



**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/504/OTHER EVALUATION**

Student name: \_\_\_\_\_ Date district received referral: \_\_\_\_\_  
 Student ID #: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
 Home School: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Race/Ethnicity: \_\_\_\_\_ Primary Language in Home: \_\_\_\_\_  
 Parent/Guardian Name(s): \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Is a surrogate parent needed?  Yes  No If yes, follow procedures for appointing a surrogate.  
 Person who made referral: \_\_\_\_\_ Position/Role: \_\_\_\_\_

<b>REASON FOR REFERRAL (check all that apply):</b>	
<u>Instructional Concerns</u>	<u>Behavioral Concerns</u>
<input type="checkbox"/> Pre-literacy skills	<input type="checkbox"/> Attention and concentration
<input type="checkbox"/> Basic reading skills	<input type="checkbox"/> Non-compliance with teacher directives
<input type="checkbox"/> Pre-numeracy skills	<input type="checkbox"/> Following directions
<input type="checkbox"/> Basic math skills	<input type="checkbox"/> Easily frustrated
<input type="checkbox"/> Written language skills	<input type="checkbox"/> Extreme mood swings
<input type="checkbox"/> Cognitive learning strategies	<input type="checkbox"/> Social/peer interaction skills
<input type="checkbox"/> Communication skills	<input type="checkbox"/> Adaptive behavior skills
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> No instructional concerns noted	<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.
- Special education evaluation not recommended at this time.
- Other: \_\_\_\_\_

Referral Team Members (including parent, if participating):		
Name	Position/Title	Date

**School District Decision:**

- The District will conduct a Special education evaluation *(parent receives Prior Written Notice and Consent for Evaluation)*.
- The District will not conduct a Special education evaluation not recommended at this time *(parent receives Prior Written Notice)*.
- The District will \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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