# Referral for Evaluation for Special Education Services

(USBE Rules II.B.)

District/School: Date of Referral:

Student Name: DOB: Grade:

Name/role of person making referral:

Parent(s): Phone:

Parent(s) notified of concerns on[date]:

Primary language: Student’s English proficiency:

If primary language is not English, the results from a language proficiency assessment are attached.

Is the student receiving English language services? Yes No N/A

## Area(s) of Concern (check all that apply)

**Academic**

Written expression

Sentence structure

Conventions

Mathematics

Calculations

Problem solving

Reading

Fluency

Decoding

Comprehension

Pre-academics

Letter/number/color identification

Other:

**Adaptive**

Self-help

Daily living skills

Functional communication

Executive functioning

Other:**Communication**

Articulation and/or phonological awareness

Language

Oral expression

Voice

Listening comprehension

Stuttering

Other:

**Intellectual/Cognitive**

Working memory

Processing speed

Other:

**Sensory/Motor**

Hearing

Vision

Fine motor

Gross motor

Other:**Social/Behavioral**

Attention

Task completion

Following directions

Withdrawn

Acting out

Peer relationships

Adult relationships

Other:

**Other:**

## Other Information

Previous formal and/or informal assessment(s):

Date(s):

Results:

Has this student ever received special education? Yes No If yes, when?

Date of vision screening: Pass Fail Action:

Date of hearing screening: Pass Fail Action:

Attendance: Problem No Problem Comments:

Mental/Physical Health: Problem No Problem Comments:

Additional information/comments:

## Next Steps

Special education evaluation recommended. Assigned to:

(Send Prior Written Notice (PWN) and Consent for Evaluation Form to parent(s)/student who is an adult)

No special education evaluation recommended at this time.

(Send Prior Written Notice of Refusal to Evaluate if referral from parent(s)/student who is an adult)