

SPECIAL EDUCATION REFERRAL FORM

112 South Elliott Street
Wenatchee, WA 98801
(509) 663-7117

Name of Student _____ Grade _____
School _____ Teacher _____
Age _____ Birth Date _____ Sex: Male ___ Female ___
Sign or language interpreter needed? Yes ___ No ___ Home language _____
Parent/Guardian _____ Work Phone _____
Address _____ Home Phone _____
Surrogate Needed? Yes ___ No ___ Name _____
Parents contacted by _____ Referred by _____
Date parent notified of referral by Child Study Team _____

REASON FOR SPECIAL EDUCATION REFERRAL

Noticeable delays or problems in: (please circle)

- | | | |
|-----------------|--------------------|-----------------------------|
| 1. Cognitive | 6. Writing | 11. Behavior |
| 2. Health | 7. Personal/Social | 12. Listening Comprehension |
| 3. Hearing | 8. Reading | 13. Oral expression |
| 4. Math | 9. Speech/Language | 14. Other |
| 5. Motor skills | 10. Vision | |

SUMMARY OF EXISTING INFORMATION

Prior Screenings / Assessments:

Educational – Date _____	Result _____
Physical/Medical – Date _____	Result _____
Adjustment – Date _____	Result _____

Referrals to outside specialists:

History of outside evaluations:

Attendance (days absent this school year) _____ Retention _____

Number of years of formal schooling _____

PREVIOUS EDUCATIONAL INTERVENTIONS

Learning or Behavioral Concerns (be specific and attach work samples if necessary)	Interventions	Duration	Outcome

ENROLLMENT IN OTHER PROGRAMS: (prior referrals to building specialists)

	Intervention	Duration	Outcome
Bilingual			
Chapter 1			
Counseling			
Gifted			
Indian Education			
Learning Assistance Program (LAP)			
Remedial Reading			
Special Education			
Speech/Language			
Other (please describe)			

Screening information – Health Screening (Attach developmental history, if appropriate.)

Vision: Date _____ **Eye Glasses:** Yes ___ No ___

Both	Right	Left
WO 20/	WO 20/	WO 20/
W 20/	W20/	W20/

Hearing: Date _____ A/C _____ B/C _____

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Specific Health Concerns:

Other Screening Results:

Focus of concern must be accompanied by complete Child Study documentation to Special Services.

Signature _____ Title _____

Principal’s Signature _____ Date _____

Special Services Records Clerk _____ Date _____

Special Services District Representative _____ Title _____ Date _____