already been referred and to make a decision whether to evaluate the student for special education services.

## Review of Referral for Special Education Evaluation

Student name: Jason Patterson Date district received Referral: 11/14/2008

Student #: 49 Birth Date: 2/6/2002 Grade: 1 Age: 6 y 9 m

Home school: \_\_\_\_\_ Gender: M

Race/Ethnicity: \_\_\_\_\_ Primary Language in Home: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Parent Address: 4690 Edsel Road City: City Of Commerce St: CA Zip: 90040

Parent Work: \_\_\_\_\_ Parent Home: 818-404-0831

Is a surrogate parent needed?  Yes  No If yes, follow procedures for appointing a surrogate.

Referred by: \_\_\_\_\_ Position/Role: \_\_\_\_\_

| <b>Reason for Referral (check all that apply):</b>  |  |
|---|--|
| Instructional Concerns  | Behavioral Concerns  |
| <input type="checkbox"/> Pre-literacy skills<br><input type="checkbox"/> Basic reading skills<br><input type="checkbox"/> Pre-numeracy skills<br><input type="checkbox"/> Basic math skills<br><input type="checkbox"/> Written language skills<br><input type="checkbox"/> Cognitive learning strategies<br><input type="checkbox"/> Communication skills<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> No instructional concerns noted | <input type="checkbox"/> Attention and concentration<br><input type="checkbox"/> Non-compliance with teacher directives<br><input type="checkbox"/> Following directions<br><input type="checkbox"/> Easily frustrated<br><input type="checkbox"/> Extreme mood swings<br><input type="checkbox"/> Social/peer interaction skills<br><input type="checkbox"/> Adaptive behavior skills<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> No behavioral concerns noted |

**Review of Medical Information/Records** (describe any medical concerns currently impacting the student. Consider whether the student has any medical diagnoses, if the student is currently taking any medication at school and/or at home, is the student currently using any assistive technology devices, does the student wear glasses, does the student wear a hearing aid, etc.):

**Pre-referral Interventions** (describe any current or past supplemental programs/services or interventions provided to the child, such as Title 1, early intervention services, preschool, individualized interventions, etc. Describe any scientific research-based interventions implemented and the results.):

**Educational History** (describe the student's educational history, including appropriate instruction in reading and math and the student's response, school attendance/absences, whether the student has ever repeated a grade, the student's English proficiency level and how it was determined, current performance levels in academic and/or functional areas (primarily those areas of concern), any home/environmental factors that might affect the student's performance in school, whether the student has been previously referred for special education services, etc.):

**Other Relevant Information** (describe any other relevant information from the parent, school, other agencies, etc.):

**Referral Team Recommendations:**

- Special education evaluation recommended (*parent receives Prior Written Notice and Consent for Evaluation*).
- Special education evaluation not recommended at this time (*parent receives Prior Written Notice*).

**Other Referral Team Recommendations:**

**Referral Team Members (including parent(s)):**

| <b>Name</b>  | <b>Position/Title</b> |
|--------------|-----------------------|
| John Newhoff | Special Ed Teacher    |
| _____        | _____                 |
| _____        | _____                 |
| _____        | _____                 |
| _____        | _____                 |
| _____        | _____                 |

**\*\*Procedural Safeguards notice must be provided to parent upon initial referral.\*\***